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Homelessness: Relationships Between Program Completion at a Transformational Shelter and Mental Illness, Substance Abuse, and Trauma

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HOMELESSNESS: RELATIONSHIPS BETWEEN PROGRAM COMPLETION AT A TRANSFORMATIONAL SHELTER AND MENTAL ILLNESS, SUBSTANCE ABUSE, AND TRAUMA

A Dissertation

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Richard T. McCutcheon

DEDICATION

To Victoria, my mother (Passed on April 9, 2012): her example of always helping others and those in need was my inspiration. She passed before I was able to complete my work. She is missed and will continue to be in our hearts and minds. Mom, thank you for giving me a heart for the less fortunate in our society and as I serve them I will remember you. Your son,

Richard

HOMELESSNESS: RELATIONSHIPS BETWEEN PROGRAM COMPLETION AT A TRANSFORMATIONAL SHELTER AND MENTAL HEALTH, SUBSTANCE ABUSE, AND TRAUMA

Richard T. McCutcheon, Ph.D.

University of the Incarnate Word, 2013

Each and every evening many people do not have a home to return to. Solving the epidemic problem of homelessness is an ongoing pursuit. Analyzing issues related to homelessness will help solve the problem of homelessness for some individuals and families. Data was gathered, prioritized and analyzed to determine correlations and relationships between completion of a transformational shelter's program and mental illness, substance abuse, and trauma. Demographic variables were assessed as well. A person is more likely to complete the program if they have a substance abuse issue. Females are more likely than males to complete the program. Program completion is more likely as a person gets older. This study is significant because as it communicates a 47.6% completion rate for this new transformational shelter located in the southwestern part of the United States. The contribution of this research is providing a greater understanding of the impact that substance abuse has on the homeless population. Additionally, an understanding that female members are experiencing a greater level of success at completing the program than men. Social workers can now be better equipped to meet the needs of individuals in their shelters. This study will add significance to the overall research on homelessness because there is currently limited research proving the validity of an integrated program available. This study is foundational to understanding the factors that contribute to homelessness and the relationships that these factors have with successful completion of the individualized program.

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Chapter One: Introduction

Living in dwellings is an integral part of membership in a modern society. These dwellings take on many different forms. In some parts of the world a home is a grass hut or a hole in the ground with a patchwork of linens for a roof. In other parts of the world a home is a building made of brick and mortar, which can be an individual dwelling or a house for many people and is most often a permanent structure. In developed countries dwellings resemble the latter definition of a home, people who find themselves without such dwellings are considered the homeless.

Background

Various patterns of living emerge through history and for many the pattern has included nights under the stars, without a structure to call home. As society has developed further, especially in modern times, housing has become the normal expectation of its members. As the concept has evolved, people in modern society live in homes, the concept that those who do not live in homes are different and unusual has similarly evolved. Along with this another notion has taken shape, the perception among those who are homeless that society does not like or want to be bothered with them and has marginalized them (McNaughton, 2008). In response to these milieus, efforts to help those without housing were initiated by various groups and organizations.

This effort to help the homeless has taken on many forms, including the strategy of a family taking in one of their own that had come on hard times or an organization setting up specifically to help those in need. But the problem of homelessness still persists and is both significant and universal. It is truly a human problem, present in all nations regardless of economic status or geography (Toro et al., 2007).

While the issue of homelessness is prevalent and significant in the world today, the answers to solving this problem are not as straightforward as one might imagine. The homeless suffer from other issues beyond that of simply finding themselves without a home. Often, homelessness is a response to other challenges the individual is facing such as mental illness, substance abuse, or trauma (McNaughton, 2008).

In addition to these concerns there is also the challenge of the study of homelessness itself. There are many studies that discuss, at length, the problems with simply defining homelessness. How does one go about describing a population of people marked by its lack of a permanent address and transient behaviors? This group of people is not easy to study. In the first place, the homeless are difficult people to contact, also it is difficult to ask them questions and remain sensitive to their needs, but not to interfere is even more difficult. The challenge of studying homelessness, though not impossible, certainly inhibits consistency and requires diligence. Defining the homeless person is tricky, especially when one considers the level of regularity of homelessness. How often or how many nights does a person need to be without proper housing in order for that person to be identified as homeless? This is exactly why a reliable definition for homelessness is required for the most effective results (Haber & Toro, 2004; Toro & Warren, 1999).

Homelessness is not the same throughout the world or even throughout the United States (U.S.) Certain areas experience more of one problem associated with homelessness, such as substance abuse, whereas another areas have greater prevalence of other issues: such as mental illness: within their homeless population (S. Ackerson, personal communication, February 17, 2012). However, the general phenomenon of homelessness wherever it occurs has many of the same characteristics: people living in the streets, often without jobs, many with mental illness

issues, substance abuse problems, and/or a history of trauma. This is not to say that these situations predict homelessness or that people living in homes do not suffer some of the same difficulties. But, mental illness issues, substance abuse problems, and histories of trauma among the homeless population can further confound the efforts of those who endeavor to help this delicate and diverse group of individuals. The idea that other issues are the real problem and that homelessness is just a symptom, surfaces.

Individuals who work with the homeless population sometimes possess bias, which presents further challenges to studying homelessness. Society suggests that the homeless are outsiders or are dysfunctional solely because they lack proper housing (McNaughton, 2008). This prejudice can further impede a fair exploration. It is important that researchers be aware of their own preconceived ideas prior to conducting any study. Researchers must understand that housing in any form is considered successful whether it is independent housing or with family or friends. Any conclusions drawn must not be exclusively based upon a false concept of what a homeless person should have or need (DeForge, Belcher, O'Rourke, Lindsey, 2008; Isreal & Hernandez Jozefowicz-Simbeni, 2009; Sosin, 2003; Toro, et al. 1995; Zlotnick, Robertson, Lahiff, 1999).

The scope and size of a study of homelessness is also affected by time and monetary constraints. The hope of any study is to capture enough data so that the study holds relevance within the academic and practitioner communities, and that informed conclusions are garnered from the results. The challenge of comparing the results with other studies is also difficult because each study is unique.

Effects of Homelessness

Some individuals are dealing with significant issues before they get to the condition where they have lost their housing. In some cases these issues caused the homeless experience to occur. But, the adverse effects of homelessness can be substantial themselves and these effects often last for years and sometimes are even inescapable (Toro et al., 2007). Homelessness profoundly affects children from homeless environments. These young people are less likely to graduate from high school, three to four times more likely to have significant mental disorders, and more likely to continue the cycle of homelessness throughout their own lives (Harker, 2006; Pluck et al., 2011). It is well recognized that individuals who are homeless are also much more likely to experience problems with mental illness and/or be prone to use drugs or have experienced trauma (DeForge et al., 2008; Phelan & Link, 1999).

The American Psychological Association (2013) defines trauma "as an emotional response to a terrible event" (para. 1). Trauma is not automatic when a person finds himself or herself without a proper place to live. For some homeless individuals this is the case, but for others it is only an extremely stressful situation and not necessarily traumatic. Each homeless person responds to his or her situation differently, hence one could go to live with a friend or family member and, while this is very difficult and stressful, it is not necessarily considered traumatic. Trauma is related to the perception of peril, which causes an emotional reaction that in turn generates negative emotions that can manifest in various forms at a later date.

The same concepts hold true for mental illness. Although homelessness is perplexing and uncomfortable for an individual to experience, homelessness is not in and of itself cause for a mental malady. The U.S. Department of Health and Human Services (1999) defines mental illness as "collectively all diagnosable mental disorders" (para. 2). Mental illness issues are very

broad among the homeless population. Mental illness affects about half of homeless individuals today regardless of age (Sosin, 2003). Hughes et al. (2010) studied youths ages 16-24 at a homeless shelter in Nova Scotia. The results of their study showed that in many cases the experience of homelessness as a young person or even living near a point of homelessness influences thoughts and creates feelings of hopelessness and thus becomes a genesis for fundamentally faulty thinking patterns (Hughes et al., 2010). Mental illness challenges as an adult result, similarly, in negative emotional thoughts or feelings. These hopeless feelings can cause continual literal homelessness or even develop into violent behaviors or substance abuse problems (Fischer, Shinn, Shrout, & Tsemberis, 2008).

Substance abuse is defined as the "excessive use of a substance, especially alcohol or a drug" (MedicineNet Inc., 2013, para. 1) and substance abuse problems are acquired through many avenues. The pressures of life affect people differently and some turn to substance abuse as a coping mechanism. The use of drugs or alcohol helps some people to equalize or escape this imbalance. There are associations between homelessness and substance abuse; some researchers believe these connections are the key to understanding homelessness (Eyich-Garg, Cacciola, Carise, Lynch, & McLellan, 2008).

Statement of the Problem

With the numerous ways in which homelessness affects so many citizens in a modern, developed society there is a critical need to understand the problem that is homelessness. There are many factors that contribute to homelessness and the suffering caused by related issues. Understanding these issues is paramount to identifying and developing strategies to help those who currently find themselves casualties of this menacing epidemic. In the absence of effective

interventions, 12 to 15 million U.S. residents will face this horror in their lifetime (Haber & Toro, 2004).

The trend toward increasing levels of homelessness continues not only globally, but also nationally and locally (Haber & Toro, 2004; U.S. Census Bureau, 2009). Much of the developed world is facing similar troubles, but in the U.S. the problems are particularly prominent in contrast to the rest of the American society. One example of where the above statement is especially true is in the southern part of the country, where homelessness has increased substantially over the last number of years and where family homelessness specifically has increased 15.9% from 2008 to 2010 (The Facility, 2013).

There are many studies on homelessness, as it is a well-recognized problem. The study of homelessness is often limited to passive observation for many different reasons. Often researchers study the population that is homeless, reflect solely on meeting the immediate needs of the individuals themselves, and are not able to assess the underlying issues. There is a limited amount of literature showing the statistical relationships between homelessness and mental illness, substance abuse, and trauma. The lack of information concerning these relationships hinders shelters from helping people escape the snare of homelessness. A few studies on homelessness suggest active intervention with fundamental issues as a long-term solution for getting people off the streets. It will take a coordinated effort of social scientists and social workers to gain enough information to help solve this overwhelming problem.

Some literature suggests that an integrated or holistic (multi-faceted and transformational) approach is necessary to achieve the best results for homeless people returning to a place of residence. Facilities using comprehensive strategies appear to have the best chance of creating long-term change in the homeless environment (Anderson, 2003; Clapham, 2003;

Toro et al., 1995; Zlotnick, Robertson, & Lahiff, 1999). The volume of facilities simply meeting needs verses the number of facilities addressing the issues with a comprehensive approach is another part of the overall problem, and also the lack of substantial statistical data to back up the claims as to success of such facilities.

Study Site

City officials in the southwestern city in this study expect the homelessness problem to continue to increase substantially for many reasons, including current economic conditions, lack of affordable housing, and unemployment (United States Conference of Mayors, 2011). In response, the city has built an integrated, transformational shelter with a goal of helping the homeless get off the streets and back into the community. The Facility, as it is referred to throughout this paper, is innovative and is touted as unique in the nation. The transformational shelter provides services such as food, housing, education, job training, and medical care, including mental health care. The Facility also introduces the members to the concept of ascending responsibilities and encourages its members to gradually increase their commitment to themselves and their future. This transformational program is designed to bring people out of homelessness and reintegrate them back into mainstream society.

This same facility also provides a variety of social services from over 75 different non-profit partners and a specific program designed for individuals and families to be reintegrated into mainstream society. In addition to the available 16-week job-training program, there is also an in-house 12-step recovery program for people with drug and alcohol addictions. Programs are a set of courses custom tailored to meet each individual's needs, based on diagnosis by a case manager. Some of the courses within a member's program might also include financial management, parenting, healthy lifestyles, and social reintegration. This new, multifaceted,

multidisciplinary approach to reducing homelessness is a departure from the status quo and is expected to overcome problems associated with repetitive homelessness (The Facility, 2012).

The Facility's founders conducted a best practices review to create the program that they are currently using (City of San Antonio, 2011). The program is not always an exact set of steps that everyone must complete "a one size fits all" but rather a person-focused plan that is a unique set of classes and programs that can be combined to meet the member's specific needs. This program also provides community support, spiritual connections, education, and vocational training. It also includes a periodic review and adjustment. It is the hope of everyone involved from the city officials to The Facility leadership, that combining the suggestions from the research, a single location has been produced (a transformational shelter that is centrally located) that can help attack the root causes of homelessness and reduce the problem (The Facility, 2012).

The shelter is very large; about 1600 people can stay overnight. The comprehensive shelter is situated on 37 acres near the heart of the city. It is a closed campus that has restricted access and is monitored by armed guards and security checkpoints. Every member or staff person must use a card to gain access to any area or building on the campus. Visitors are escorted at all times. No individuals are allowed to walk around on campus without either direct supervision or an access card. This controlled access provides safety and security for the workers, members, and guests, and eliminates some of the threats encountered from living on the streets while, at the same time, providing The Facility with accurate data about member's movement about the grounds. The Facility has a homeless management information system (HMIS) that tracks the members as they check in and out of all areas of the shelter as they are served. Meetings with caseworkers, use of beds and showers, meals eaten, classes attended, and participation in programs are all tracked.

As a member nears completion of the program, the shelter coordinates with other community organization partners that specialize in low income and other specialized housing to help individuals and families transition from the shelter into stable, affordable housing. Once individuals successfully complete The Facility's program, their increased stability and job training helps them become better contenders for affordable housing. However, because limited affordable housing is one of the reasons for people being homeless, The Facility continues to house the successful candidates until suitable housing is obtained. Along with housing placement services, members participate in community reintegration programs and receive aftercare support for a full year. The goal in this large metropolitan area of the Southwest is to reduce homelessness by helping individuals change old behaviors and become self-sufficient, thereby reducing the number of individuals who feel they must live on the streets. The program is transforming lives, not just feeding and housing people in the short term. The Facility is helping the homeless reintegrate into society (The Facility 2012).

Currently there is little published research available on this program, yet proponents of the facility boast a significant success rate. Mikaila Adams (2012) of the *Oil and Gas Financial Journal*, in writing about one of The Facility's biggest supporters and contributors, states that the In-House Recovery Program, which provides designated housing and support for those with drug and alcohol addictions (just one part of the overall programing) "has had a 60% success rate, with a total of 240 graduates" between June 2010 and December 2011 (para. 7).

Purpose of the Study

The purpose of this study is to investigate the relationship between successful completion of an individualized transformational program for the homeless and mental illness issues, substance abuse problems, and experiences of trauma. Additionally, the researcher examined the

correlations between demographic characteristics of age, gender, and ethnicity, with mental illness, substance abuse, trauma, and program completion. Other success factors such as housing placements and employment placement were also assessed for relationship.

Research Questions

1. What is the frequency of mental illness, substance abuse, and trauma among members at the Facility?

2. How do age, gender, and ethnicity correlate with program completion and mental illness, substance abuse, and trauma?

3. What is the relationship between success factors and mental illness, substance abuse, and trauma?

4. What are the predictors of successful completion?

Significance of the Study

The contribution of this research to the study of homelessness as a whole can be found in the identification of relationships among the other challenges that accompany the homeless population that are in addition to being homeless. There is also an relationship of these issues to completion of the transformational shelter's program. Through identification of statistical relationships between some of the fundamental challenges of The Facility's homeless population, the city will be able to more accurately direct resources in hopes of progressing beyond its current problems. This study is also significant because it helps The Facility assess the percentages and characteristics of members completing the program and evaluate whether the direction for The Facility initially identified is accomplishing the goals for which it was established. The coordination of resources and facilities saves costs overall, but with the right indicators identified these transformational type establishments will also have access to

additional funds. The researcher hopes that this study will enable the shelter to engender greater support for specific implementation of successful programs at The Facility.

The study has further significance as an assessment, to some degree, of the multifaceted and multidisciplinary approach to solving homelessness. The researcher intends that this study provides a better understanding of the factors that influence the successful reintegration of a homeless person and/or family back into society as an independent contributor. Understanding the relationships between mental illness, substance abuse, trauma, and program completion can help social workers better meet the needs of the individuals in their respective shelters.

The researcher believes that the results identified instudying The Facility transfer to other facilities across the nation. Characteristics prevalent among the homeless population in this Southwestern city are representative of factors found in other homeless populations. Statistical results support implementation in a greater number of facilities that work with the homeless across the nation by offering better information on the challenges faced by homeless shelters. Therefore, the identification of the relationships between characteristics abundant in the homeless population can translate into solidifying the program at this shelter as well as other programs throughout the United States. This study informs policymakers as they seek solutions to help those suffering from long-term homelessness.

This study's evidence of the validity of an integrated program adds to the overall research on homelessness. It adds specific data correlating demographic characteristics with program completion and mental illness, substance abuse, and trauma. The current study focuses on one transformational shelter and the data provided by them to be analyzed and extends the existing research by focusing on some of the relationships among the more prevalent issues associated with homelessness.

Using data obtained from The Facility, this study has also uncovered key relational factors as well as prevalence and enumeration information. The data provides the basis for determining better strategies to help people move from homelessness to reintegration into mainstream society. This study contributes to a greater overall understanding of how to effectively reduce homelessness across the nation and at a minimum, provides insight for further research and study.

Theoretical Framework

As human beings encounter life, some people's habits of thinking and living degenerate into a wrong focus because they are facing the challenges of homelessness. These individuals may feel that life has abandoned them or that they can no longer have life that is common like others in the world around them. This altered thinking, due to hardship or difficulty, changed them and they now find themselves outside the normal patterns of thinking related to life. The circumstances that occurred to propel them on to the streets caused a transformation of thinking. When these same people are given an opportunity to associate new meaning to life once again, hope is gradually restored, they can transform again, from negative association back to positive. This exchanged thinking can bring healing and restoration to them. The concept is transformative learning and transformative learning theory serves as the framework for this research.

Maslow. It is understood that the homeless individual was hungry and cold and this is what brought him or her to The Facility in the first place. Therefore, the homeless came in search of satisfaction for the most basic of needs, the basis of Abraham Maslow's work. Maslow's hierarchy of needs, which is rudimentary to humans basic motivation, is foundational to the individual's desire to move from where they are to somewhere else (Nahavandi, 2009). The need for food and shelter is what compels the homeless to get off the streets and brings them to The

Facility. The homeless individual simply needs to find food, clean water, shelter, safety and security, all of which a shelter provides. The Facility uses this initial motivation to help their members choose to change their lives.

Expectancy Theory. Motivation, more specifically Victor Vroom's expectancy theory, is similarly a foundational concept that generates change within one's life. One must be motivated somehow to want to change and get off the street. The individual begins to believe, at some point in the process, that there is a better life out there for them, that change is possible. Vroom's expectancy theory is related to the homeless person's struggle by suggesting that the homeless individual does indeed need food and shelter and will make choices toward that end, with the expectation to achieve nourishment and warmth. However, members at The Facility make a choice to do more than just get food and warmth, they commit to actually making a more permanent change in their lives. These members want to learn how to reintegrate back into society. They expect to become productive citizens again and expect that the classes and program, in which they participate, will help them achieve this goal (The Facility, 2012; Merriam, Caffarella, & Baumgartner, 2007). The idea of expectation is key to the success of the individuals and the program as a whole. It can be argued that motivation theory is underlying many of the concepts that homeless shelters use to help the homeless.

Mesirow's transformative learning model. The Facility has adopted a transformative learning model for its organization. This model is important to the understanding of how a person relates to homelessness and is changed by being without a home. The theory relates to how adults make sense of their life experience. When a human being encounters a given situation, how they interpret that situation depends, to some degree, on how they understood the same or similar situation the last time they encountered it. These individuals use a frame of

reference to infer meaning into the current situation. This inference is the basis of adult decision-making and acts like an individual's schemata of meaning or habits of the mind, and this is whether positive or negative. This process is transformative learning and over time and through each experience, decisions are made and meaning is added. Throughout a course of years, a person can develop bad or negative thoughts and eventually form mental habits that can become destructive reinforcements for poor decisions. The adult learner confronts a negative experience and makes a decision. That decision does not produce the desired outcome but rather results in a negative outcome, and thus the thought pattern emerges that life is cruel and unfair (Merriam et al., 2007). Sometimes, as a side effect, issues with mental illness and substance abuse result.

In the same way as delineated above another human being who has either recently begun this negative transformation or has been entrenched in detrimental ways of thinking for most of their lives, upon entering The Facility, has the opportunity to begin a new and positive thought pattern, but the progression is not going to happen right away, it may take several months or even years for this retransformation to occur. The homeless population, especially those struggling with substance abuse issues, almost universally embraces negative thought patterns (McNaughton, 2008). The approach to helping the homeless overcome these thought processes and create new ones is the fundamental dynamic to successful completion of the program, but is also the critical component to transformation of the individual. Without a retransformation or return to a balanced perception of circumstances surrounding homeless peoples existence and a new belief in the possibility of a more normal future for themselves, homeless people will continue the cycle of homelessness (O'Conner, 2003).

Overview of Methodology

The current project studied one homeless shelter, called The Facility and focused on the issues that are specific to that shelter (mental illness, substance abuse, and trauma). The researcher utilized data obtained from The Facility to identify correlations between program completion and mental illness, substance abuse, and trauma. This information, as well as simple demographics, were sorted to determine what these cases have in common that helped the homeless population obtain independence once again or resulted in premature exit. The Facility, through HMIS and personal interview outcomes recorded on HMIS, has already collected the data required for this study. The researcher did not participate in data collection.

The program completion statistics were analyzed as they relate to mental illness, substance abuse, and trauma to determine if any correlations exist between these issues and, if so, what the predictors of successful completion of the program were.

Limitations of the Study

This study was conducted with data from only one facility, which operates in one southwestern U.S. city. The study was limited by the availability of the data provided to the researcher as to format and variables included. The study used a small set of variables and drew conclusions from that data. Much of the data were the perception of either the homeless individuals or their caseworker and not necessarily an official diagnosis of a problem, condition, or event.

The facility has been open only a short time so the data that the facility is collecting currently has not been verified as the most valuable data to collect. The data are also limited in that the researcher has chosen to review the cases from only one annual period of The Facility's operation. The data do not reflect the other challenges that have arisen in the members' lives

during the timeframe identified for the study that affect the exit disposition of individuals who came to The Facility for assistance. The data did not include a separate column for trauma, so this was assessed through other responses.

Definition of Terms

These working definitions are used throughout this study. They are primarily a compilation of the way these terms are used in The Facility.

Affordable housing: "The ability of a household, to spent no more that 30% of its annual income on housing" (U.S. Department of Housing and Urban Development, 2013).

Caseworker: Case manager, social worker or other appointee, assigned to help the member with personal issues via face-to-face meetings.

Employment: Any job record found in the HMIS narrative or a positive response in the yes/no employment data.

Homelessness: A lack of shelter for a period of time longer than just a 3 - 4 days.

Housing: A positive response in the housing data field or a specific housing comment found in the outcome narrative, including transfer to another housing-based treatment program.

Members: The homeless individuals using The Facility. Members are individuals that have made a decision to commit to some type of program.

Mental illness: A perception of mental illness by the homeless individuals themselves or social worker, indicated by an answer to a question asked either during intake or at a meeting with a caseworker.

Prevalence: The amount of time that individuals live in actual homelessness in their lifetime, whether continually in a state of homelessness or moving in and out of a homeless living situation.

Program Completion or Graduation/Reintegration: Completion of the outlined personalized program for a given member. Graduation usually refers to completion of a set of specialized classes, services and other such qualifications that must be met for the member to be reintegrated, into society.

Substance abuse: A perception by the homeless individual or social worker as indicated by an answer to a question asked either during intake or at a meeting with a caseworker. It refers to whether or not an individual has ever or is currently inappropriately using substances.

Transformation or transformational: The term often used by the facility to describe the help that they offer in the program. The Facility has stated that the members they serve make a choice to be transformed by the program into a productive citizens once again integrated into society.

Trauma or History of Trauma: An assessment term taken form a member narrative of, for example, being a victim of domestic violence, criminal activity, physical trauma, posttraumatic stress disorder (PTSD) indicating if a member had suffered some form of trauma.

Chapter Two: Literature Review

This study investigated the relationship between successful completion of a transformational program for the homeless and mental illness issues, substance abuse problems, and experiences of trauma. Understanding the root causes of repetitive homelessness is a critical need, as is identifying the pervasiveness of these major influences. One of the goals of many in the U.S. is to see a reduction in the number of people who are homeless. This cannot be done unless there is a greater understanding of the essence of the causes of homelessness (National Alliance to End Homelessness, 2013, para. 1).

Unfortunately, the numbers of homeless people in the U.S. and most other developed nations are growing. Although there may not be conclusive causes to explain why this is the case, some suggestions can be generated. Certain homeless individuals, especially women and children, went to live with other members of their family in the past and more recently these groups may not have the same options. Additionally more of this same group as well as other homeless individuals may have been able to live in auxiliary non-reported housing arrangements. Consequently, the numbers reported by public and private agencies, with relation to homelessness, are growing and more specifically growing among women and children.

There are many undercurrents that have contributed to the present burden of homelessness. In the past people who were homeless had other places to go. During the time that the country was expanding westward, sleeping under the stars was a common practice. As more and more towns developed and civilization progressed, people often offered someone new in town a place to stay at a nearby home or ranch. Even if the home was not offered, the barn was not a bad place to stay the night, as the hay was more comfortable to sleep on than the ground.

By the end of the 18th century some church groups had formed facilities to help those who were homeless in the cities of America in hopes of bringing salvation to those souls who had lost their way (The Salvation Army, 2013, para. 9). Although ministry to the needy was apparent throughout history, the actions undertaken by the Salvation Army around the turn of the 20th century were indicative of the first formal undertakings toward meeting the needs of people, who were without housing and jobs or having problems with mental illness, substance abuse, or trauma. This ministry became the Salvation Army's hallmark ministry.

In modern day U.S., around the turn of the 21st century there is little differentiation between a homeless person and any person struggling with other problems, to most ministry workers. These individuals were assumed to be simply in need of salvation, which would in turn solve all their problems. Over the years, The Salvation Army (2013) established itself as the primary resource for helping those in need of food and shelter in the developed world and also spread their ministries in other parts of the world.

One of the tasks for the modern day homelessness researcher is to identify the relationships among particular aspects of the underlying issues surrounding homelessness, especially with this burgeoning notion (developed through this study) that homelessness is a symptom and not the problem. Society often groups people together and labels them as homeless, regardless of the reason behind the situation, who the people are, or what the contributing factors are (McNaughton, 2008). Another problem is the blurring together of the many factors that contribute to homelessness, factors that should be addressed individually in an attempt to quantify their individual impacts.

Global Research

Other nations of the world are also concerned for the homeless. In Europe, the Netherlands, the United Kingdom (U.K.), and Australia, studies have evaluated the need for homeless reform and policies to address the issue (Minnery & Greenhalgh, 2007; Toro et al., 2007). Political party affiliations, income levels, and education were tied to homelessness in the U.K. and other European nations. Studies suggest that the problem in the U.S. is greater than that of other developed nations, but Toro et al. also noted that little research has been published in several other major developed countries of the world, most notably Japan, Canada, and Spain.

A study in Australia suggested that its approaches to the problem of homelessness might be closer to good practice when compared with that of European nations and America (Minnery & Greenhalgh, 2007). Australia's approach involved inserting contemporary definitions that are evidence-based, vigorous, and account for pathways into homelessness. This approach can reveal that homelessness is a symptom of greater challenges or a stopping point along the way in a negative life cycle can be revealed. The approach to homelessness was further augmented by "the five-yearly national census providing useful and relatively comprehensive statistics on homeless people who are both service and non-service users" (Minnery & Greenhalgh, 2007). This article suggests that definitions of the homeless in Australia are clearer, yet recurring and that more accurate statistics are a necessary step toward bringing long-term resolution to the problem (Minnery & Greenhalgh, 2007).

Homelessness, although not specifically an American problem, has grown to be more prevalent in the U.S. and there is now a general perception that homelessness is a national "pressing social problem" (Toro et al., 1999, p. 119). Comparative national analysis demonstrates that the U.S. has a greater problem than any other developed nation (Toro &

Warren, 2007). Therefore, this literature review emphasizes the critical need for resolution of homelessness in the U.S. over possible solutions for other countries.

Challenges to Homelessness Research

The study of homelessness presents challenges whenever, wherever, and however it is studied (Haber & Toro, 2004). The topic of homelessness is incredibly vast and includes sensitive populations. Individuals without a home are often unstable and transitory. Agencies offering them services record their numbers in various ways. The absence of consistency in reporting creates further challenges to studying this group. Anderson states "that despite the huge volume of research, quantification of homelessness remains elusive in both the U.S. and the U.K." (Anderson, 2003). Although studies in other nations do not necessarily directly relate to the situation in the U.S., many of the same issues exist in other developed nations. The practices developed elsewhere should be surveyed for the benefit of homelessness in the U.S., with reference to how to study the issue and for possible solutions to the problem.

Definitions. A good definition of homelessness is the first and greatest challenge. The many studies that have been conducted on homelessness do not use universally accepted definitions, rather, the definitions used are dictated by the methodology of the studies themselves. This is primarily because a universally accepted definition does not exist. The definitions vary in the identification of groups and levels of homelessness. The lack of definition and the variances found with definitions leads to a great deal of difficulty in interpreting and aggregating research findings (Toro & Warren, 1999).

A proper dwelling is a relatively permanent structure within which a person can feel safe and can, to some extent, live and establish a societal experience conducive to long term stability (Zlotnick et al., 1999). Some studies identify homelessness as one night without a proper

dwelling in which to sleep. The argument against the one night definition suggests that many of these people might actually have a home but are choosing not to stay there due to circumstances that they fear (Toro & Warren, 1999).

Other studies view homelessness to be more appropriately defined as a longer-term problem where the homeless individual truly has no place to go for an extended period of time. This latter definition is widely recognized as "literal homelessness" (Dluhy, 1991; Haber & Toro, 2004; Toro et al., 2007).

Turnover. The research suggests that no study can be completely accurate given the multiplicity of variables encountered. One cannot properly study or accurately identify individuals who experience a single night of homelessness, especially when the shelters, in New York City for example, turn over their tenant population by 50% every day (Toro & Warren, 1999). Researchers are often limited to statistics derived from whatever system of enumeration the shelter under study has in place. This approach is fraught with difficulties because it is reliant on information that is somewhat lacking or flawed.

Many studies are not able to represent the reality of long-term homelessness, given that they only gather information at one moment in time (Sosin, 2003). Some studies have attempted to look at long-term homelessness. Long-term studies face several challenges, the first of which is the practical time commitment dedicated to such studies (Minnery & Greenhalgh, 2007). Second, the cost of resources necessary to conduct research over the long time period are often prohibitive. Third, due to the transient nature of the population being studied, the individuals under study may not be available by the end of the study (Caton et al., 2005).

Differences in demographics. Challenges arise when it comes to reasonable divisions of the people who experience homelessness: the single male, the single female, the single female

and her children, and the adolescent. There is often ambiguity and overlap of the information in these areas.

Some studies relate adolescent's information to caregivers, yet when an individual turns 18 responsible caregivers are no longer considered in the evaluation. The adolescents are then legally adults and are responsible for their own dwellings. Some argue that these youths (18 years or older) should be assessed on their own, yet this is not always the case or the view held by everyone involved in the research (Haber & Toro, 2004).

Another challenge is that site-specific research in many cases does not, by default, apply specifically to other areas of the country, thus leaving many constructions of an American model for homelessness incomplete if not unmanageable (Anderson, 2003). The studies conducted in New York City, it could be easily argued, are not representative of the U.S. as a whole. However, the many conclusions drawn from these studies could contribute to a frame of reference for homelessness study and lend information to help clarify the general condition of homelessness in the U.S. There is some ancillary support to suggest that many of the trends and applications for managing the homeless transcend national boundaries, so it would follow that this would be true within a specific country (Anderson, 2003).

Methods of study. Stratification by the individual's traits and distinctive situations is one method of classifying homeless individuals. Examples might include that they react uniquely to environmental change, or their wages have been restricted, or they have limited access to resources and thus have a greater propensity for homelessness (Sosin, 2003). Sosin agrees that these strategies yield accurate interpretation to a point, but suggests that such simplification leaves a true explanation of homelessness wanting.

Another school of thought related to the study of homelessness looks at the importance of "point prevalence." Point prevalence relates to the length of time that a person experiences homelessness. Without an understanding of how long people stay in a facility or how many times they return to a facility, it is difficult to create effective solutions to their problems. Data gathered on one specific night does not hold any strict relevance beyond that single event. This suggests that this type of sampling creates the potential for bias (Phelan & Link, 1999). It can be argued that without prevalence information the statistics used to determine the numbers of homeless or the success of particular programs or practices are of diminished value.

Multidisciplinary Approaches

Beyond the aforementioned problems, the study of homelessness is also faced with challenges from an empirical standpoint. The different schools of thought have often fragmented the research so that cross-field examinations must be conducted in addition to multidisciplinary and collaborative efforts. Several studies have concluded that splintered or segmented approaches lack a full understanding of the problem and cannot independently provide effective answers (Anderson, 2003). Homelessness research in general is disjointed and is usually focused on individual psychological characteristics rather than the all-encompassing social phenomenon (Haber & Toro, 2004). More collaborative efforts have engendered greater results, not just across fields of study but also across regional and national barriers (Toro & Warren, 1999).

Although many cities have programs specifically designed to help homeless individuals, those programs focus on helping the homeless simply survive rather than helping them thrive again in mainstream society. Studies in homelessness are ambiguous in nature and overlap, as there is not a clear or accepted definition nationally (Haber & Toro, 2004). Individuals studying

homelessness have data from many shelters at particular points in time with data varying from shelter to shelter and no consistency of documentation, leaving much room for error.

Possible Factors Relating to Homelessness

The concept of a person merely waking up one day to discover that they are homeless is absurd. Therefore, homelessness is more than simply not having a permanent dwelling in which to reside. Many factors contribute to homelessness; not living in a permanent dwelling is just one. There are physical challenges to living outside, as well as social and psychological issues to be addressed including the repercussions and implications of homelessness. The individuals faced with homelessness have to begin thinking differently about their lives and that of their families. Most individuals have permanent scars that they carry from their time being homeless. (Hodgetts et al., 2010).

Homelessness could also be a symptom and not the problem. The idea that homelessness itself is the problem is only one way of looking at the situation. The factors that were present in the individual's life prior to homelessness could have created the dynamics that eventually propelled them into a state of homelessness. The underlying issues have "lead to individual outcomes such as homeless and addiction" (McNaughton, 2008, p. 178).

Mental illness. The link between mental illness and homelessness is one of the more well documented areas of study (Hughes et al., 2010; Phelen & Link, 1999; Toro et al., 1995; Toro & Warren, 1999;). This link follows a accepted understanding of how physical challenges create mental hurdles. For example, if individuals are living in poverty they are already experiencing a great challenge. Then when some other factor contributes to their becoming homeless, they struggle to overcome the emotional onslaught of negative feelings of low self-esteem and self worth (DeForge et al., 2008). The reality is that when people experience homelessness they must

face issues that most people are not conditioned to handle and this creates and environment where mental challenges can evolve. The reverse is also true. Someone who is struggling with mental illness could end up homeless specifically because they have a significant mental malady.

The relationship between homelessness and mental illness remains unclear despite the fact that nearly half of all homeless people experience symptoms of mental distress of some kind (Sosin, 2003). A number of studies, for example Phelen and Link (1999), Hughes et al. (2010), mention the importance of mental factors or loss of hope contributing to episodes of homelessness. Hodgetts et al. (2010) suggests relationships between material objects, physical sensations, and an awareness of self as a way of framing the concept of home. People relate emotionally about how they live within their given environment. One person's view of a city may be very different from another person's view. Some homeless people find comfort in the noise of the city, whereas a businessperson hearing those same sounds might experience stress. The homeless individual develops coping mechanisms that alter the way they view the world around them and this change in mental imagery impacts their reoccurrence of homelessness. This transformation in thinking often creates a mental illness of sorts, which suggests a predisposition to homelessness (Grigsby, Baumann, Gregorich, & Roberts-Gray, 1990; Hodgetts et al., 2010; Phelan & Link et al., 1999; Pluck et al., 2011).

Substance abuse. When having to cope with difficult situations in life, humans look for sources of comfort. Coping therefore, is a primary reason for many individuals to turn to substance abuse (whether alcohol or drugs or both) as a way of living and attempting to deal with their issues (McNaughton, 2008). Abusers are often looking for an escape from their problems rather than a way to deal with them. They are seeking a level of commonality with their surroundings or identification with a particular group to overcome their sense of marginalization.

Substance abuse often stems from an overall sense of marginalization from the general public. This feeling of isolation exacerbates the internal sense of not belonging and not being accepted and triggers a desire to quell the pain and escape the reality (McNaughton).

McNaughton (2008) demonstrates the challenge of separating the three issues of trauma, mental illness, and substance abuse. The person living through substance abuse is often trying to forget a trauma of the past or is trying to escape a present malady. The overwhelming urge to abuse is fundamentally a mental illness. It is apparent that these three problems are inextricably intertwined. Of the three issues, trauma is discussed in the literature to a lesser extent. It must follow that in order for any group, agency, or organization to present a realistic approach to reducing homelessness the solution must involve some intervention addressing mental illness, substance abuse, and trauma. Due to the lack of proper social skills and social networks, many individuals who have problems with substance abuse as well as experiencing homelessness are likely to return to substance abuse even after being adequately housed (Zlotnick et al., 1999). This social maladaptive behavior creates, in the homeless person, the perception that they inherently belong to the part of society that is homeless and that they cannot or should not escape from homelessness. These significant mental obstacles hamper the individual from achieving the goal of becoming permanently housed (Toro et al., 1995).

Trauma. Some individuals experiencing homelessness have previously experienced trauma in their lives. It is not being suggested that trauma specifically predicts homelessness, but as Pluck et al. (2011) describes, many homeless persons are able to articulate a past trauma. Further, there is a direct correlation between trauma suffered as a child and homelessness. And there are people who are traumatized while they are without a home. It follows that trauma could

be submitted as a major concern in the study of homelessness, whether experienced before or during an occurrence of homelessness (Pluck et al. 201; Swick, 2008).

Trauma is also difficult to diagnose. Trauma can be experienced in many different ways. Trauma, with its relation to the perception of peril, is often formed from a number of challenges experienced simultaneously; not only a loss of housing, but a prior loss of employment, family issues or experience with war or military service and most often, increased feelings of inadequacy (DeForge et al., 2008; Pluck et al, 2011). The occurrence of trauma, or reoccurrence in some cases, creates a mental stress, which undermines feelings of security and the natural sense of hope that one might normally possess.

Categories of Review

There are many ways to organize the literature reviewed in this field. To clarify some of the major areas of study, the author has chosen three general categories. Although some overlapping of the categories exists, the division of ideas should make it easier to understand the underlying concepts. The categories include (a) various strategies for how homeless research has been designed (b) perceptions of homelessness (c) groups of homeless individuals including single adult males, single females, single females with families, and adolescents experiencing homelessness.

Ways in which homelessness has been studied. One can divide the literature by its scope—shelter specific research, city specific research, and national studies. Each strategy comes with its perspectives on the topic.

Facility specific research. Facility specific research is popular due to the ease of accessibility and the lighter financial burden. Many of the studies were simply conducted at one facility. This type of study allows for a greater level of focus on the individuals themselves and

their specific needs and issues. It is often best used for the type of research where sensitivity is crucial. The researcher can take great care to attend to the thoughts of the participants and give them access to needed services or remuneration in return for their help in the project.

City specific research. City specific research is popular due to the smaller financial burden that must be undertaken by the researcher. Often with a citywide study there are many participants and contributors as well as many that will benefit from the results. In Washington State, a public university (Washington State University, Vancouver), found itself challenged to help the 'public'. Portland's population of homeless had begun to congregate in one area. With strength in numbers, they began petitioning the city for a parcel of land on which they could live. Through persistence, the land was secured and "Dignity Village" was established. This group of homeless individuals began to establish a leadership group which then pioneered a learning arrangement with the Washington State University (Vancouver) that benefits all of the students and homeless individuals involved (Finley, 2003).

Although this type of research was specific to the group of homeless individuals in Portland, Oregon, the research on the project suggested that similar programs might be effective with homeless groups in other areas. Therefore, this type of research has value in that it can be used to compare several facilities or make suggestions for other studies. The circumstances identified are generally not significantly different from those at other facilities, as many struggles within homelessness are similar, wherever they are found.

This is one of the more popular ways to study homelessness, but in contrast some of the pitfalls should be identified. Potentially one of the greatest challenges with city-specific studies is their lack of national attention. This somewhat hinders the potential for overall impact in effecting change and, in one sense, negates the purpose behind the research. However, the

attention on a local level might elicit beneficial response in that area. As Toro and Warren (1999) say, we do not have to wait for federal intervention to make a difference on a municipal level.

National research. National homeless issues can be studied using national statistics, phone surveys, or more contemporary survey tools using the Internet. This allows the researcher to get a snapshot of where the nation is as a whole. This is very popular for government contracts where general or broad ideas are important. One phone survey conducted was able to compare a number of nations over a four-year period. This information helped those researchers get a sense of the homeless issues over a large geographical area and assess different countries' perceptions about the homelessness problem. This study also suggested that people might have been more honest and open about their own homeless experiences due to the anonymous nature of the survey (Toro et al., 2007).

Although the survey mentioned above was cursory, the underlying information cannot be marginalized. The people in the various countries supplied clues that led to identification of patterns across and within countries. Two general trends noted were that homelessness is growing more rapidly in the U.S. than in comparable countries and homeless families is a growing segment among the homeless population (Toro et al., 2007).

Perceptions toward homelessness. Homelessness in the U.S is increasing and affecting millions of Americans (Haber & Toro, 2004). The homeless are also more visible to the public today then they were 20 – 30 years ago (Dluhy, 1991). This increased visability is partly because the homeless are in plain sight and partly due to the media increasingly using homelessness in the headlines. Whether this increase in media exposure is due to an actual increase in the homeless population or a change in the media's decisions about reporting on the homeless, either way, there exists a growing awareness of homelessness as a significant social

problem, throughout the country. The growth of large cities coupled with an increase in the visibility of the literal homeless and increased media attention exacerbates negative attitudes toward the homeless in general.

Dluhy (1991) suggests that as the U.S. has grown, so have the cities grown, and with this growth the amount of personal accountability for neighbors has diminished. However, a national survey conducted in 1994 "found that 65% of all Americans are willing to pay $25 more per year in taxes to help homeless persons" (Toro & Warren, 1999, p. 120). Americans either want to help the homeless legitimately or they just want the problem to be taken care of so they do not have to deal with it on a personal level. Alternatively, that increased awareness has grown in some people into an internal feeling of guilt that now demands a desire for change or at least a change in policy (Toro & Warren, 1999).

Even though change is in the air, and much has been written about homelessness both professionally and in the media, the fact that "the homeless" are being identified creates its own unique problems. From a professional standpoint, there is a need to define and identify this group of people so they can be served appropriately. But the term homeless often develops into a pejorative slang and becomes a label that cannot be easily shed (Toro & Warren, 1999). Labeling therefore undermines the effective work of solving the more complex problem that has resulted in a state of homelessness for the individual. If the underlying issues of homelessness were addressed than perhaps homelessness could be diminished.

During a phone survey conducted in the early 2000's to discover general attitudes toward homelessness, the response of those who had previously experienced homelessness in the U.S. "endorsed significantly higher scores with regard to compassion/rights and economic factors" (Toro et al., 2007, p. 515). Their perception of homelessness had changed due to their experience

with homelessness. These opinions were removed from the analysis when it came to discussing public opinion on the issue, because their views were significantly different from those of the other respondents. They were deemed overly sympathetic toward the current homeless (Toro et al.) and regrettably removed from the report of results.

From 12 to15 million people in the U.S. either have been or will be homeless at some point in their lives (Haber & Toro, 2004). It could be estimated that two to four times that many people have known personally someone who was homeless, and the sheer prevalence of homelessness itself engenders change against the current undesirable situation of many homeless people. This familiarity with the homeless has the opportunity to counter the lack of compassion felt by the general public (Toro et al., 2007).

Homelessness can be considered a social and societal projection of sorts. Society in developed nations expects its citizenry to live in homes and exhibit normal habits of life. People should own cars and own an obligatory set of possessions. These expectations not necessarily wrong, but the attitudes towards those who do not meet these standards can be significantly troublesome. The implication is that a person with greater material wealth is of greater importance than the person with less material wealth. For each level of society the expectations are different. However, those who are of higher socioeconomic status relate to the material possessions in their lives in much the same way the homeless person does. Each person is simply trying to manage what he or she has been given. The relationships are not necessarily different, just the monetary value and number of the possessions (Hodgetts, et al., 2010).

Homeless groups. It is important to address the needs and concerns of the homeless population as a whole, but it is also important to realize the nature of the different and specialized subgroups within the homeless population. A multifaceted approach to reducing

homelessness must overcome the challenges presented by these subgroups. The first step to meeting these needs is found in the proper enumeration of these groups without overlap or gaps (Haber & Toro, 2004).

The three major demographic groups identified in the research are adults without children, families, and adolescents on their own (Haber & Toro, 2004). Of these groups it should be noted that the majority of homeless people are single adult males. But, the fastest growing segment of the homeless population is mothers with their children. Out of the total sample of 3,146 members, 18.0% were minors, although no family relationships were delineated in the data provided so analysis was not possible. Of the remaining population of 2,581 adults, 37.8% were female. Though much of the research of the past has focused on the single adult male population, a new emphasis has been placed on mothers and children because homeless children are "particularly at high risk" (Israel & Hernandez Jozefowicz-Simbeni, 2009). This newer enumeration lends itself to the suggested solutions that rely on prevention of future homelessness by discovering what causal relationships exist (Toro et al., 1999). Homelessness is possibly only a symptom and not the problem. Although many end up homeless, it is through identification of what brought them to that place that could generate the best foundation for understanding.

Toro et al. (1995) states that the homelessness problem also goes beyond gender barriers and affects both males and females equally. However, there are differences between men and women in the characteristics of homelessness.

Single Males. Rossi (1989) suggests that single males have been the predominant group among the homeless for many of the formative years of homeless study. The main reason for examining this group was, initially, availability; there were simply more men available to talk to over a period of time. The focus on this group is possibly due to the thought that they are more

capable of handling inquiries about their current disposition in life. The stereotype that men are stronger and can handle the realities of homelessness better than women. However, more than 40% of homeless single men are using substance abuse as a coping mechanism to handle life's stress (Zlotnick et al., 1999).

Homeless Families, Single Mothers. This group is estimated to comprise between 14% and 43% of people who are homeless (Haber & Toro, 2004). These are the newest homeless groups to be studied. The current study found that 37.6% were female, which is not inconsistent with the literature. It is often assumed that, in the past, these sensitive groups were housed by others in the family or were provided for through other means, church groups, for example or government assistance programs. In more recent studies, whether due to the new awareness of their existence, increasing economic challenges, or the lack of affordable housing, families are now being researched and statistics about these groups are available. When compared, both women alone and women with children have more prevalence of major mental disorders. Almost twice as many women alone have more than one mental disorder when compared with other demographic groups within the homeless population (Zlotnick et al., 1999).

Homeless Children. Children who are raised in environments of homelessness are more likely to become homeless as adults. This lack of stability in youth has a profound detrimental impact on the child's socio-emotional development (DeForge et al., 2008). The idea of homeless children generates an urgency within most citizens because of this group's level of vulnerability. Responsible adults are expected to accept the job of caring for these children. But in some homes the missing male role model also becomes a factor in the development of the child (Haber & Toro, 2004).

O'Connor (2003) suggests that the problem of homelessness is related to "containment" and "non-containment," a mother's ability to deflect issues, related to negative life experiences including homelessness and poverty. Containment is suggested as an accounting for how "the environment contributes to the easing of anxieties" in the mind and how a mother responds to her young child (O'Connor, 2003, p.114). This concept of her receiving discontentment (negative life situations that impact her) and responding with care and love is critical to the child's development of coping abilities. Conversely, if the mother does not respond well, the child can end up being more susceptible to homelessness when encountering a difficult situation (O'Connor). O'Conner does note that his findings are that of grounded theory, they are subjective, and that his conclusions have been drawn from working with homeless people and then postulating the theory.

On a positive note, some have suggested that homelessness, although proven to have many negative outcomes in adolescents, has also been found to bolster the youth's coping skills and extravertedness (Israel & Hernandez Jozefowicz-Simbeni, 2009). Their study was based on mothers' definitions of their children's strengths. The study did provide some exciting contrary research to suggest that there can be hope for the future of these children even though they have had such a negative experience in childhood. "Briefly, Reed-Victor and Stronge (2002) found that shelter staff identified a number of strengths as being particular important in aiding children's development. These 'character' strengths included: the extent to which they were 'outgoing', 'active' and 'helpful'"(Isreal & Hernandez Jozefowicz-Simbeni, p.157).

Gaps in Literature

The literature discusses many aspects of the homeless person's struggle to survive and find meaning again in life, but there is little suggestion about what these individuals need to

return to, that is considered to be a normal life. The literature does not suitably address the question of whether a person can ever fully leave their past behind and adjust to a new and often entirely different way of life. As one of the more recognizable homeless figures in the American landscape, Ted Williams was living on the street in Ohio in [2011]. One day it was discovered that he had a great voice and he was offered a position as an announcer. The media gladly reported the positive human-interest story, but the story did not end with Mr. William's living happily ever after. More recently, Mr. Williams suffered a relapse into substance abuse and returned to a rehabilitation center (Shira, 2011). It is hoped that in the future he will be able to return to his success with no further relapses. Research identifying the threats to living consistently without relapse into previous detrimental conditions has a chance to decrease the incidence of homelessness.

Chapter Three: Methodology

This study investigated the relationship between successful completion of an individualized transformational program for the homeless and mental illness issues, substance abuse problems, and experiences of trauma. Additionally, the researcher examined the correlations between demographic characteristics of age, gender, and ethnicity with mental illness, substance abuse, history of trauma, and program completion. Other success factors such as housing placement and employment placement (which were specifically delineated in the data) were assessed for relationship.

Research Questions

To address these issues the following research questions were developed:

1. What is the frequency of mental illness, substance abuse, and trauma among clients of a transformational homeless facility?
2. Identify demographic characteristics that correlate with program completion at a transformational homeless facility and mental illness, substance abuse, and trauma?
3. What is the relationship between program completion at a transformational homeless facility and mental illness, substance abuse, and trauma?
4. What are the predictors of successful program completion at a transformational homeless facility?

A quantitative research design was used to guide the study. The researcher gathered and prioritized data and used statistical analysis to determine correlations and relationships. The data was collected directly from The Facility's Homeless Information Management System (HMIS). The fact that The Facility collects data on their members is of intrinsic value to the organization as it communicates with many different partners as well as with government agencies and other

contributors who help support The Facility and its associates. This management information system records information about the movement and involvement of every person served, whether a member in the transformational program or guest staying just for a night. When someone checks in and out of different areas of The Facility, the HMIS describes what help was received. A record is kept as each member is given an individual schedule of classes, workshops, medical support, and counseling to help ensure post completion success. Meetings with case managers and their recommendations for treatment are also recorded. This information, in addition to demographics such as gender, age, ethnicity, and completion responses was analyzed in this study to identify patterns and strength of relationships.

The study analyzed the disposition of 2,581 adult members of The Facility who exited the program, between October 1, 2011, and September 30, 2012. Each case received by the researcher included standard demographic fields and other information about employment status, individual goals, criminal history, experience with domestic violence, current medication, chronic homelessness assessment, mental illness assessment, substance abuse assessment, as well as exit disposition records. The number and characteristics of cases with a positive disposition were compared to the number and characteristics of those with a negative exit.

The Facility currently utilizes assessments to collect mental illness and substance abuse data as well as a chronic homelessness assessment. There was assessment of the narrative, conducted by the researcher, to determine what identified a positive or negative response for each of the categories. As The Facility did not have a separate category for trauma, ancillary data were used to determine trauma including incidents of domestic violence, criminal activity, physical trauma, posttraumatic stress disorder (PTSD), and any history of trauma. The data about mental illness was divided into different categories of individuals who reported mental illness

issues at intake and those identified through interview with a case worker or who were hospitalized for mental illness issues.

Data Analysis

A quantitative design was used to identify relationships between the variables. The Statistical Program for Social Science (SPSS) 21 was used to run the analysis of the data and identify relationships between the constructs.

The data were taken directly from The Facility's technology department in SQL Server format. This information was uploaded, adjusted, recoded, and then transferred into SPSS. The data, which consists of multiple demographic factors, was checked for any abnormalities. Once the data were verified it was translated, regrouped and categorized as needed to address the research questions.

After the verification and coding, a set of descriptive statistics was generated to answer the first research question. The second and third research questions were answered using a crosstabs tables to areas of comparison between the discrete variables, chi-square analyses to determine significant correlation, and Cramer's V correlation coefficients to determine the strength of the significant correlations. The null hypothesis among the cases would suggest that no correlation exists. For prediction analysis in research question 4, a logistic regression was used to draw conclusions about predictors of successful completion.

Protection of Human Subjects

This study was conducted under the direction of a dissertation committee at the University of the Incarnate Word and with the permission of the Human Subjects Institutional Review Board at the university. (see Appendix B).. The Doctoral candidate worked closely with the committee members to conduct the research in an appropriate manner, to ensure that the

process of evaluation and assessment was done correctly, and that the proper measures for protection of the human subjects involved were upheld.

The data did not contain the names of any of the homeless individuals, each member had been assigned a client number and at no time did the researcher have access to the client number key. Also, the researcher did not have access to any of the persons in the sample. Therefore, the information was kept confidential and the members remained anonymous. The data set will be kept in a secure place in the home of the researcher and will be destroyed after five years.

Chapter Four: Results

The purpose of this study was to investigate the relationship between successful completion of a transformational program for the homeless and mental illness, substance abuse, and experiences of trauma. Demographics were assessed to provide further insight into homelessness. It was identified that there were more men at the facility than women and also more non-Hispanic or Latinos than Hispanics or Latinos.

The data compilation for this study comes from 3,146 subjects who exited The Facility between October 1, 2011, and September 30, 2012. They were homeless prior to their encounter with a transformational facility in the Southwestern part of the United States. The data consist of the demographic factors of age, ethnicity (Non-Hispanic or Latino and Hispanic or Latino), and gender. A quick review of the adult age data demonstrates that ages of the members in the sample were approximately normally distributed between 18 and 90 years. See Figure 1.

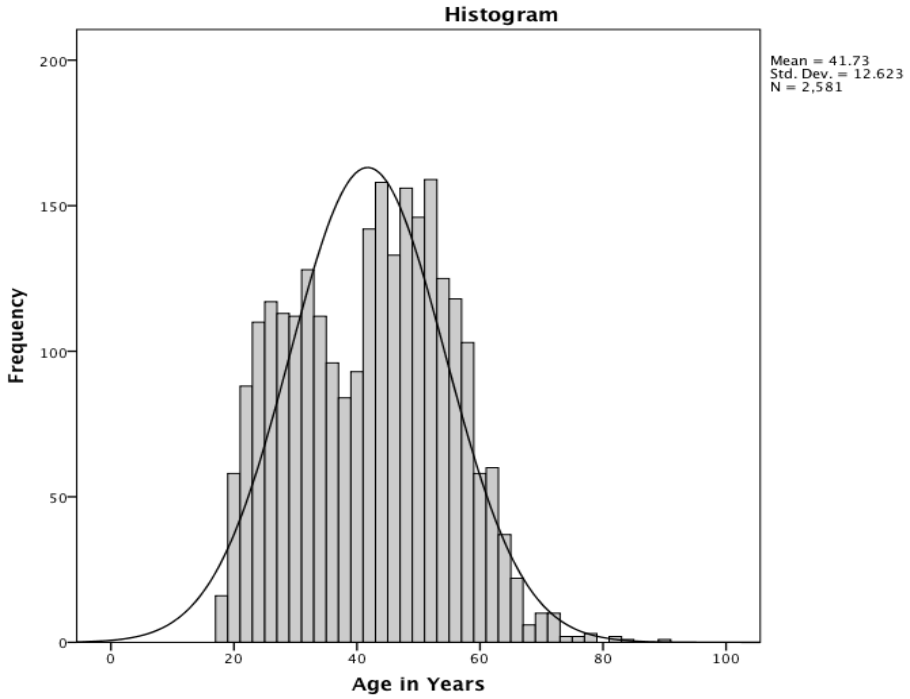

Figure 1. Histogram of all adult subjects by age.

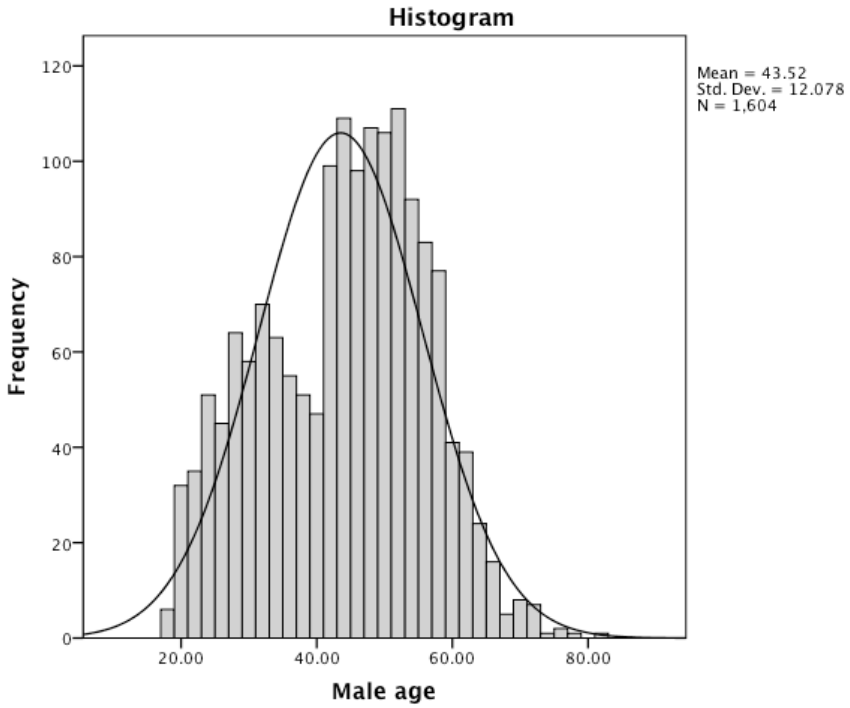

Figure 2. Histogram of Male adult subjects by age.

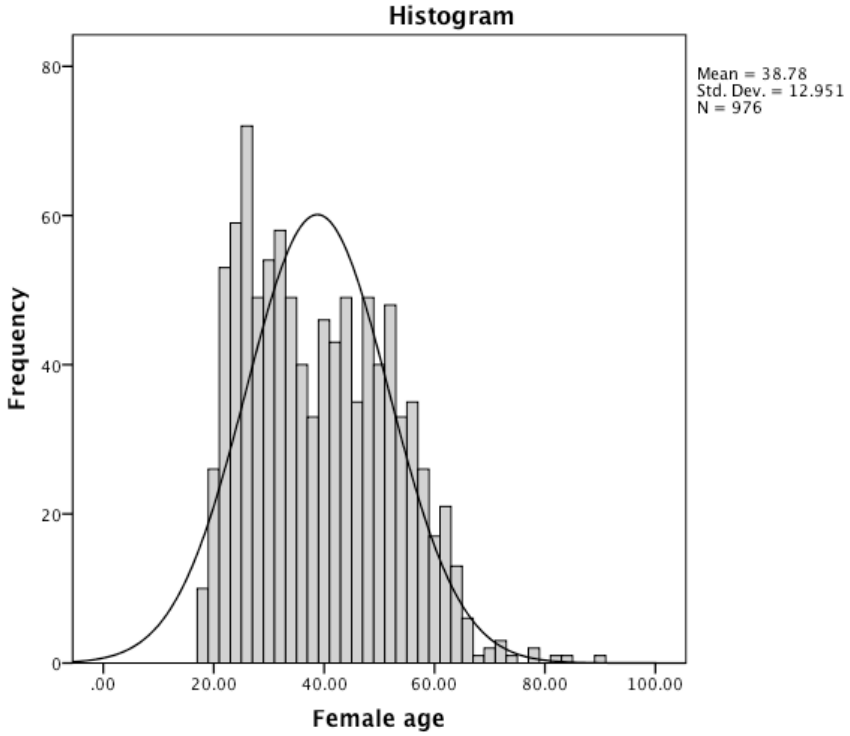

Figure 3. Histogram of Female adult subjects by age.

As can be seen in Figures 2 and 3 above the female members were predominately younger and the male members were predominately more middle aged. This indicates that although the population is relatively balanced as far as age is concerned there is a slight imbalance when gender is factored in. As of 2011 in the state where The Facility is located 50.4% of population is female. Additionally, 62.4% of the population is between 18 and 64 years of age. Comparatively, in the county where The Facility is located, the females make up 50.9% of the population and 62.7% of the population is between 18 and 64 years of age (U.S. Census Bureau, 2011). This information is different from The Facility's membership, but is representative of the area as a whole and not just homeless persons.

The data were examined to ensure that there were no extreme abnormalities and then descriptives were run to identify the total available responses for each variable studied. Table 1 shows the frequencies and percentages of the totals of those whose records indicated mental illness, substance abuse, and trauma. No family group identification was included with the data. Without family identifiers any attempt to relate parents to their children and analyze family data was impossible.

The 565 minors were removed from further analysis for several reasons, primarily because they were not decision makers about their final disposition, and secondly, their records were missing information because caseworkers were not interviewing children directly in many cases. This left a total usable sample of 2,581 people. The data did have various gaps in that not every case had the same details listed. In many cases, the individual who was admitted to the program chose to leave or was removed from the program rather than comply with the rules. In these cases, the members were at The Facility for only a limited time and thus their exit disposition was recorded as "Chose to leave."

Descriptive Analysis

A description of the demographic breakdown of the discrete data in the dataset is seen in Table 1 below. The ethnicity classification indicates Hispanic or Latino, and Non-Hispanic or Latino categories. The U.S. Census Bureau (2011) reports that 58.9% of the population is of Hispanic or Latino origin in the county and 38.1% in the state (p. 1). Gender is predominantly male (62.1%), as well as a majority of Non-Hispanic or Latino (63.3%). Age groups were ordered according to the American Marketing Association's groupings. The majority (72.6%) of the population is between the 25-54 years of age.

Table 1

Frequencies of Demographic Groups

Age	Frequency	Percent	Valid Percent	Cumulative Percent
18-24	272	10.5	10.5	10.5
25-34	582	22.5	22.5	33.1
35-44	573	22.2	22.2	55.3
45-54	719	27.9	27.9	83.1
55-64	376	14.6	14.6	97.7
65 +	59	2.3	2.3	100.0
Total	2581	100.0		

Gender	Frequency	Percent	Valid Percent	Cumulative Percent
Male	1,604	62.1	62.1	62.1
Female	976	37.8	37.8	100.0
Transgender Male to Female	1	.0	.0	.0
Total	2,581	100.0		

Ethnicity	Frequency	Percent	Valid Percent	Cumulative Percent
Don't know	18	.7	.7	.7
Hispanic or Latino	928	36.0	36.7	36.7
Non-Hispanic or Latino	1,635	63.3	100.0	100.0
Total	2,581	100.0		

Research Questions

Research question one was answered with a frequency analysis. Questions two and three were answered using chi-square analysis and Cramer's V correlation coefficients, and question four was answered with logistic regressions.

Research question 1. What is the frequency of mental illness, substance abuse, trauma, and success factors among members at the Facility?

The literature suggests that a significant number of people who arrive at any given shelter would already be suffering from issues such as mental illness, substance abuse, and trauma; therefore, the prevalence of each of these issues needs to be identified. After several hundred cases were reviewed, a rubric was identified to help with this identification process and also fill in some of the missing responses through inference from the other data. Although the data was not complete enough for all cases to conduct a more detailed analysis, sufficient data was provided to gauge a dichotomous response for the majority case outcomes.

Mental illness was only provided as a dichotomous column with yes or no responses. When coding the responses from the data received, the researcher choose to exclude respondents who had one mental illness entry of "depression" because the narrative also had entries for "Bipolar Depression" which was designated as mental illness. This exclusion was made because it was not possible to identify the source of the depression diagnosis (personal or medical), whereas bipolar depression is a specific medical diagnosis. The same was true for the coding of attention deficit disorder which, when listed independent of other responses, was not identified as a mental illness, but anxiety disorder was recorded as a mental illness issue. Other studies investigated in the process of the current study did not specifically list all the mental illness diagnoses that they used, so a direct comparison is not possible.

A person was considered to have mental illness issues if the case notes indicated specifically “Mental illness” or if they had been assessed to have a specific diagnosis such as “Schizophrenia” or “Bipolar Disorder.” A person was similarly categorized not to have mental illness issues if there was no specific “No Mental illness Issues” entry or if there were multiple entries containing other information, but not a mental illness diagnosis. It was assumed that if the individual had been at The Facility a sufficient length of time to warrant multiple entries then the caseworker would analogously have recorded mental illness issues if they were present.

The data also provided a column with a yes or no response to substance abuse; it is acknowledged that this information is recorded at intake when the person first arrives at The Facility. The subject could have been uncomfortable reporting substance abuse for fear of not being admitted or they could have thought the opposite, that if they stated that substance abuse was an issue for them then they would be admitted. Therefore, if other information was available a determination was made to validate the response. If the respondent had an affirmative response to this column it was often maintained as a yes. When conflicting information in the issues category narrative specifically stated that the individual had “No Substance Abuse Issue,” the response was then changed to a no. If any individual had more than three substance abuse entries on the narrative then the response was categorized as a yes. Domestic violence was an automatic indicator of trauma, as was criminal activity, and physical trauma, as well as PTSD, and “History of trauma.” The final results are listed below in Table 2.

Table 2

Frequencies of Issues

Mental Illness		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	638	24.7	36.7	36.7
	No	1,101	42.7	63.3	100.0
Total		1,739	67.4	100.0	
Missing	System	842	32.6		
Total		2,581	100.0	100.0	

Substance Abuse		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		821	31.8	34.4	34.4
	Yes	606	23.5	65.6	100.0
	No	1,154	44.7	44.7	
Total		1,760	68.2	100.0	
Missing	System	821	31.8		
Total		2,581	100.0	100.0	

Trauma		Frequency	Percent	Valid Percent	Cumulative Percent
Valid		827	32.0	14.9	14.9
	Yes	261	10.1	85.1	100.0
	No	1,493	57.8	100.0	
Total		1,754	68.0	100.0	
Missing	System	842	32.6		
Total		2,581	100.0		

Prevalence figures indicate that mental illness, 36.7%, and substance abuse, 34.4%, are relatively equal among the homeless population at the facility. The lowest incidence any issue of program participants was that of trauma, with an affirmative response of 14.9%.

Program completion was identified in the data as “Program Successfully Completed,” and “Graduation/Community Reintegration,” not simply “Successfully Completed,” which only relates to one portion of the program. In many cases there were multiple entries in the outcomes category so, the researcher assumed that the subject had left the program at some point, but then returned to the facility and successfully completed the program. There were conflicting messages

under the outcome column in the dataset. This information plus any other additional indicators from the issues column were assessed to record the most sensible response. Therefore, the researcher chose to record the positive outcome as the final disposition of the subject. For instance, client ID 1014 entries in the outcomes column were as follows, Destination Unknown, Faith Community at Arrival, Program not Appropriate, and Program Successfully Completed.

Other columns in the dataset provided specific information that was verified when possible through supplementary data provided in the issues and outcomes columns. These entries included information about housing and employment placement, which were also considered as measures of success. Table 3, below, delineates the frequencies of these explicit yes or no responses to Housing Placement and Employment Placement, in addition to program completion. If there were directly conflicting data, once again the narrative in the outcomes column prevailed; for example, “Found Job Before Program was Complete” or “Employed Full Time with adequate pay and benefits.”

Individuals who found employment or housing did not always finish the program. Consequently, their dispositions upon exit were recorded in accordance with the preceding descriptions, regardless of program completion. Individuals who were able to rent a place on their own, were accepted to subsidized housing, were or referred to other programs were considered to have obtained housing. Employment, whether full or part time, was considered to have obtained employment. Overall, 45.6% of the population completed The Facility’s program. A little more than a quarter (25.3%) of the population had records of finding housing, and 23.8% found employment according to the record.

Table 3

Frequencies Outcomes

Program Completion		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	1,176	45.6	47.6	47.6
	No	1,294	50.1	52.4	100.0
Total		2,470	95.7	100.0	
Missing	System	111	4.3		
Total		2,581	100.0	100.0	

Housing Placement		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	654	25.3	25.3	25.3
	No	1,927	74.7	74.7	100.0
Total		2,581	100.0	100.0	

Employment Placement		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	613	23.8	23.8	23.8
	No	1,968	76.2	76.2	100.0
Total		2,581	100.0	100.0	

Research question 2. What are the demographic characteristics that correlate with program completion and mental illness, substance abuse, and trauma?

A cross tabulation was run to identify the relationships between program completion and age range. The sample provided 2,470 responses to be analyzed with 47.6% or 1,176 people completing the program successfully. The strongest representation of successful completers was in the 45-54 years of age range. A trend appears when percentages are examined such that as the participants' age increases so does the successful completion rate, see Table 4 and Figure 4. Chi-square tests of independence were run to assess significance of the correlation. When significance was found, the Cramer's V was reported as a correlation coefficient. (The equivalent phi could have also been used for the 2 x 2 tables.) Following Cohen's (1988) guidance, a weak correlation is one with a value of .1, a moderate with .3, and a large correlation with a value of .5.

Table 4

Cross tabulation of Age Range and Program Completion

		Program Completion			Percent of Yes
		Yes	No	Total	per Age Range
Age Range	18-24	95	160	255	37.3%
	25-34	224	334	558	40.1%
	35-44	251	300	551	45.6%
	45-54	367	321	688	53.3%
	55-64	207	158	365	56.7%
	65 +	32	21	53	60.4%
Total		1176	1294	2470	47.6%

Note: X^2 (5) = 49.022, $p < .001$. Age range indicates significant but weak to moderate association with program completion. Cramer's V = .141.

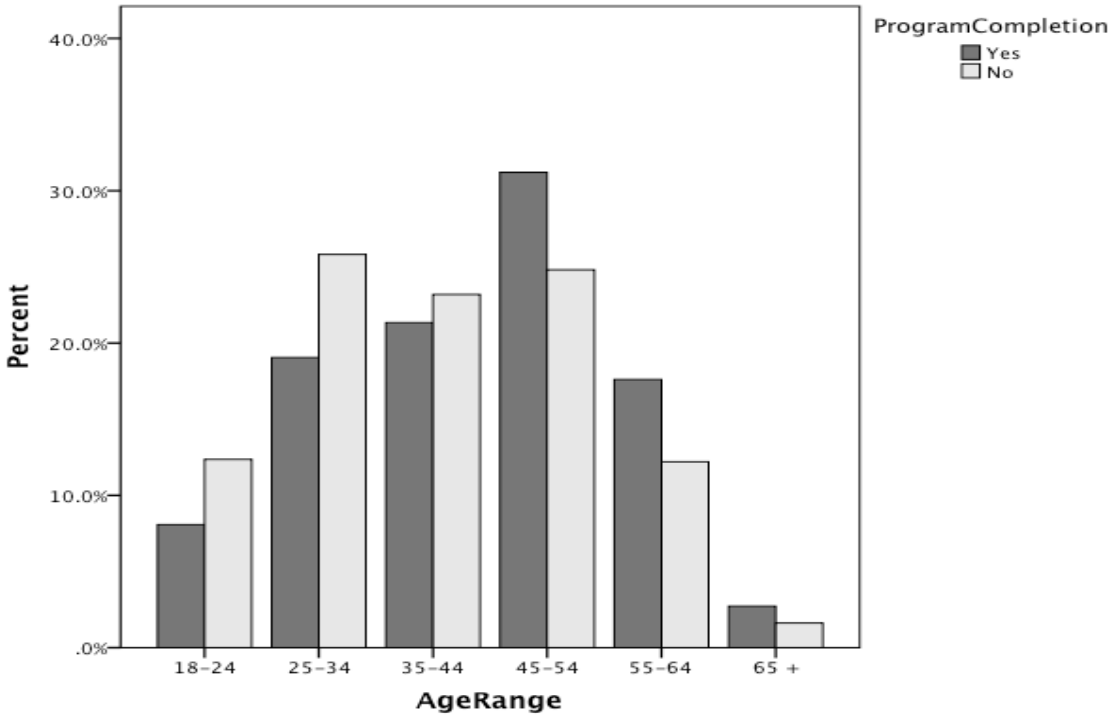

Figure 4. Bar Chart of Age Range Compared to Program Completion.

Age range for males and females was also compared to program completion independently. Even though there is greater percentage of younger females than males the completion rate for both groups still increases, as members get older. Figures 5 & 6

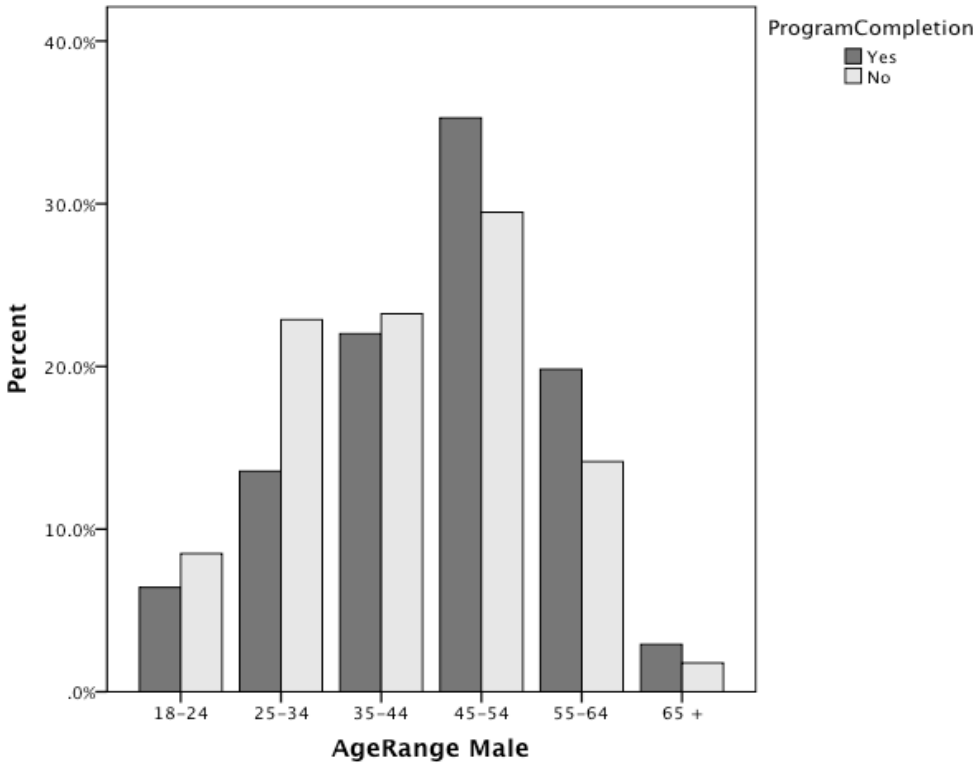

Figure 5. Bar Chart of Age Range for Males Compared to Program Completion.

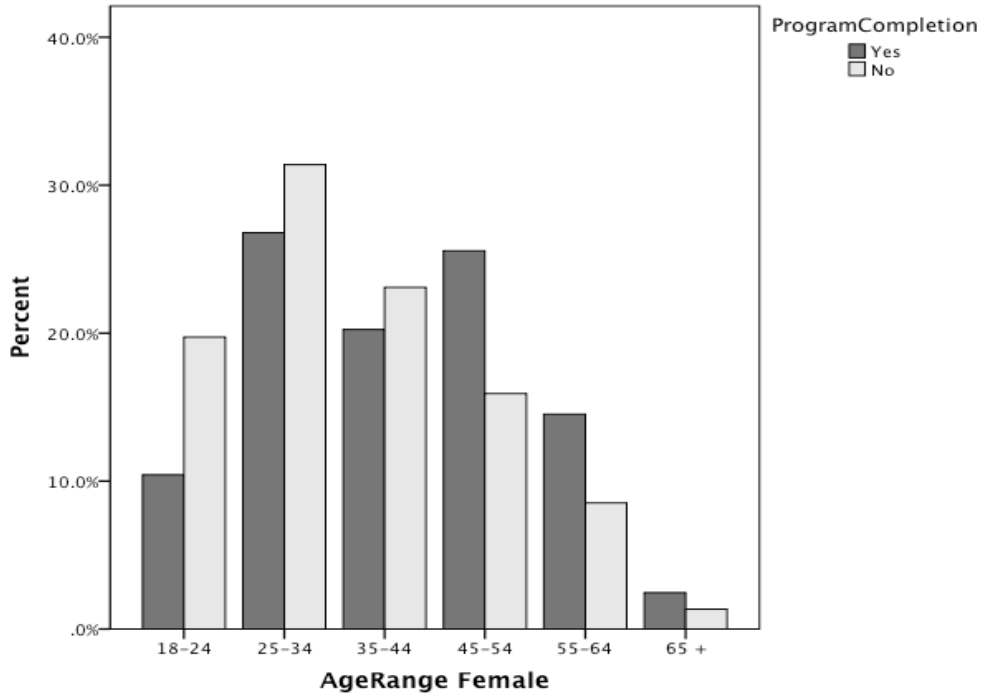

Figure 6. Bar Chart of Age Range for Females Compared to Program Completion.

Mental illness records were found for 1,739 members. Of that total, 36.7% indicate issues with mental illness. That percentage was very similar within each age range except for those over 65, where only 8% reported issues with mental illness. See Table 5 and Figure 7.

Table 5

Cross tabulation of Age Range and Mental illness

		Mental Illness			Percent of Yes
		Yes	No	Total	per Age Range
Age Range	18-24	53	95	148	35.8%
	25-34	144	228	372	38.7%
	35-44	157	232	389	40.4%
	45-54	200	315	515	38.8%
	55-64	82	194	276	29.7%
	65 +	2	37	39	5.1%
Total		638	1,101	1,739	36.7%

Note: X^2 (5) = 26.492, $p < .001$. Age range indicates significant but weak association with mental illness. Cramer's V = .123.

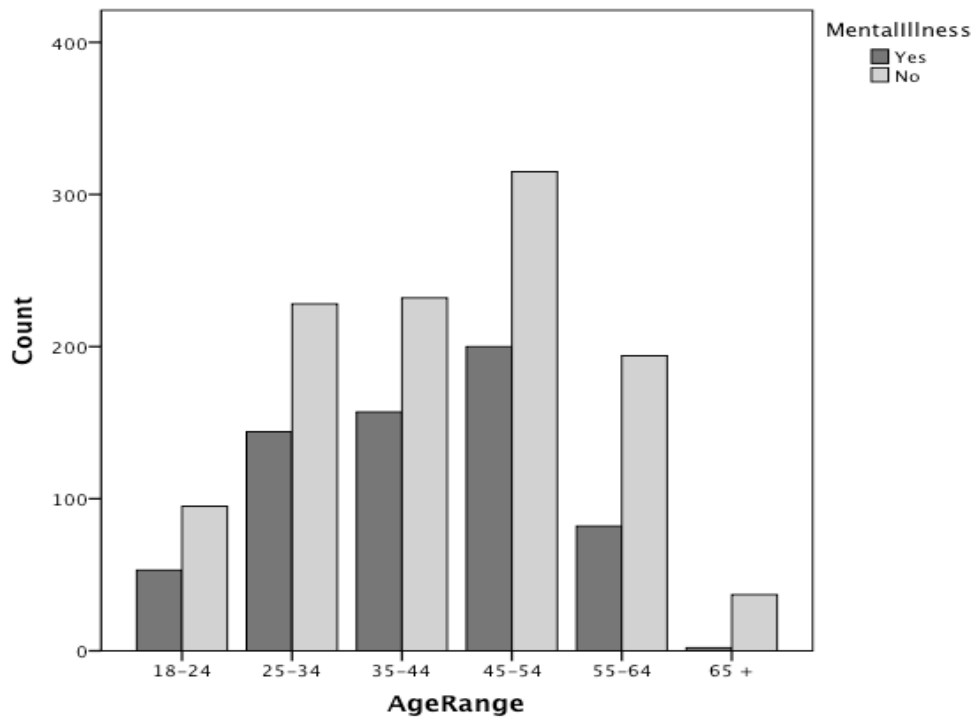

Figure 7. Bar Chart of Age Range Compared to Mental Illness.

Substance abuse records were found for 1,760 members. Of that number, 34.4% indicate

some issues with substance abuse. That percentage was approximately the same within each age range except those who were younger than 25 or those who were over 65, where only 25.25% and 20% respectively, reported issues with substance abuse. See Table 6 and Figure 8.

Table 6

Cross tabulation of Age Range and Substance Abuse

		Substance Abuse		Total	Percent of Yes per Age Range
		Yes	No		
Age Range	18-24	38	113	151	25.2%
	25-34	120	257	377	31.8%
	35-44	136	255	391	34.8%
	45-54	203	321	524	38.7%
	55-64	101	176	277	36.5%
	65 +	8	32	40	20.0%
Total		606	1,154	1,760	34.4%

Note: X^2 (5) = 15.399, p = .009. Age range indicates significant but weak association with substance abuse. Cramer's V = .094.

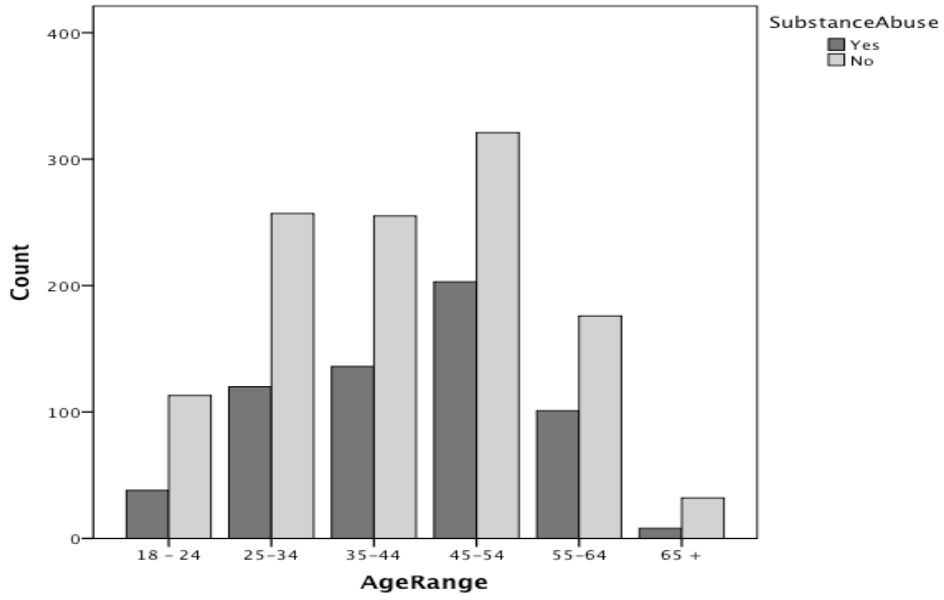

Figure 8. Bar Chart of Age Range Compared to Substance Abuse.

Trauma records were found for 1,754 members. Of that number, 14.9% indicate some issues with trauma. That percentage was approximately the same within each age range except

those who were between 25 and 34 years of age or those who over 65. The former had a higher incidence of trauma issues, at 20.1% and the latter's incidence rate of trauma was much lower at 5.0%. See Table 7 and Figure 9.

Table 7

Cross tabulation of Age Range and Trauma

		Trauma			Percent of Yes
		Yes	No	Total	per Age Range
Age Range	18-24	27	122	149	18.1%
	25-34	75	299	374	20.1%
	35-44	56	334	390	14.4%
	45-54	73	451	524	13.9%
	55-64	28	249	277	10.1%
	65 +	2	38	40	5.0%
Total		606	1,154	1,754	14.9%

Note: X^2 (5) = 17.657, p = .003. Age range indicates significant but weak association with trauma. Cramer's V = .100.

The original figures provided record of one transgender individual among the subjects who participated in The Facility's program. This information was provided above for inclusion in the overall categorization of frequency data, but it was necessary to exclude the case from the analysis at this point, as it would create an inaccurate indication of significance. When combined with program completion records, there were 2,469 records to evaluate see Table 8 and Figure 10.

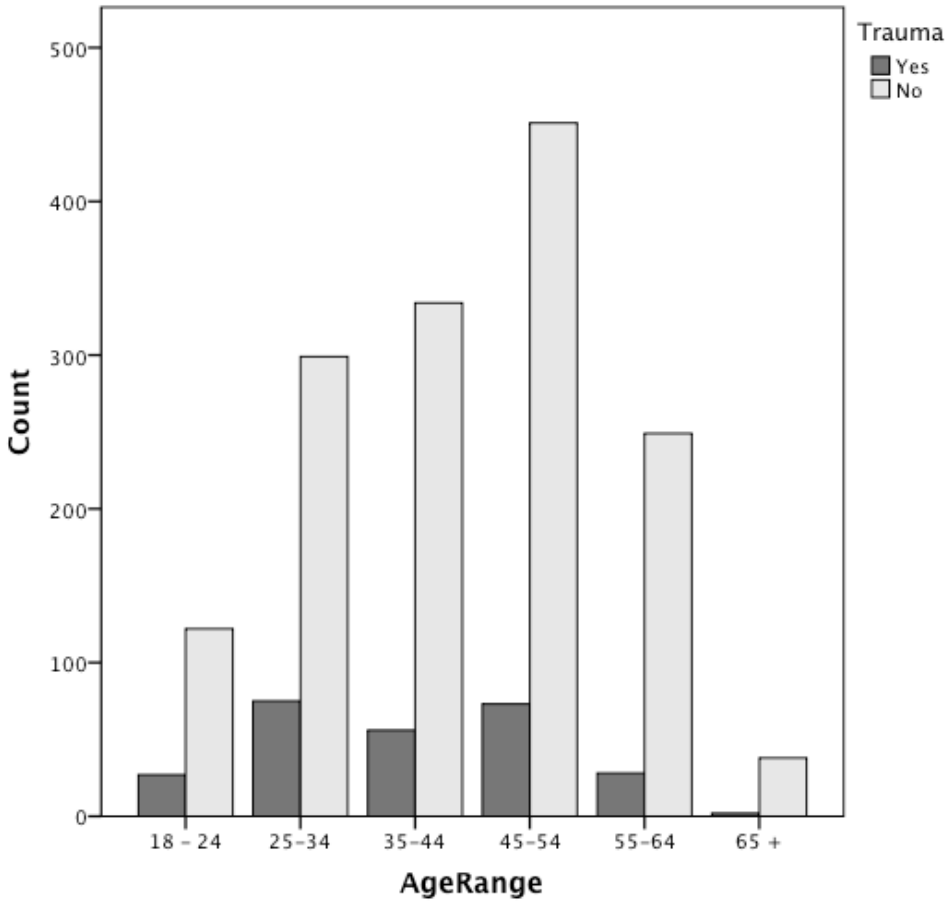

Figure 9. Bar Chart of Age Range Compared to Trauma.

Table 8

Cross tabultation of Gender and Program Completion

		Program Completion			Percent of Yes
		Yes	No	Total	by Gender
Gender	Male	686	848	1534	44.7%
	Female	489	446	935	52.3%
Total		1,175	1,294	2,469	47.6%

Note: X^2 (1) = 13.381, $p < .001$. Gender indicates significant but weak association with program completion. Cramer's V = .074.

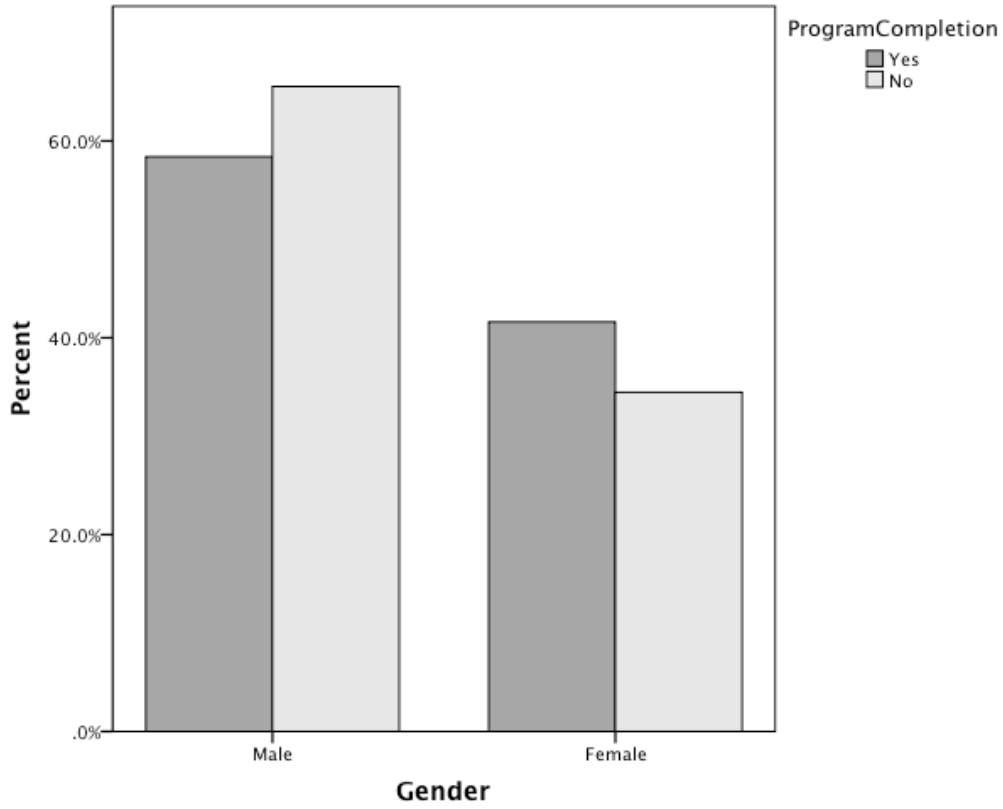

Figure 10. Bar Chart of Gender Compared to Program Completion.

There were also 1,738 mental illness records, 649 for females and 1,089 for males. Of that total 36.7% indicate some issues with mental illness. Mental illness as a factor is independent of gender. The percentage of mental illness problems among the female members (38.7%) was only slightly higher than that of the mental illness problems of the males (35.5%). See Table 9.

Table 9

Cross tabulation of Gender and Mental illness

		Mental illness		Total	Percent of Yes by Gender
		Yes	No		
Gender	Male	387	702	1089	35.5%
	Female	251	398	649	38.7%
Total		638	1101	1738	36.7%

Note: X^2 (1) = 1.723, p = .189. Gender is not correlated with mental illness.

Substance abuse records, 649 belonging to females and 1,089 belonging to males, indicated a considerably different outcome. Of the 1,759 members, 34.5% indicate some issues with substance abuse, but males (40.1%) are more likely to have an issue with substance abuse than the females (25.0%). See Table 10 and Figure 11.

Table 10

Cross tabulation of Gender and Substance Abuse

		Substance Abuse		Total	Percent of Yes by Gender
		Yes	No		
Gender	Male	443	663	1,106	40.1%
	Female	163	490	653	25.0%
Total		606	1,153	1,759	34.5%

Note: X^2 (1) = 41.415, p = .003. Gender indicates significant but weak to moderate association with substance abuse. Cramer's V = .153.

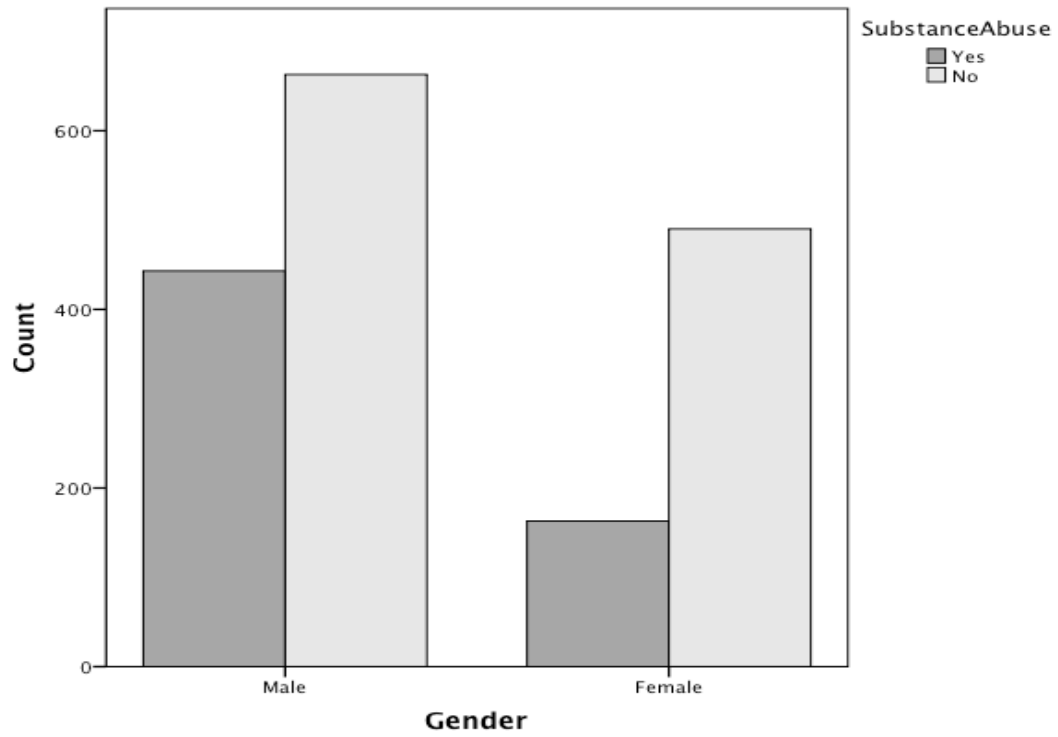

Figure 11. Bar Chart of Gender Compared to Substance Abuse.

Trauma records were found for 1,753 members. Of those, 14.9% indicate some issues with trauma. The percentage of issues of trauma among females, 25.0% far outweighed issues of trauma reported by males 9.0%. Females are more prone to have incidence of trauma. See Table 11 and Figure 12.

Table 11

Cross tabulation of Gender and Trauma

		Trauma			Percent of Yes by Gender
		Yes	No	Total	
Gender	Male	99	1,007	1,106	9.0%
	Female	162	485	647	25.0%
Total		261	1,493	1,753	14.9%

Note: X^2 (1) = 83.369, $p < .001$. Gender indicates a significant but weak correlation with trauma. Cramer's V = .218.

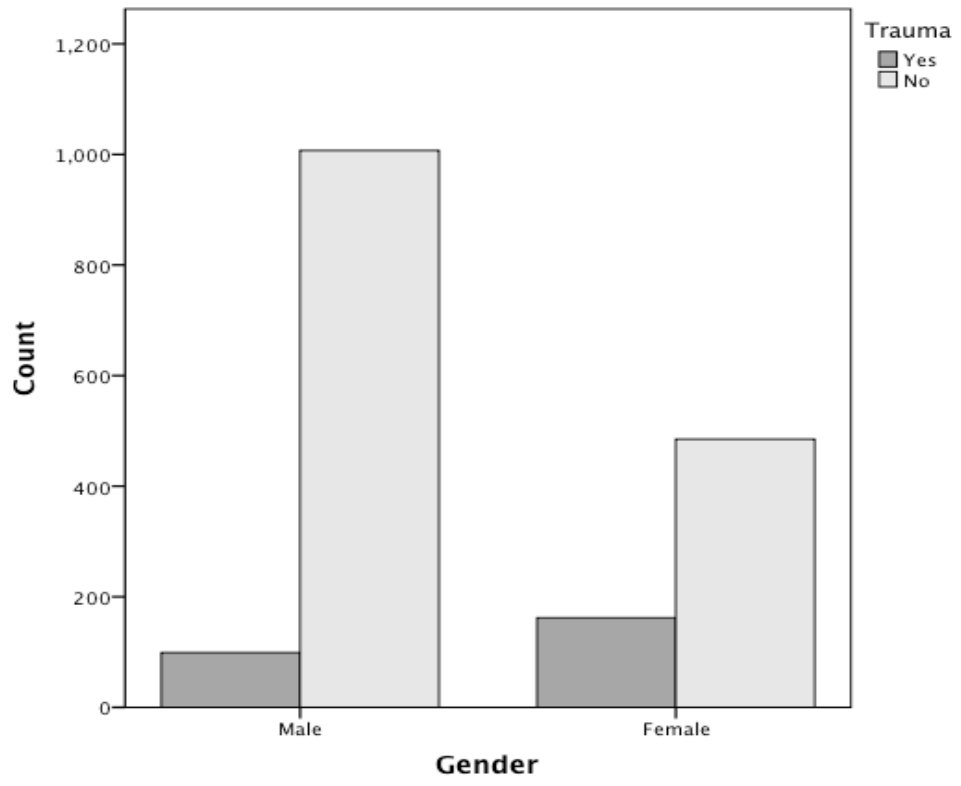

Figure 12. Bar Chart of Gender Compared to Trauma.

There were a dozen respondents who answered "Don't Know" to the question about ethnic background. These individuals were reported earlier but coded as missing so as to not create a false significance when calculations were run. There were 2,454 available records for ethnicity and program completion. See Table 12 and Figure 13.

Table 12

Cross tabulation of Ethnicity and Program Completion

		Program Completion			
		Yes	No	Total	Percent of Yes PC per Ethnicity
Ethnicity	Hispanic or Latino	379	497	876	43.3%
	Non-Hispanic or Latino	790	788	1,578	50.1%
Total		1,169	1,285	2,454	47.6%

Note: X^2 (1) = 10.438, p = .001 Ethnicity indicates a significant but weak correlation with program completion. Cramer's V = .065.

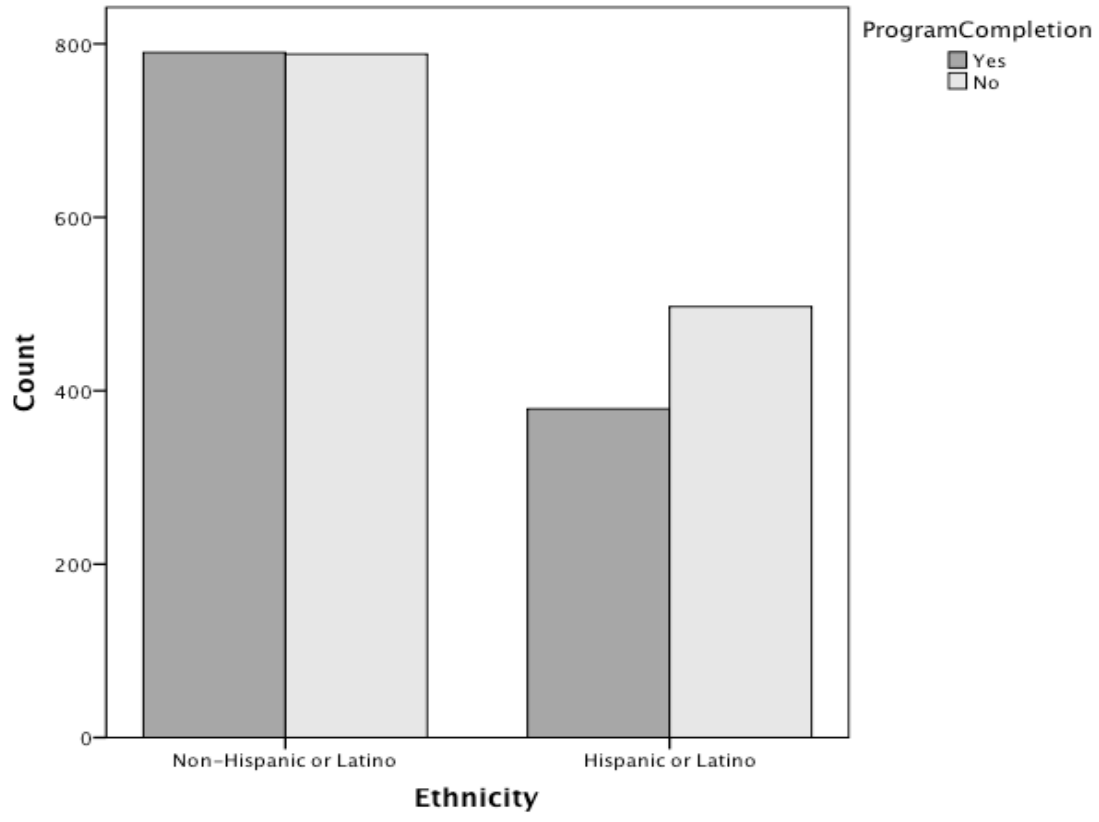

Figure 13. Bar Chart of Ethnicity Compared to Program Completion.

There were 1,727 mental illness records for members of different ethnic backgrounds. Of those cases, 36.8% indicate some issues with mental illness. The Non-Hispanic or Latino population reflects a slighter higher percentage of mental illness issues, while the Hispanic or Latino population illustrates a smaller percentage 33.5% of See Table 13 and Figure 14, below.

Table 13

Cross tabulation of Ethnicity and Mental illness

		Mental Illness			Percent of Yes MI
		Yes	No	Total	per Ethnicity
Ethnicity	Hispanic or Latino	197	391	588	38.5%
	Non-Hispanic or Latino	439	700	1,139	33.5%
Total		638	1,091	1,727	36.8%

Note: X^2 (1) = 4.233, p = .040 Ethnicity indicates a significant but very weak correlation with mental illness. Cramer's V = .050.

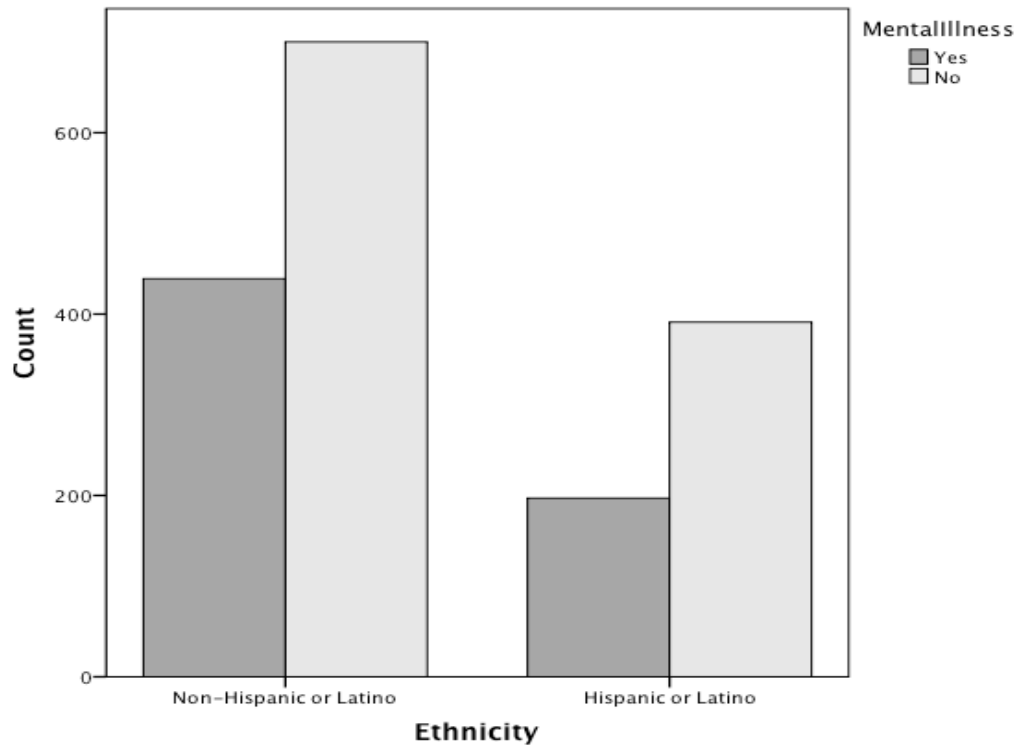

Figure 14. Bar Chart of Ethnicity Compared to Mental Illness.

Of the 1,748 records belonging to ethnically diverse respondents who also had a response

in the substance abuse column, 597 belonged to females and 1,151 belonged to males. Overall, 34.5% indicate some issues with substance abuse, Non-Hispanic or Latino have a slighter higher measure of substance abuse, 36.2 % compared with 31.2% for the Hispanic or Latino category. See Table 14 and Figure 15, below.

Table 14

Cross tabulation of Ethnicity and Substance Abuse

		Substance Abuse		Total	Percent of Yes SA per Ethnicity
		Yes	No		
Ethnicity	Hispanic or Latino	186	411	597	31.2%
	Non-Hispanic or Latino	417	734	1,151	36.2%
Total		606	1,154	1,748	34.5%

Note: X^2 (1) = 4.478, p = .034 Ethnicity indicates a significant but weak correlation with trauma. Cramer's V = .051.

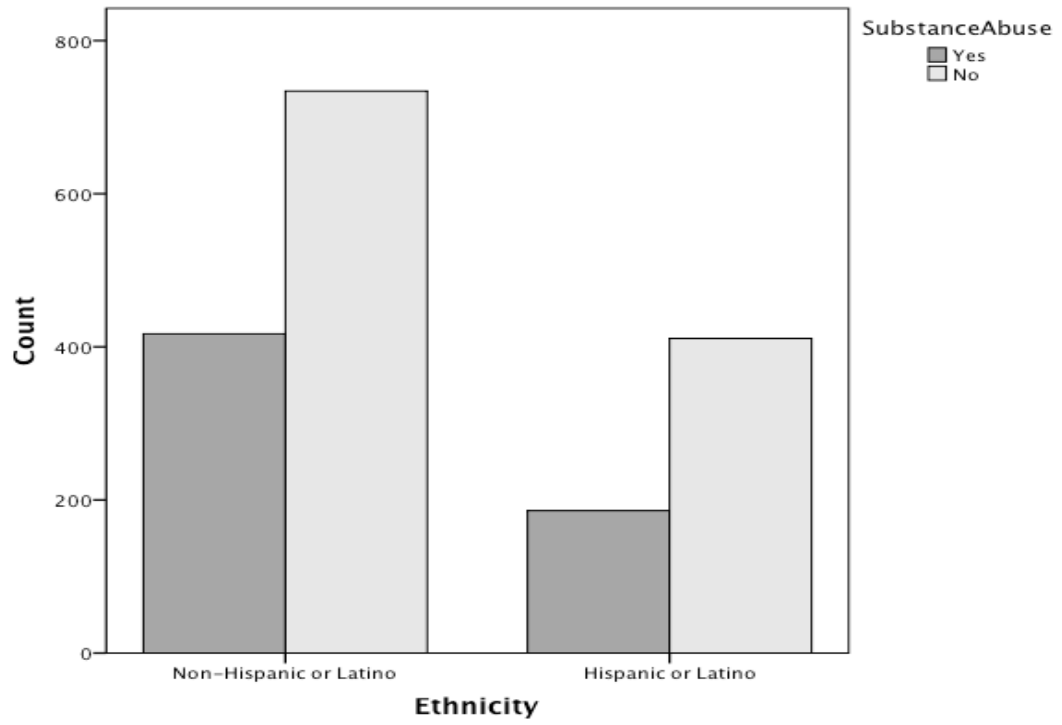

Figure 15. Bar Chart of Ethnicity Compared to Substance Abuse.

Trauma records were found for the remaining 1,742 members who had a response to the ethnicity column other than "Don't Know." Of those, 14.9% indicate some issues with trauma. The percentage of issues of trauma among Non-Hispanic or Latino was nearly the same as issues of trauma reported by the Hispanic or Latino subjects. See Table 15, below.

Table 15

Cross tabulation of Ethnicity and Trauma

		Trauma			Percent of Yes Trauma
		Yes	No	Total	per Ethnicity
Ethnicity	Hispanic or Latino	85	509	594	14.3%
	Non-Hispanic or Latino	175	973	1,148	15.2%
Total		260	1,482	1,742	14.9%

Note: X^2 (1) = .269, p = .604 Ethnicity is not correlated with trauma.

Research question 3. What is the relationship between success factors and mental illness, substance abuse, and trauma?

Mental illness records were found for 1,678 members when cross-tabulated with program completion. Of those who completed the program, 38.2% had reported issues with mental illness. There is no correlation between success factor, program completion, and mental illness. See Table 16, below.

Table 16

Cross tabulation of Program Completion and Mental Illness

		Mental Illness			Percent of Yes MI
		Yes	No	Total	per Prog Comp
Program Completion	Yes	325	525	850	38.2%
	No	287	541	828	34.7%
Total		612	1,066	1,678	36.5%

Note: X^2 (1) = 2.312, p = .128. Program completion is independent of mental illness.

Mental illness records were found for 1,739 members when cross-tabulated with housing placement. Of those who found housing placement, 38.2% reported issues with mental illness.

There is no correlation between housing placement and mental illness. See Table 17, below.

Table 17

Cross tabulation of Mental Illness and Housing Placement

		Mental Illness			Percent of Yes MI
		Yes	No	Total	per Housing
Housing Placement	Yes	188	304	492	38.2%
	No	450	797	1,297	36.1%
Total		638	1,101	1,739	36.7%

Note: X^2 (1) = .686, p = .408. Housing placement is independent from mental illness.

Mental illness records were found for 1,739 members when cross-tabulated with employment placement. Of those who found employment placement, 25.9% had reported issues with mental illness. Employment placement has only a slight association with mental illness as seen in Table 18 and Figure 16, below.

Table 18

Cross tabulation of Mental illness and Employment Placement

		Mental Illness			Percent of Yes MI
		Yes	No	Total	per Employment
Employ Placement	Yes	110	315	425	25.9%
	No	528	786	1,314	40.2%
Total		638	1,101	1,739	36.7%

Note: X^2 (1) = 28.273, p < .001. Employment placement indicates a significant but weak correlation with mental illness. Cramer's V = .128.

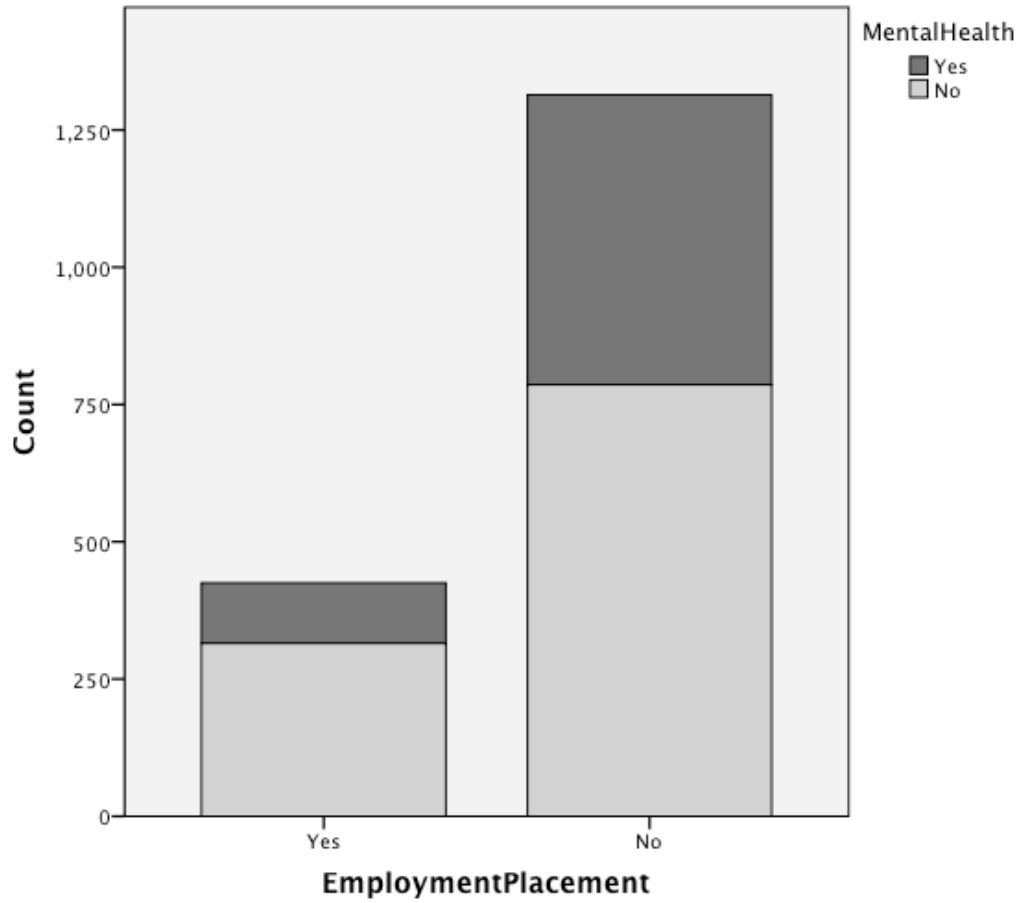

Figure 16. Bar Chart of Employment Placement Compared to Mental Illness.

Substance abuse records were found for 1,697 members when crosstabulated with program completion. Of those who completed the program, 41.2% reported issues with substance abuse. See Table 19 and Figure 17.

Table 19

Cross tabulation of Program Completion and Substance Abuse

		Substance Abuse		Total	Percent of Yes SA per Prog Comp
		Yes	No		
Program Completion	Yes	349	499	848	41.2%
	No	241	608	849	28.4%
Total		590	1,107	1,697	34.8%

Note: X^2 (1) = 30.502, $p < .001$. Program completion indicates a significant but weak correlation with substance abuse. Cramer's V = .134.

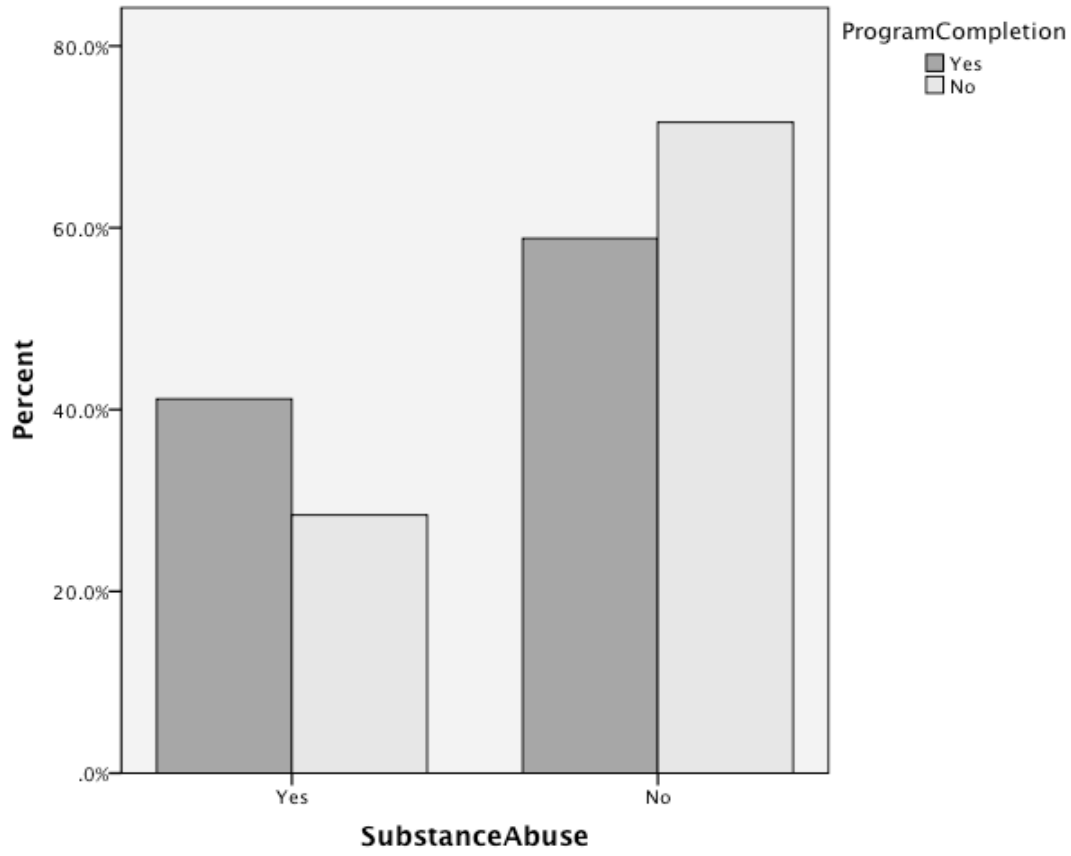

Figure 17. Bar Chart of Program Completion Compared to Substance Abuse.

Substance abuse records were found for 1,760 members when cross-tabulated with housing. Of those who found housing, 32.3% reported issues with substance abuse. There is no correlation between substance abuse and housing. See Table 20.

Table 20

Cross tabulation of Substance Abuse and Housing Placement

		Housing Placement		Total	Percent of Housing per Sub Abuse
		Yes	No		
Substance Abuse	Yes	159	334	493	32.3%
	No	447	820	1,267	35.3%
Total		606	1,154	1,760	34.4%

Note: X^2 (1) = 1.442, p = .241. Housing placement has no association with substance abuse.

Substance abuse records were found for 1,760 members when cross-tabulated with

employment placement. Of those who found employment, 35.1% reported issues with substance abuse. There is no correlation between substance abuse and employment placement. See Table 21.

Table 21

Cross tabulation of Substance Abuse and Employment Placement

		Employment Placement			Percent of Employ
		Yes	No	Total	per Sub Abuse
Substance Abuse	Yes	149	457	606	24.6%
	No	276	878	1,154	23.9%
Total		425	1,335	1,760	24.1%

Note: X^2 (1) = .098, p = .770. Employment placement has no association with substance abuse.

Trauma records were found for 1,690 members when cross-tabulated with program completion. Of those, 16.1% indicate some issues with trauma. See Table 22.

Table 22

Cross tabulation of Program Completion and Trauma

		Trauma			Percent of Trauma
		Yes	No	Total	per Prog Comp
Program Completion	Yes	136	710	846	16.1%
	No	117	727	844	13.9%
Total		253	1,437	1,690	15.0%

Note: X^2 (1) = 1.626, p = .220. Program completion has no association with trauma.

Trauma records were found for 1,678 members when crosstabulated with program completion. See Table 23. Of those who found housing, 19.6% reported experiences with trauma. There is a small association between housing and trauma. See Figure 18.

Table 23

Cross tabulation of Housing Placement and Trauma

		Trauma			Percent of Trauma
		Yes	No	Total	per Housing
Housing	Yes	96	394	490	19.6%
	No	165	1,099	1,264	13.1%
Total		261	1,493	1,754	14.9%

Note: X^2 (1) = 11.917, p = .001. Housing placement indicates a significant but weak correlation with trauma. Cramer's V = .082.

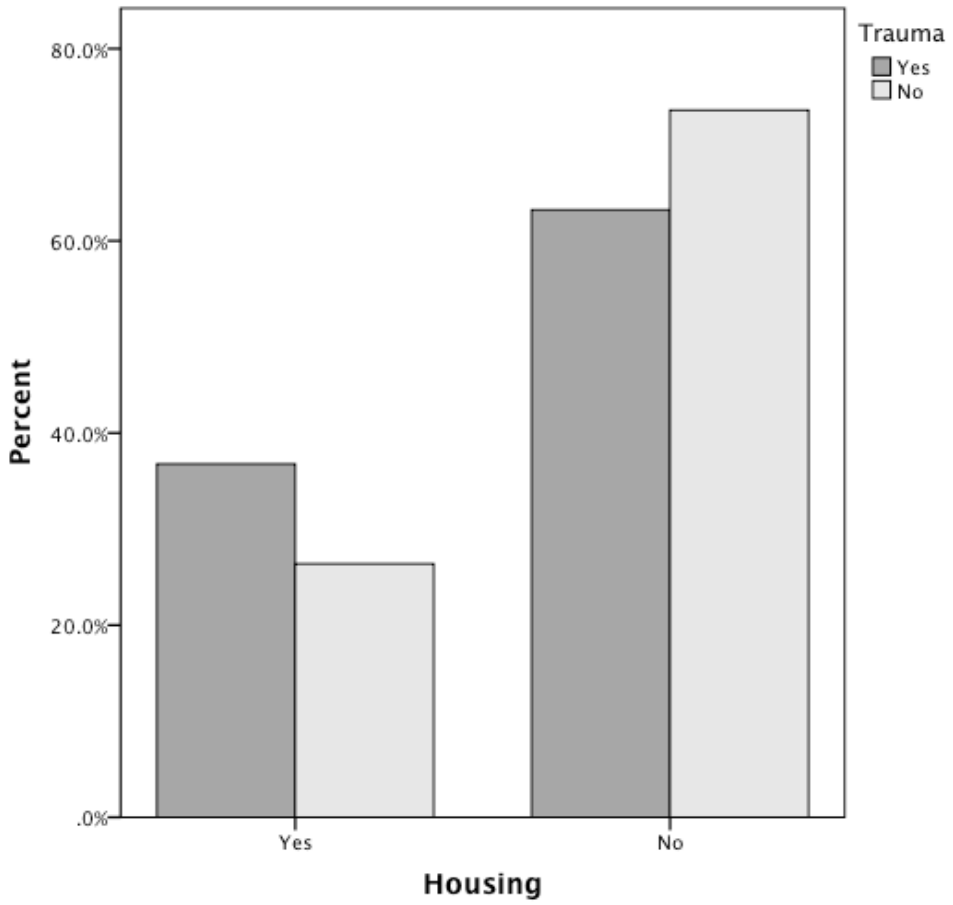

Figure 18. Bar Chart of Housing Placement as percentage of Trauma.

Trauma records were identified for 1,754 members who also recorded responses for employment placement. See Table 24. Of those who found work, 15.1% reported experiences

with trauma. There is no association between employment placement and trauma.

Table 24

Cross tabulation of Employment Placement and Trauma

		Trauma			Percent of Trauma
		Yes	No	Total	per Employment
Employ placement	Yes	64	359	423	15.1%
	No	197	1,134	1,331	14.8%
Total		261	1,493	1,754	14.9%

Note: X^2 (1) = .027, p = .868. Employment placement has no association with trauma.

Research question 4. What are the predictors of successful completion? Can program completion be determined by age, ethnicity, gender, mental illness, substance abuse, or trauma? A direct logistic regression was run to answer this question with the six attitudinal predictors. Evaluation of adequacy of expected frequencies for categorical demographic predictors revealed no need to restrict model goodness-of-fit tests. No serious violation of linearity in the logit was observed. The analysis ended up with 1,654 cases being used and the classification table showed consistent percentages once again, as can be seen in Table 25.

Table 25

Classification Table for Logistic Regression of Successful Completion

		Predicted					
		Program Completion			Program Completion		
Observed		Yes	No	% Correct	Yes	No	% Correct
Program Completion	Yes	110	0	100.0	503	335	60.0
	No	315	0	.0	332	484	59.3
Overall Percentage				50.7			59.7

Without the addition of predictors the model demonstrates a 50.7% prediction rate. After all the variables are added that prediction rate is improved to 59.7 %. Regression

analysis revealed that there was a good model fit (discrimination among groups) on the basis of the four predictors alone, $\chi^2(6) = 87.786$, $p < .001$.

Table 26 shows regression coefficients, Wald statistics, odds ratios (Exp B) and 95% confidence intervals for odds ratios for the five remaining predictors. According to the Wald criterion two of the predictors, age range and substance abuse, are the best predictors of successful completion, X^2 (1, N=467) = 16.896, p < .0001. The Nagelkerke R Square is .069; which demonstrates weak strength in association overall.

Table 26

Variables in the Equation for Prediction of Program Completion.

	B	S.E.	Wald	df	Sig	Exp (B)
Mental Illness	.100	.109	.846	1	.358	1.105
Substance Abuse	.589	.109	29.364	1	.000	1.803
Trauma	.068	.148	.213	1	.644	1.071
Age Range	-.279	.042	44.178	1	.000	.757
Gender	-.485	.112	18.789	1	.000	.616
Ethnicity	.103	.108	.918	1	.338	1.109

The table confirms that substance abuse is the best predictor of program completion. A person is almost twice as likely to complete the program if they have an issue with substance abuse, Exp (B) = 1.803. Females are more likely than males to complete the program, Exp (B) = .616. Program completion is 1.3 times more likely as you get older, Exp (B) = .757.

Summary of Results

Table 27

A Summary of the Results of the Quantitative Research Questions

Question	Variables	Statistics	Significance/Prevalence
#1 Frequency of Issues	Mental illness	Descriptives	36.7%
	Substance Abuse	Frequencies	34.4%
	Trauma		14.9%

#2 Demographic Correlations

Significantly more prevalent in these groups

	Age	Gender	Ethnicity
Program Completion	Over age 45	Female	Slightly more Non-Hispanic or Latino
Mental Illness	25-54	No correlation	Slightly more Hispanic or Latino
Substance Abuse	35-64	Male	Slightly more Non-Hispanic or Latino
Trauma	25-34	Female	No correlation

#3 Relationships between variables

Significant but weak correlations

	Program Completion	Housing	Employment
Mental Illness			Less likely
Substance Abuse	More likely		
Trauma		More likely	

#4 Predictors of completion

Significant prediction of Program completion

	Program Completion
Mental Illness	
Substance Abuse	Twice as likely to complete
Trauma	
Age	More likely to complete if 45 years of age or older
Gender	More likely to complete if female
Ethnicity	

Chapter Five: Conclusions

This study found weak relationships between successful completion of an individualized transformational program for the homeless and mental illness, substance abuse, and trauma. The study also found some weak to moderate relationships between age range and program completion as well as between gender and substance abuse. Differences among demographic groups were very weak. Younger members had more problems with mental illness and trauma. Whereas, older members had a greater number of substance abuse issues but were more apt to complete the program. Men were more likely to have issues with mental illness and women related more experiences with trauma but completed more frequently than men. “Hispanic or Latinos” had slightly more mental illness troubles and “Non-Hispanic or Latinos” were slightly more prone to substance abuse issues. “Non-Hispanic or Latinos” were more likely to complete the program.

Findings

Just under half of all people who begin The Facility’s program complete it. A person is 1.8 times more likely to complete the program if they have an issue with substance abuse. Females are 1.6 times more likely than males to complete the program. Program completion is 1.3 times more likely as you get older, especially over age 45. There are predominately more men (62.1%) at the facility than women. The number of Hispanics or Latinos at The Facility (36.7%) more closely resembles the characteristics of the State demographics (38.1%) more so than the county where The Facility is located.

When looking at the statistical results it appears that The Facility is doing a balanced job. There were no great indicators that one specific group was being serviced or demonstrating a greater level of success as compared to another group. Many of the numbers, as percentages,

were very close. Therefore success is approximately equally distributed among men and women, Non-Hispanic or Latinos and Hispanic or Latinos, and across age groups.

Discussion

It became apparent during the study that homelessness may not be the problem after all, but more of a symptom of the other issues in a homeless person's life prior to being without a home. It is often heard in the news that someone was so addicted, to their substance of choice, that they ended up losing their job and eventually losing their home. This is also true for those afflicted with issues related to mental illness and trauma. Some people become homeless because challenges they were facing became increasingly overwhelming and they were unable to manage these challenges and eventually lost their dwelling place.

The idea of transformation is also of key significance in this study. The individuals experiencing homelessness have gone through several transformations, starting with the change from a home to homelessness, then from choosing the streets to choosing a shelter, and then to choosing to reintegrate with society. Many had already experienced negative situations, which was a significant contributor to their ending up homeless. The Facility provides these members new opportunities to change and generate new pathways. I would argue that this is a necessary underpinning for their continued success in discarding the old pathways and transforming their minds with new hope. Jack Mezirow suggests that these mental conduits are formed through learned patterns of behavior. When an individual experiences difficulty negative patterns have emerged, but if a positive change were offered, new positive patterns could replace the negative ones and the prospect of transformation back to normalcy can begin.

The results showed that nearly half of all people (47.6%) who enter The Facility, regardless of their situation, addictions, or issues, completed the program successfully. There are

few shelters in the U.S. that offer programs addressing the underlying basic needs. Most establishments are provide shelter and a meal but do not requiring much else from their participants. As a result, there is little comparative data available to assess The Facility's completion rate. But this result shows that just under half of the people serviced made a significant commitment to change their lives and at the time of exit had achieved success.

The results of the current study indicate that The Facility has identified some of the significant challenges that the homeless encounter. The Facility has recognized a useful definition of homelessness and its contributing factors. This is consistent with the studies conducted in Europe, the U.S., and Australia where contemporary definitions that are vigorous and evidence-based are helping to identify the pathways into homelessness (Minnery & Greenhalgh, 2007).

The current study showed that about 35% of the participants had indicators of mental illness and/or substance abuse. This is comparable to work conducted by Sosin (2003), who stated, "that literature reveals that close to half of all homeless people have symptoms of mental distress" (p. 94). Thus the current study is in line with previous literature. There are many potential reasons for the difference in percentage. For example, differences in defining mental illness and sample size may account for some of the difference as well as external factors such as climate and physical disposition of the area.

The 35% of the population that were identified in the current study as having problems with substance abuse is a result that is comparable with only a few other studies, as in many of those studies substance abusers composed the entire population sample. Toro et al. (1995) found that substance abuse was higher among the homeless population with a figure of about 58% compared to rates of 35% among the never-homeless poor, but The Facility's success with

substance abusers is not unfounded given McNaughton's (2008) assertion that, "substance abuse was a key barrier to the participants making a transition out of homelessness" (p.182). The McNaughton study surveyed 28 individuals as they transitioned in and out of homelessness.

Literature examining trauma among the homeless population was also limited by only examining trauma as its single factor, not evaluating a more general population. Swick (2008) takes a broader approach and states "that between 30% and 70% of homeless families have violence as either a cause of their homelessness or a key factor in their lives" (p. 81). The results of the current study found that slightly less than 15% of subjects studied at The Facility experienced trauma of some sort in their lives. It is important to note that not only were the numbers relatively low at 15% when compared with the other issues, but trauma did not appear to have any significant affect on member completion rates. The Facility suggested that trauma was perceived as emerging more frequently among members. It specifically requested examination of this factor. The results show that trauma was not of any significant consequence when related to program completion. While trauma existed among members at The Facility there was no suggestion that this was a greater problem or that it was creating any roadblocks to completion.

Implications

The Facility studied is considered innovative and is touted as unique in the nation. It uses a transformational model to assist as change agent for its members. The Facility was established as a new way to reach the homeless and based on what the founders called a "best practices" archetype. The overall goal and aspiration of the groups responsible for The Facility's genesis was to get homeless people off the streets permanently. The leadership steering committee wanted a place where homeless individuals could transform their lives and change over the long

term. This steering committee, composed of representatives from the interested groups, conducted a multicity review during which they visited homeless shelters across the nation to identify and incorporate what they saw as the most significantly impactful programs. These program details became the basis for The Facility's foundational programming that sought to address some of the underlying issues referred to in the current study, in particular mental illness and substance abuse.

The current research is significant in identifying relationships among the aforementioned underlying issues within the study group. The Facility can use this information to confirm validity of current programs, or for improvement or implementation of future programs. The Facility may want to seek greater understanding the reason(s) females have greater program completion rates then the males. Is this result because there are fewer women at The Facility then men? Or is this result because the issues faced by the women are more readily addressed than issues the men are facing? Or is this result due to some other reason? Similarly, The Facility can reflect on the completion results related to age range or ethnicity and hopefully bring greater clarity as to why the results are as they are.

The Facility can use this as independent confirmation that 47.6% of its members are completing the program. This information can help assess the direction of the program as initially identified by the founding committees. The current study suggests that the transformational model uniquely utilized by The Facility is a success.

The transformational and multidisciplinary approaches are having a positive impact on the homeless. The factors that affect the successful reintegration of a homeless person and/or family back into society as an independent contributor are related to Jack Mezirow's transformative learning model as he discusses in the text *Learning In Adulthood* (Merriam,

2007). The homeless individuals can simply have their daily needs of shelter, warmth, and sustenance, or they can be offered a chance to rewrite their negative mental thought processes and transform back to commonly accepted patterns. When some homeless people have the opportunity to change their way of living and thinking they avail themselves of that opportunity as the current study demonstrates. Not all members are successful at completing the program, but without that chance there is little hope for long-term success and all they can do is obtain their next meal. The transformation process was clearly more valuable for those with substance abuse problems, as they completed the program at higher rates, than those without substance abuse issues. This is a strong indicator that the transformation process is developing.

Understanding issues related to women, whether completion rates or percentage of underlying issues, will help caseworkers better meet the needs of individuals at The Facility. The caseworker can ask more trauma related questions of the female members knowing that a greater percentage has had issues with trauma. These additional questions may either reveal previously unrecorded trauma issues or further clarify the unknowns with a person who has already disclosed trauma. This should allow the caseworker and The Facility to offer the best service to these members. Knowing that there is a difference in completion rates and incidence of trauma between the males and females at The Facility should allow for appropriate direction of resources as well.

The Facility's model was set up as a prototype for use of an integrated and transformational paradigm. The completion rates are an indicator of transformation occurring and the importance of the foundations established at The Facility. The fact that there is little difference regardless of ethnicity or gender suggests that the program's services are balanced and equivalent for most groups providing equal opportunities for all members.

The Facility's success rate has significance to other similar facilities nationwide, as it is an indicator that its transformational approach based services are having a positive impact on homelessness. Shelters should not stop meeting the basic needs of the homeless, but they should explore the idea of providing transformational based services to their homeless populations as these have proven successful at The Facility. Other facilities should be aware of the underlying factors of homelessness and what impact these factors have on successful reintegration of a homeless person and/or family into society as an independent contributor. I would suggest that other major metropolitan centers develop similar programs for their homeless populations. Other cities in the U.S. could similarly benefit their homeless population by offering them more than a "hot and a cot."

The current research contributes to the literature by elucidating the understanding of the impact that the underlying factors of homeless have on the individuals. The difference identified between the current research's percentage of mental illness compared with other literature results suggests a need for a specific identification of what should be included as a mental illness issues verse a difficulty with circumstances that present themselves in a homeless individuals life. Depression is understood as a standard mental illness concern, but if it is not severe enough to create aberrant behavior it should not be considered as a mental illness. Several other identifications occur within mental illness that should be more clearly identified and demarcated so that it is clearer how those issues impact homelessness. These identifications include mental issues that a person might deal with day-to-day or mental illnesses that are severe or even require hospitalization. This identification would also allow for a better comparison of the results as well as a clearer understanding of the mental illness suffered by the homeless and what level of

service is needed to alleviate their predicaments. If individual has a significant “disorder” they may be better off served in an institution that is more able provide for this need.

Substance abuse also has an effect on the homeless population and in the current study it has affected the program’s completion rate. Those members of The Facility who participated in the substance abuse program were almost twice as likely to complete the program than those members without substance abuse issues. The substance abuse program is similarly based on the transformational model and allows for a detailed schedule of classes to attend and a stepped transition process for the member to progress toward recovery. This process is monitored and updated to continually provide relevant support throughout the members’ time at The Facility. This transformational type of program is positive for many of its members as the current study’s results demonstrate; as people grow older they may feel that their time in life is diminishing and they need to make a change sooner rather than later.

The hopeless feeling that individuals struggling with substance abuse experience can be successfully mitigated with transformational programming, but only if they want out of the substance abuse homelessness cycle. For these abusers, change is the only answer. This is best accomplished where the substance abusers feels safe and secure, and where they sense that hope exists. Without their basic needs being cared for it is difficult to initiate and successfully complete a transformational program. Similarly, without hope of a better future, it is difficult to make a change. In these situations the transformational shelter has its greatest impact. Individual, is provided an opportunity to rewrite their neural pathways with hope and with belief that change is possible. With The Facility’s program as a platform of change and with the stability afforded, the substance abuser can begin the transformation process.

The current study explores the idea of homelessness being a symptom and not the problem. The idea that homelessness itself is the problem is only one way of looking at the situation. The factors that were present in individual lives prior to homelessness could have created the dynamics that eventually propelled them into a state of homelessness. The underlying issues are why they ended up homeless. This idea is only present in a few studies within the literature. The idea of homelessness as a symptom is an area for future research, but the current study does add some insight into this concept and therefore adds to the literature.

The transformative learning model and its relation to helping the homeless also adds to the literature. The idea that homeless people are reacting to different formations of thought in their daily lives and that this reaction is causing a homeless cycle has an impact on the literature. Transformative learning is discussed in the text *Learning In Adulthood* with relation to how adults learn when attending school or learning new concepts in life, but little is mentioned about how this style of learning could affect a person in a negative way and create situations of despair. The cycle of homelessness can be changed if the individuals are given a chance to reprogram their thinking back to positive thoughts, given opportunities for learning new skills, offered financial training, and an increase in job proficiencies. The homeless person can be introduced to the right people to help them get a job and find housing. The transformation can begin if they feel that there is a solution to their lives that bad things can be avoided, and that hope can be restored.

Limitations

It is apparent that although The Facility does consistently collect data from its' members with appropriate levels of accuracy that data needs to be organized in a more user friendly and cohesive fashion. If The Facility had someone who worked to organize the data, it would be

helpful to researchers as well as their own data analysis needs. It would have also been more helpful and served the results better if trauma was accessed independently by The Facility. The data collection process was separated into categories. The data within these categories was often conflicting. Upon examination the narrative reads, “successfully completed,” “ chose to leave”, and “program successfully completed”. These disagreements within the same dataset for the same member, needed to be addressed by the data managers at The Facility. This same challenge existed when mental illness and substance abuse were evaluated. If the end results were in mind while the inputs were being generated the results could be more consistent and useable. If there were a consistent rhetoric for all issues and a standard for all entries this data could avoid possible mistake through interpretation.

The data did not contain family information. Since this additional information was not included, I chose to remove all of the minors data from the results, primarily because they have no input as to the their own disposition. Had this information been included the results could have been used to compare with the existing research related to family homelessness.

This area of data collection cannot be emphasized enough. The key to generating good statistical results is having solid comparable data. In the absence of a cohesive and explicit plan the data often overlap through interpretation of the workers who are reporting. This ambiguity adds to the complexity of trying to identify the underlying issues among the homeless rather than clarifying them.

As The Facility moves forward with its activities it is important that they identify how the data will be analyzed in the future. If the data is to be used to validate the results, submitted for grants and other research the data will be much easier to work with when the categories are cohesive and in alignment throughout the process of collection form the time a member enters

The Facility to the time that they leave and return again and leave again. The Facility should take steps toward adjusting the fields within the narrative to eliminate ambiguity.

The results could also have been more accurate if The Facility had a more specific rubric for identifying issues among its members and all caseworkers were trained to enter the same information into the system based on the standard rubric. If The Facility had planned their data management from an end result framework they would have generated better data groupings.

Suggestions for Future Research

The study of homelessness should be inclusive of the major underlying possible causes of a person ending up without proper housing. The factors identified here of mental illness, substance abuse, and trauma are not the only issues present among the homeless population. Are there other issues? If so, what are the other issues? Additionally, these questions could be expanded to include those people living in inadequate housing.

Concepts of what can be done to help the homeless with the reestablishment in homes once again should be explored. The current study did not investigate the practices in use at The Facility for helping their members get into housing. Which agencies are the members referred to? Are there other solutions for finding suitable housing that The Facility can employ? Do all the members use The Facility's referral system, or do some members have other means of finding housing and is that means effective?

What are the all of the contributing factors that contributed to the situation of homelessness in the first place? One of the factors may be lack of employment or lack of jobs with a sufficient salary. Another factor may be the crumbling of the family structure. Can these factors be defined, separated and addressed individually? How significant are these factors? Who needs to solve these issues?

It is important to access what preventions are possible to help those individuals finding themselves on the pathway toward homelessness, to help them avoid the trauma of homelessness. What programs are currently in place? Are these programs working? Do other programs need to be established or should the current one just make some changes? Is it the government's responsibility to address these issues or is it corporate America or some religious organization's job?

Another question that should be answered is what can be done to help people that are most susceptible to homelessness within the population? Identification of these pre-homeless groups should be investigated. The decline of availability of affordable housing in the U.S. and how it relates to homelessness should be investigated. This investigation would benefit people who have susceptibility toward homelessness. If these were challenges and situations were identified homelessness could be avoided. I would hope that this problem identification could effect change on a national level and reduce the amount of people ending up homeless simply because there is not enough affordable housing available.

The lack of affordable housing, along with the prevalence of mental illness, substance abuse, and trauma issues exacerbates the homeless problem. An opportunity exists to examine the impact of lack of affordable housing on the homeless population or the nearly homeless. A study could be conducted to also include other factors that contribute to a loss of housing for example; low wages, poverty and lack of consistency or stability. Through the identification of the underlying factors contributing to the problem of homelessness it might be possible to directly address the issues in a straightforward manner. Further study is necessary to validate the factors and their impact.

Further research would need to be conducted to see if the problem of homelessness continues to grow at the same rate after any implementation was completed. If prevention is initiated and help is simultaneously offered to those trapped in the homeless cycle, the results should be a reduction in the overall problem of homelessness. But, individuals may be simply cycling though situations of homelessness. Therefore, long-term studies would need to be conducted to corroborate the results.

With regard to recidivism, I am hopeful that the success (I refer to the program completion rate of the current study) is permanent. A long-term study at the current site would need to be conducted to identify if the results are permanent. If a longitudinal study were conducted the results could be compared with results from other studies to identify whether the other homeless shelters are having an impact or not. The Facility does follow up with their members for up to one year following their departure, this information was not provided to me, so examination was not possible, but reviewing this information might be a great first step to helping homeless people permanently.

Greater understanding of all the issues could be expounded through a qualitative study as well. A clear survey resource would need to be used and the answers measured and translated into a consistent rubric for the greatest level of application, nationally, internationally and in more types of environments. Research of this type is difficult due to the sensitive nature of the issues of the primary population as well as the individuals themselves, but understanding how they got to where they are at would be of great consequence.

It would be helpful to know how many choose only to partake of the free meals and accommodations but did not choose to be a part of the transformational shelter. As this data was not provided, that assessment will have to wait for a future study. If I ventured a guess I might

say that the individuals in the substance abuse treatment program are more likely to change as a result of reaching a low place in life and feeling of being near the end, but as this information was not obtained, it is only a guess. Future study as to why people choose to participate in the program would be helpful in designing programs for the future.

Similarly, The current study also demonstrated that women are more likely to complete the program then men. Why is this? A qualitative study would help to uncover some of the reasons. The results also indicated that females are more likely to have incidents of trauma in their lives. Not a predictive factor in the success rate but still important to investigate for greater understanding in an effort to provide the best services to help the most members and again mitigate the homelessness issue.

A qualitative study at The Facility with the residents would add to understanding why they chose to be a part of the transformative process. The Facility offers hot meals and a place to sleep for those who do not wish to be a part of the transformational side of the shelter. All of the members of The Facility chose to make the change in their lives and it would be of significant influence to know their motivation. What are the reasons these individuals chose to participate and why now? Are their responses consistent or are there many different responses? Is there a set of contributing factors that leads them to want to change? Why The Facility and not somewhere else?

Questions might also be asked about the transformation process itself. Is there a way to isolate which situations are most suitable for The Facility? Is there a best candidate? Can results be improved by changing something? If so what changes would have to occur to make this possible?

Homelessness research needs to be continued to curtail the constant rise in the homeless population and to identify the best ways to help this population. It is sad that so many people in the U.S. have suffered the tragedy of homelessness. It is also sad that living in such a developed world we have yet to have an effect on reducing homelessness. We should bring a greater level of resources to bear to eliminate as much of this struggle as we can. As citizens we should care for our neighbor and although not everyone that is homeless wants to be housed, we should to at least help those who want to be helped.

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Appendix A

Haven for Hope

Haven for Hope

Request for Information

Organization (Organization are you currently working with or for):

University of the Incarnate Word - Phd dissertation

Description of Information Scope (Please Print):

demographic information, program, services, goals, criminal history, domestic violence, medications, issues, trauma, victim of other crime, chronic homelessness assessment, substance abuse assessment, categorization, mental health, Class history, outcomes domains and history, housing (post Haven), employment (post Haven)

* Please remove duplicates *

Purpose (What is the data required for):

The data will be used to identify correlations between mental health, substance abuse, and trauma with the completion of Haven for Hope's Transformational Program

Protection Statement (How will the information be protected):

The de-identified data will be utilized only by Richard T. McCutcheon on his personal computer. Access to data will only be in the presence of Mr. McCutcheon, his professors. The computer has password protection and information will only be used for educational purposes.

Name (Please Print): Richard T. McCutcheon

Signature: [signature]

Email Address: rtmccutcheon@live.com

Contact Phone Number: 210-630-9535

Director of HMIS (Signature): [signature]

Date: 11-16-12

*All requests for information must be submitted to the Director of HMIS. This in no way guarantees the information requested will be approved. All information will be de-identified and provided in a format agreed upon by interested parties. Completion of the information request will depend on the availability of staff.

* Dissertation Chair : Dr Judy Beauford 210-829-3171
beauford@uiwtx.edu

Appendix B

UNIVERSITY OF THE INCARNATE WORD

3/7/2013

Richard McCutcheon
2106 Sunnyside
San Antonio, TX 78258

Dear Mr. McCutcheon:

Your request to conduct the study titled *Homelessness: Identifying Relationships between Program Completion at a Transformational Shelter and Mental Health, Substance Abuse, and Trauma* is approved as an exempt study. Your IRB number is 13-03-009 and was approved on 2/28/2013. Attached is a copy of your scanned IRB.

Attached is a copy of your scanned IRB. The file includes the application with IRB number.

Please keep in mind these additional IRB requirements:

- This approval is for one year from the date of the IRB approval.
- Request for continuing review must be completed for projects extending past one year. Use the **IRB Continuation/Completion form**.
- Any change in proposal procedures must be promptly reported to the UIW IRB prior to implementation except when necessary to eliminate apparent immediate hazards to the subjects. Use the **Protocol Revision and Amendment form**.
- Prompt reporting to the UIW IRB of any unanticipated problems involving risks to subjects or others.
- IRBs are filed by their number and helps the Graduate Office keep track of submissions and communications. Please refer to this number when communicating about the IRB.

Suspension or termination of approval may be done if there is evidence of any serious or continuing noncompliance with Federal Regulations or any aberrations from the original application.

Congratulations and best wishes for successful completion of your research. If you need any assistance, please contact the UIW IRB representative for your college/school. You will be receiving a copy of this letter in the mail at the address indicated on the IRB application.

Sincerely,

Dr. Helen Smith

Dr. Helen Smith
Chair, University of the Incarnate Word IRB