

Utah State University

DigitalCommons@USU

---

Elusive Documents

U.S. Government Documents (Utah Regional  
Depository)

1986

## Homelessness in Utah: Utah Homeless Survey: Final Report

Task Force for Appropriate Treatment of the Homeless Mentally III: Salt Lake City

Follow this and additional works at: [https://digitalcommons.usu.edu/elusive\\_docs](https://digitalcommons.usu.edu/elusive_docs)



Part of the [Environmental Sciences Commons](#)

---

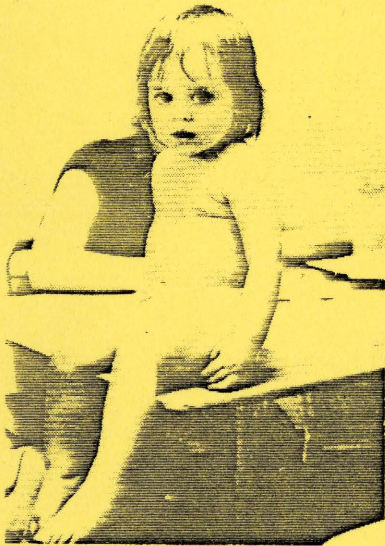
### Recommended Citation

Salt Lake City, Task Force for Appropriate Treatment of the Homeless Mentally III; "Homelessness in Utah: Utah Homeless Survey: Final Report" (1986). *Elusive Documents*. Paper 40.  
[https://digitalcommons.usu.edu/elusive\\_docs/40](https://digitalcommons.usu.edu/elusive_docs/40)

This Book is brought to you for free and open access by the U.S. Government Documents (Utah Regional Depository) at DigitalCommons@USU. It has been accepted for inclusion in Elusive Documents by an authorized administrator of DigitalCommons@USU. For more information, please contact [digitalcommons@usu.edu](mailto:digitalcommons@usu.edu).







# HOMELESSNESS IN UTAH

Utah Homeless Survey/Final Report



The Task Force for Appropriate Treatment of the Homeless Mentally Ill



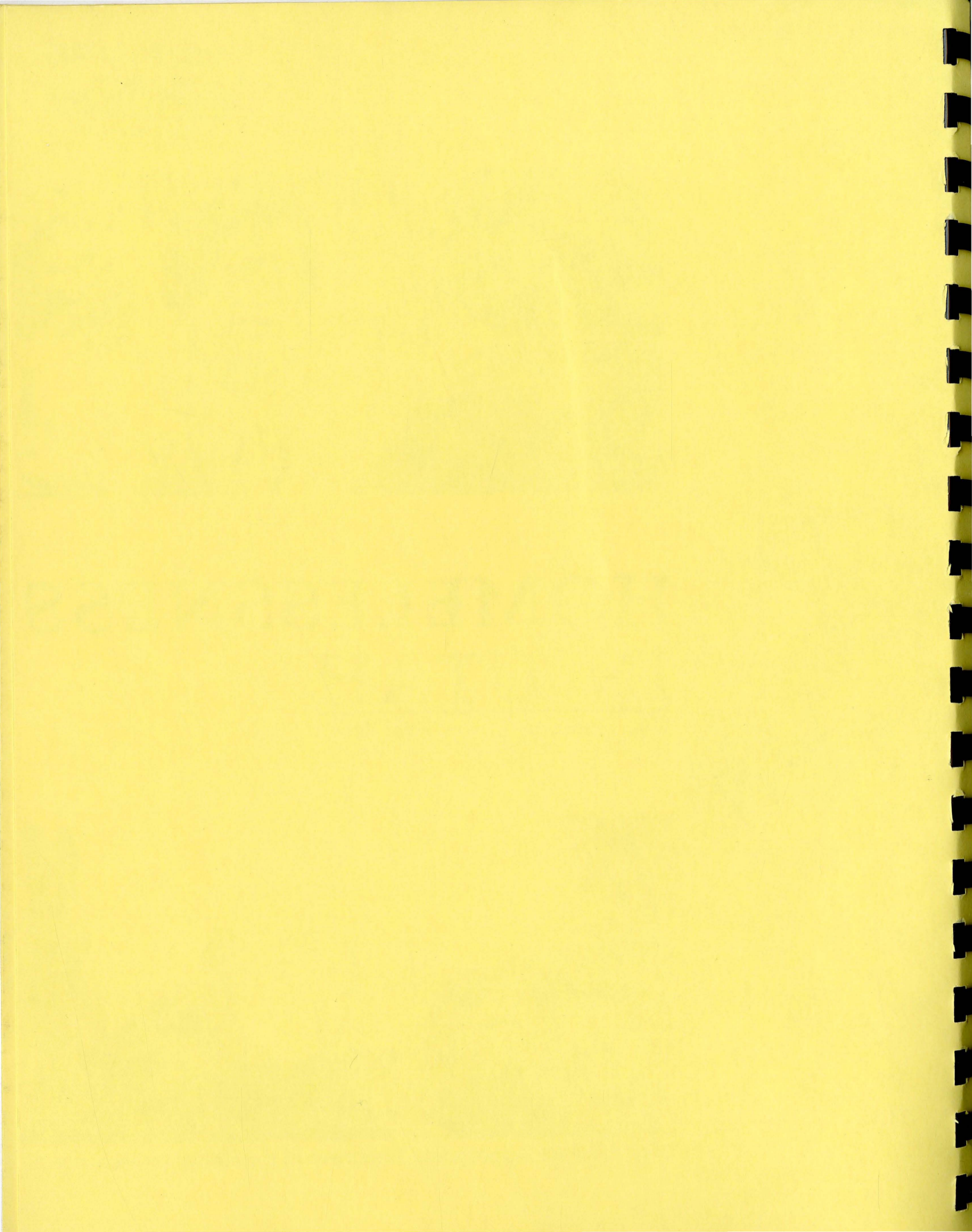


TABLE OF CONTENTS

HOMELESSNESS IN UTAH: UTAH HOMELESS SURVEY

INTRODUCTION

FINAL REPORT

I. INCIDENCE: HOMELESSNESS IN UTAH . . . . . 2

II. THE UTAH HOMELESS SURVEY . . . . . 5

TASK FORCE FOR APPROPRIATE TREATMENT OF THE HOMELESS MENTALLY ILL . . . . . 8

IV. RESULTS . . . . . 15

V. DISCUSSION . . . . . 30

By:

Judith Maurin, R.N., Ph.D  
 Research Consultant  
 Associate Dean of Academic Affairs  
 College of Nursing  
 University of Utah

Leslie S. Russell, M.S.W.  
 Research Coordinator  
 Traveler's Aid Society of  
 Salt Lake City, Utah

Representative Ervin M. Skousen  
 Task Force Chairman

Stephen Holbrook  
 Director, Task Force

Printing Courtesy of  
 The Junior League of Salt Lake City

Research Funded by a Grant from  
 Alcohol, Drug, and Mental Health Administration  
 Through Utah State Division of Mental Health

December, 1986  
 reprinted October 1989



## TABLE OF CONTENTS

### ACKNOWLEDGEMENTS

### INTRODUCTION

I. INCIDENCE: HOMELESSNESS IN UTAH . . . . .	2
II. THE UTAH HOMELESS SURVEY . . . . .	5
III. METHODOLOGY . . . . .	6
IV. RESULTS . . . . .	15
V. DISCUSSION . . . . .	30

was provided through ADAMHA funds from the Utah Division of Mental Health. Printing is courtesy of The Junior League of Salt Lake City.

Technical assistance has been provided by a variety of educational institutions, governmental and social service agencies: University of Utah Graduate Work of Social Work; University of Utah College of Nursing; College of Southern Utah Department of Social and Behavioral Science; Crossroads Urban Center; Dixie and Cedar City Care and Share; Hinckley Institute of Politics; PARG; Salt Lake City Mayor's Office; Salt Lake City Capital Planning; Salt Lake City Police Department; Salt Lake County Mental Health; Traveler's Aid Society; Utah Issues; Utah Alliance for the Mentally Ill; Utah Division of Alcohol and Drugs; Utah Office of Legislative Research; Utah Division of Mental Health; Utah Department of Community and Economic Development; Y.W.C.A.

The Task Force would also like to thank service providers who contributed information, statistics, and assistance to researchers. Special thanks are extended to



## ACKNOWLEDGEMENTS

The Task Force wishes to acknowledge the contributions of many individuals and organizations whose work is contained within this document.

Funding for Task Force activities was provided through grants from the Salt Lake City Police Department, a private group of concerned citizens, and the Utah Department of Community and Economic Development. Funding for research was provided through ADAMHA funds from the Utah Division of Mental Health. Printing is courtesy of The Junior League of Salt Lake City.

Technical assistance has been provided by a variety of educational institutions, governmental and social service agencies: University of Utah Graduate Work of Social Work; University of Utah College of Nursing; College of Southern Utah Department of Social and Behavioral Science; Crossroads Urban Center; Dixie and Cedar City Care and Share; Hinckley Institute of Politics; PAAG; Salt Lake City Mayor's Office; Salt Lake City Capital Planning; Salt Lake City Police Department; Salt Lake County Mental Health; Traveler's Aid Society; Utah Issues; Utah Alliance for the Mentally Ill; Utah Division of Alcohol and Drugs; Utah Office of Legislative Research; Utah Division of Mental Health; Utah Department of Community and Economic Development; Y.W.C.A.

The Task Force would also like to thank service providers who contributed information, statistics, and assistance to researchers. Special thanks are extended to



volunteer interviewers who gathered information on homeless persons within this state and to agencies who gave permission for client interviews.

RESEARCHERS/INTERVIEWERS:

Northern Utah:

Tim Chapman, M.A.

Phyllis Southwick,  
D.S.W.

Berylene Frampton

Wendy McLaughlin, R.N.

Bill Tasman, B.S.

Sandra Ortiz

Diana Thurston, M.S.

Father Donan Pasky

Ann Toevs

Kim Pederson, M.S.W.

Anita Young, M.S.W.

Jana Powell, R.N.

Southern Utah:

Richard Ropers, Ph.D., and students  
Southern Utah State College Dept. of Social and Behavioral  
Science, Cedar City, Utah

Ruth McGee

Dixie Care and Share, St. George, Utah

PRODUCTION

Al Hartmann, Salt Lake Tribune, and Scott Wheeler,  
Photographers; Brad Wolverton, Cover Design; Ellen  
Mortensen, Editing and Word Processing



## INTRODUCTION

The Task Force for Appropriate Treatment of the Homeless Mentally Ill was convened in September, 1985, by Salt Lake City Mayor Palmer DePaulis and Salt Lake County Commissioners D. Michael Stewart and M. Tom Shimizu. The focus of the Task Force at that time was to assess the problem of homeless persons with a mental illness in Utah, and to make recommendations to policymakers, service providers, and local governmental entities. The Task Force is composed of service providers, policy makers and legislators, business leaders, and other interested persons statewide. The Utah Homeless Survey was designed as a primary component of the work of the Task Force in order to obtain information, and propose solutions to problems of homeless persons in Utah. During the course of Task Force hearings, it was discovered that all homeless persons have a need for services and the basic necessities of life; thus, the scope of both the Task Force and the Survey were enlarged to include all homeless persons, rather than the original target population of homeless persons with a mental illness. The data collected are being used to assess needs and to plan coordinated services for homeless persons statewide.

based Community for Creative Nonviolence (CCNY) concluded in 1980, in testimony provided at a Congressional hearing, that approximately one per cent of the population lacked shelter



## I. INCIDENCE: HOMELESSNESS IN UTAH

While large metropolitan areas such as New York City or Los Angeles have larger numbers of homeless persons, Utah has a significant number of homeless persons in both urban and rural areas. The numbers are greater in Ogden, Salt Lake City and Provo, but the number of homeless persons is increasing in many smaller Utah towns as well. Service providers in St. George, Cedar City, Helper, and Green River report a marked increase in the number of persons seeking shelter, food, and other necessities of life.

By all accounts, the number of homeless persons appears to be increasing, both locally and nationally. In 1984, the U.S. Department of Housing and Urban Development (HUD) estimated the average annual rate of increase nationally to be 10 per cent; the Emergency Food and Shelter Program of United Way found an average annual increase of 16 per cent in 1985. In 1985, service providers in Utah reported annual increases of as much as 40 per cent of persons seeking services above 1984.

An accurate census of how many persons may be homeless on a given day is difficult to obtain because of the mobile nature of this population. National projections differ depending upon computational method. The Washington D.C. based Community for Creative Nonviolence (CCNV) concluded in 1980, in testimony provided at a Congressional hearing, that approximately one per cent of the population lacked shelter



at that time. CCNV used the 1980 census figure of 220 million persons in the United States to arrive at a total homeless population of 2.2 million. The U.S. Department of Housing and Urban Development (HUD) estimated that on an average night in 1984, between 250,000 and 350,000 persons were homeless nationally. The HUD homeless estimate constitutes a much lower percentage of the total population, around .0011 to .0016. By applying national projections based upon 1980 census data to Utah, it is estimated that between 1,760 and 2,560 persons might be expected to be homeless in Utah on a given day.

A report from the Federal Department of Housing and Urban Development (1985), indicates that approximately one third of the nation's homeless can be found in Western states, the highest proportion of any region nationally. A recent article in People magazine (1986) profiled estimates of numbers of homeless persons in key Western cities as follows:

Salt Lake City	500 to 1000
Seattle	2,500 to 6,000
Portland	2,000 to 3,000
Los Angeles	33,800 to 50,000
Phoenix	4,000
Cheyenne	200
Denver	1,100
Las Vegas	950 to 1,250



These estimates are based upon information and reports from service providers, and likely exclude homeless persons who may not use services.

Estimates of the number of homeless persons in Utah vary according to the source. Salt Lake County Mental Health Board estimated in 1984 that there were between 500 to 800 persons homeless in Salt Lake County on any given day; in testimony provided to the Task Force, Dr. David Davies, Director of Salt Lake County Drug and Alcohol Services, stated that he believes there may be as many as 2,000 homeless persons in Salt Lake County on a daily basis. Because it is the only available data, information from service providers was used to attempt to discover the size of Utah's homeless population, despite inherent limitations in using service utilization data to estimate a population's size. The Utah Homeless Task Force, in its conclusions, has determined that in 1986, the best estimate of number of homeless persons in Utah on a given day is between 1,000 to 2,400. Tens of thousands of homeless individuals are believed to have spent some time in Utah in 1985. While this estimate is deemed by some to be an underestimate, it is based upon the best available information. This estimate is well below the 1,760 to 2,560 estimate suggested by applying 1980 national census projections to Utah, thus refuting the idea that the homeless are flocking to Utah because "we treat them so well."



## II. THE UTAH HOMELESS SURVEY

Information from service providers who interact with the homeless themselves on a regular basis is valuable. However, the Task Force's effort to understand the needs of the homeless and how they came to find themselves in this situation would have been incomplete without hearing from homeless persons themselves. Thus, the Utah Homeless Survey was undertaken.

According to reports from service providers, homelessness has escalated dramatically in the past few years. While limited shelter has historically been available for homeless single men at the Salvation Army and the Rescue Mission, the first large scale shelter system was initiated in Salt Lake City in 1982 after three persons froze to death that winter. Because cities along the Wasatch Front are located along major transportation routes, these cities have become a "hub" and attract many persons seeking work. Many persons coming to Utah are from neighboring states and are seeking work, but may become homeless when work is not found. Homelessness is a regional problem which affects both urban and rural areas, but is most visible in larger population centers, such as Salt Lake City, Ogden, or Provo. Because of the reported high incidence of homelessness in Western states (HUD, 1984), and the lack of information about homelessness in the West, and in Utah in particular, the Utah Homeless Survey was



undertaken in order to obtain more information about this growing social problem.

The Utah Homeless Survey was conducted over a period of ten months between January and October, 1986, in five key Utah cities where homelessness appears to be most prevalent. These cities are Ogden, Salt Lake City, Provo, Cedar City, and St. George. Interviews were conducted at a variety of sites within these cities such as shelters, food lines, Assistance Payments offices, Job Service offices, churches, parks, and streets. A total of 337 interviews were conducted with homeless men, women, and families statewide.

### III. METHODOLOGY

#### A. Purpose of Research

The purpose of the Utah Homeless Survey was to obtain information on homeless persons. This research was conducted in conjunction with the objectives of the Task Force for Appropriate Treatment of the Homeless Mentally Ill. The data gathered from this Survey will be presented to legislators, service providers, and local decision makers in Utah in order to plan and implement efficient and cost-effective services for this population.

Research on Homeless persons is accompanied by some inherent difficulties. One cannot draw a random sample from a population whose size and characteristics are unknown. Therefore, some studies conducted in other localities have arrived at inconsistent, even contradictory conclusions.



The desire to obtain information directly from homeless persons means using self-reported data. While this is a well accepted methodology, there are some acknowledged problems that may be aggravated by the condition of homelessness and the special problems of some subpopulations. For example, it is known that some homeless persons travel to escape personal difficulties and may consciously misrepresent themselves. Persons with a mental illness have varying degrees of awareness of both their affliction and circumstances; persons with an alcohol or drug problem may be unwilling to admit this to an interviewer or to him/herself. Therefore, interviewer assessments were included in the survey in order to provide another perspective for consideration.

Because of the limitations of this research, one cannot expect to generalize the findings to all homeless persons in Utah. However, one can use the data to begin to understand:

1. The range of diversity among the homeless in Utah;
2. The expression of needs from the point of view of a sizeable group of homeless persons.

These are valuable insights in the quest toward understanding a perplexing social problem.

#### B. Definition

For the purpose of the Utah Homeless Survey, the definition of homelessness used was the respondent's confirmation that he or she was homeless. When the subject



was uncertain about calling him/herself homeless, the interviewer probed for adequacy of shelter and whether this was a place where the subject could receive mail. Operationally, interviewers looked for homeless persons at emergency shelters, soup kitchens and food banks, temporary employment agencies, churches, parks, streets, and under viaducts.

### C. Objectives

Specific objectives of the Utah Homeless Survey were:

1. To determine characteristics of homeless persons in Utah.
2. To obtain information on the nature of mental illness within the homeless population in Utah.
3. To obtain information on needs and demands of homeless persons in Utah.
4. To obtain information on the nature and causes of homelessness in Utah.

### D. Interviews

The data presented in this report were collected in 337 face-to-face interviews in five Utah cities by trained field interviewers. Volunteer interviewers were recruited from agencies serving homeless and/or mentally ill persons, as well as from colleges and universities. Most were graduate or undergraduate students in behavioral science or nursing; many have had mental health experience. Each interviewer received training on use of the interview schedule and



communication strategies, and was initially accompanied by an experienced interviewer. Ongoing supervision was also provided.

Each interview lasted approximately one hour. The respondent was asked a series of 197 questions in order to develop an assessment of each subject's history and causes of homelessness. During the course of the interview, many subjects discussed personal problems openly with the interviewer, and many provided detailed descriptions of personal hardships encountered while homeless. At the conclusion of the interview, each subject was given a book of food coupons as payment for his or her participation in the interview. This incentive appears to have contributed to a response rate of 73 per cent.

Because of the variety of locations where interviews were conducted, duplication of subjects was a concern. Each respondent was asked prior to the interview if he or she had been interviewed previously. In addition, each subject signed a statement of informed consent before engaging in the interview, and signed a receipt for food coupons upon conclusion. In this manner, it was possible to determine if a subject had been interviewed previously, and duplications were eliminated from the sample.

A questionnaire containing 197 items was developed. Key areas of interest include the following:



- Demographics
- Mental Health
- Physical Health
- Substance Abuse
- Employment/Past and Present
- Social Services Use and Needs
- Social Support Systems
- History of Homelessness
- Shelter Usage
- Involvement with Criminal Justice System
- Homeless Person as a Victim
- Life Crises/Precipitators
- Interviewer Assessment

E. Mental Health

As an indicator of mental health, three methods were employed:

1. DuPuy General Well Being Schedule

The DuPuy General Well Being Scale has been recognized as a valid and reliable instrument which measures emotional health/psychiatric impairment on six dimensions: energy level; relaxed vs. tenseness; degree of satisfaction with life; cheerful vs. depressed mood; emotional/behavioral control; freedom from worry (National Center for Health Statistics, 1977). A total score is produced on a continuum ranging from distress to positive well being. Any person whose total score fell in the severe distress range of the



continuum was designated as psychiatrically impaired for purposes of this research. It should be noted that the term "psychiatrically impaired" is not equivalent to chronic mental illness, nor does it connote any group of psychiatric diagnoses. Rather, it indicates that an individual is undergoing severe emotional distress and is in need of mental health treatment. The primary rationale for use of the DuPuy instrument was that a reliable, easily administered instrument was needed for this Survey. The DuPuy Scale met these criteria, and, in addition, norms were available for both a Utah sample (LaBenta, 1983), and a national sample of the general population (DuPuy, ), so that comparison could be made for emotional well-being for both homeless and nonhomeless persons.

This measure of reliability of the DuPuy Scale for this sample was Crombach's Alpha measure of internal consistency. An alpha coefficient of 0.83 was obtained, indicating good reliability of the scale.

## 2. History of Mental Health Treatment/Psychiatric Diagnoses

Each respondent was asked a series of questions regarding past or present mental health treatment, including hospitalization for mental illness; inpatient or outpatient treatment in mental health centers; and, if applicable, psychiatric diagnoses.

## 3. Interviewer Impression

Interviewers were trained to assess client behavior



during the interview. Most interviews took approximately one hour, and included periods of loosely structured conversation which allowed rapport to develop between subject and interviewer. Although some respondents were guarded or brief in their answers, most seemed eager to talk at length about personal experiences. While many interviewers have had experience or training in making a professional diagnoses of mental illness, others did not. However, it was believed that after a one hour discussion with someone about their life circumstances, the interviewer's impression about whether mental illness was one of the individual's problems would be meaningful.

#### F. Sampling Strategy

The sampling strategy utilized was cluster sampling. When a complete list of a population is unavailable, as is the case with the homeless, cluster sampling "takes advantage of geographical concentration of portions of the population and does not require a complete list of the population" (Ekhardt and Ermann, 1977).

Geographical concentrations of homeless persons in Utah were identified by conducting a telephone survey of emergency food and shelter providers, social service providers, mental health centers, and law enforcement agencies along major transportation routes in Utah. Specific questions were asked of each respondent regarding the following:



- numbers of homeless persons requesting services and number of homeless persons
- services and housing available
- demographic information
- arrests of homeless or transient persons; types of offenses committed
- number of cases of diagnosable mental illness among homeless persons
- disposition of cases
- travel funds available through local sources
- follow up services provided

Cities surveyed along major transportation routes included:

Logan, Brigham City, Ogden, Salt Lake City, Provo, Fillmore, Cedar City, St. George (north/south), Vernal, Roosevelt, Price, Helper, Green River, Delta (east/west).

Large numbers of homeless persons were reported in Ogden, Salt Lake City, Provo, Helper, Green River, Cedar City, and St. George. Based upon estimated size of homeless populations within these clusters, and upon availability of interviewers, cities selected for inclusion in the Survey were Ogden, Salt Lake City, Provo, Cedar City, and St. George.

Within these major clusters, subclusters of homeless individuals were identified within each. Based upon information provided by key informants and statistics from individual service providers, sites were selected as



follows:

1. Ogden

St. Anne's Soup Kitchen and Shelter

2. Salt Lake City

a. Soup Kitchens/Food Banks

Rescue Mission

Salvation Army

St. Vincent De Paul

b. Shelters

Traveler's Aid Emergency Shelters

Single Men's Shelter

Single Women's Shelter

Family Shelter

Rescue Mission

Marillac House

c. Employment Agencies

Job Service

d. Assistance Payments Office (food stamps)

e. Miscellaneous

Under viaduct

Parks

Streets

3. Provo

a. St. Francis Catholic Church

b. Roberts Hotel (temporary shelter)

4. Cedar City



- a. Cedar City Care & Share Food Bank/Shelter
  - b. City Park
  - c. Police Department
5. St. George
- Dixie Care & Share Food Bank
  - Dixie Medical Center

Systematic sampling techniques (interval sampling) were used where a large number of homeless persons were located, such as at shelters and food lines. Interviewers were trained to employ random selection methods whenever possible, in selecting homeless persons to be interviewed. In the remaining subclusters, an attempt was made to interview the total population present.

#### IV. RESULTS

##### OBJECTIVE NO. 1

##### To Determine the Characteristics of the Homeless Population in Utah.

A total of 337 homeless people were interviewed in a wide range of settings. The majority (54%) were interviewed at a shelter, 35% while waiting in line for food, 6% at a social service agency, and 5% on the street. Seventy-three percent were interviewed in Salt Lake City, 16% in Ogden, 5% in St. George, 4% in Cedar City and 2% in Provo. Seventy-nine percent were men and 82% were white.

Consistent with findings from other studies, the homeless population in this study was relatively young, the



median age of respondents was 33.5 years with a range of 17 to 71 years. Thirty-three percent reported completing high school, and 23% reported education beyond high school. There was no statistically significant difference between men and women in mean age or education. Thirty-four percent indicated they had never been married, another 42% said they were separated, divorced or widowed, and only 24% reported being married. However, there was a statistically significant difference between men and women in regard to marital status. While only 15.8% of the men reported being married, 54% of the women reported they were. This difference is statistically significant beyond the .001 level. Eighty percent of those saying they were married (n=64) reported being homeless with their spouse. Again, women were more likely than men to be homeless with a spouse. Ten percent (n=33) of all respondents were homeless with one or more children. One hundred eighty-three of the sample were asked about their veteran status. Forty-one percent indicated they were veterans and 59% of those were Vietnam veterans.

#### Social Support

The majority of respondents (63.6%) reported having no family living in Utah. There was no relationship between this variable and age or sex. However, 47% stated that they maintained contact with family. Family was also a source of interpersonal problems for some, however. Twenty-six



percent reported being separated, 11% divorced, and 20.5% having trouble with inlaws during the past year. Two percent experienced the death of a spouse, and 19.9% the death of a family member during the past year.

Sixty percent reported that they had someone they considered a friend with whom they could talk or count upon, but only 41% stated this friend was in the same city as the respondent. While the score on the DuPuy General Well-Being (DGWB) scale was not associated with having contact with family, it was associated with reporting a friend. Among those reporting having a friend, 36% scored severely distressed and 47.5% scored positive well-being. However, among those without a friend, 44% scored severely distressed and 33% scored positive well-being ( $X^2[8, n=330] 19.38, p=0.01$ ). Likewise, being judged to have a mental illness was not associated with contact with family, but those judged to have a mental illness were less likely to report having a friend. Again, for some, friends were also a source of distress. Thirty-two percent reported having trouble with friends or neighbors and 27% reported a friend dying during the past year.

Fifty-six percent of the respondents reported that they had children. However, only 10% had one or more of their children with them, and another 18% stated that they expected to have their children live with them again one day. Women were more likely to have this expectation than



men - 28.6% compared to 15%. Also, women were more likely than men to be homeless with one or more children. Twenty-seven percent of the women interviewed were homeless with a child as compared to only 5% of the men. This difference is statistically significant beyond the .001 level. The numbers of children homeless with these respondents ranged from one to six for a total of 91 homeless children. They ranged in age from 3 days old to 17 years; 30% were under one year of age, 42.5% were between the ages of 1 and 6 years; and 27.5% were six years and older.

Interestingly, 61% of the homeless families were two parent families. Among the 39% homeless single parent families, half were headed by the male parent and half by the female parent. Seventy-nine percent of the families reported having been in the Utah city in which they were interviewed for less than six months. This was essentially the same as for the sample as a whole. When asked where they lived prior to coming to the city in which they were interviewed, 79% named one of the Western states. This was a higher percentage than the sample as a whole.

#### Homelessness and Transience

For most respondents, homelessness was a relatively new experience. Seventy-two percent reported living at a relatively permanent address one year ago or less; the median length of homelessness was 15.9 weeks.

Respondents reported having been in the city in which



they were interviewed for a median length of 3.4 days. Twenty-two percent of the total sample reported being there six months or more. Of those interviewed during winter months, 33% reported being in the city where interviewed for six months or more. This difference may be due to homeless persons' movements to other cities in warmer weather to seek employment. A greater proportion of those who reported living in the city in which they were interviewed six months or more were judged by the interviewers to have a mental illness. Only 18.4% of those in the city less than six months were judged to have a mental illness as compared to 34.1% of those in the city six months or more. This difference is statistically significant ( $\chi^2[1, n=329]=8.00, p=0.004$ ).

When respondents were asked where they lived prior to coming to the city in which they were interviewed they gave a large number of states. However, 67% gave one of the Western states, with 12% reporting Utah.

A variety of modes of transportation were used to arrive at the city in which they were interviewed. Twenty-nine percent came using their own car, 23.3% came by freight train, 19.8% hitchhiked and 17% came by bus. Eighty-two percent denied being advised by anyone to come to Utah and only 9% reported receiving financial help with their travel expenses. For those who did receive financial help with their travel expenses, the most frequent sources of help were



family, church or a charity.

OBJECTIVE NO. 2

To Estimate the Nature of Mental Illness Within the Homeless Population in Utah.

Psychological Status

Psychological well-being was measured by the DuPuy General Well-Being (DGWB) scale. Thirty-eight percent of the respondents scored severely distressed on the DGWB scale; 19% scored moderately distressed and 43% scored in the positive well-being range. A greater percentage of those who scored severely distressed reported a physical problem than those who scored positive well-being. Sixty-two percent of those who scored severely distressed reported a physical problem that bothered them compared to only 29% who scored positive well-being. This is statistically significant beyond the .001 level ( $X^2_{[4,n=336]}=32.20,p=0.000$ ). Those who were staying in shelters also scored lower on the DGWB scale. Only 35.5% of those staying in a shelter scored in the positive well-being range, while 52.6% who were not staying in a shelter scored in this range. This is significant beyond the .05 level ( $X^2_{[4,n=335]}=1.0.92,p=0.02$ ). As presented in Table 1, women tended to score lower than men on the DGWB scale. Fifty-nine percent of the women scored severely distressed while 22.9% scored positive well-being. Among the men, 33% scored severely distressed and 48% had a score of positive well-being. This was statistically



significant beyond the .001 level ( $\chi^2[2, n=336]=17.99, p=0.000$ )

Table 1

DISTRIBUTION OF GENERAL WELL-BEING SCORES

DGWB	Male	Female	Total
Severely Distressed	33%	58.5%	38%
Moderately Distressed	19%	18.5%	19%
Positive Well-Being	48%	23%	43%

Interestingly, the score on the DGWB scale was not associated with length of homelessness. The DGWB scores were also examined to see if they were associated with reported reasons for homelessness. There was no relationship between DGWB score and the majority of reasons cited for homelessness: lost job, evicted, live on the streets, welfare case closed, drinking, being robbed, family conflict, like to move or other. The only exception was among those who stated the primary reason for homelessness as inability to stay with family or friends. This group of 49 individuals had a higher percentage scoring severely distressed than the rest of the sample, 53% compared to 36%. This is significant, using the Chi Square statistics, beyond the .05 level. It is puzzling that this trend was not evident among the 39 who reported being homeless because of conflict with their family.

Only 22% reported having been a patient at some time at a mental hospital, a mental health ward of a hospital, or a mental health clinic and 1/3 of those (n=25) reported having



been a patient during the past year. Twenty-three percent (n=77) of respondents were judged by the interviewers to be currently exhibiting symptoms of mental illness. Those judged to currently have a mental illness were more likely to score in the distressed range on the DGWB scale. Among those judged to have a mental illness, 58.4% scored severely distressed and only 28.6% scored in the positive well-being range, as compared to those not judged to have a mental illness, where 32% scored severely distressed and 46.9% scored in the positive well-being range ( $\chi^2[13, n=3331]=1.5, p=0.000$ ). There was no statistically significant relationship between sex and being judged to have a mental illness.

### OBJECTIVE NO. 3

#### To Obtain Information on the Needs and Demands of Homeless Persons in Utah.

##### Use of Services

Fifty-nine percent of respondents reported that they were staying in a shelter. However, this high number reflects the fact that a majority of interviews were done at shelters. Only 20.3% of individuals interviewed someplace other than a shelter reported that they were staying in a shelter. This pattern did not vary when interviews done during the winter months (October thru April) were compared to those done during the summer months.

Only 48% said they were currently looking for a place to



live. However, since the median reported income was \$70.50 per month and 41% reported an income of \$30.00 or less, there was little point for most to look for a place to live. When asked if they would be willing to share a place to live, 59.5% said yes, 14% were undecided, stating that it would depend upon the person, and only 26.5% said no.

The most frequently named place to acquire food was a soup kitchen. Forty-six percent reported eating there. Fourteen percent reported finding food where they could, 21.7% used a variety of sources, 12.5% bought food at a grocery store, and 6% said they ate at fast food establishments. The mean number of meals eaten per day was 1.69, but 42.6% reported eating only one meal per day.

Respondents were asked to respond to a list of possible needs and express their degree of agreement/disagreement that this need applied to themselves. The scale ranged from 0 (strongly disagree) to 6 (strongly agree). Table 2 lists the rank order of reported needs according to mean score.

TABLE 2

PERCEIVED NEEDS

Needs	X
Permanent Place to Live	5.2
A Job	5
Financial Assistance	4.5
More or Better Food	4.3
Temporary Place to Live	4.2



Better Medical Care	3.5
Job Training	3.4
Rx for Emotional Problems	1.4
Rx for Drinking Problem	1.1
Rx for Drug Problem	.3

Food stamps were the most frequent social service received; 55.7% reported receiving them during this year. The next most frequent service used was a job placement service, used by 52.5% of respondents. However, only 31.5% reported being successful at finding a job this way. Only 18.9% reported receiving welfare support, 14.4% using Medicaid and 5.1% receiving SSI during the past year.

#### Substance Abuse

Interviewers judged alcohol or drug abuse to be a problem for 32.4% of the respondents. There was no statistically significant difference between the sexes in this regard. Self-reported data did not yield such a high incidence, however. Only 14% moderately or strongly agreed they needed help with an alcohol problem, 11.6% reported seeking help for an alcohol problem this year, and 19.6% reported receiving help sometime in the past. Even fewer reported seeking help for a drug problem; 5% moderately agreed they needed help for a drug problem, 2.4% sought help this past year and 6.5% sought help in the past. There were considerable substance abuse problems among respondents' parents, however. Twenty-four percent reported that their



mother had a problem with alcohol and 45.8% reported their father having a problem. Only 10% reported a drug problem on the part of their mother and 8.4% on the part of their father. Thirteen Percent stated that both parents had a substance abuse problem.

Being judged to have a substance abuse problem was not associated with DGWB score. However, it was associated with not staying in a shelter, having been arrested during the past year, and being convicted of a crime during the past year and at any time in the past. While only 24.6% of the sample reported having been convicted of a crime during the past year, 57.3% of those judged to have a substance abuse problem were convicted ( $X^2[4, n=333]31.43, p=0.000$ ).

A content analysis of the first 243 interviews revealed that the three most frequently reported crimes for which these respondents were convicted included: alcohol related (public intoxication and drunk driving;  $n=41$ ), assaultive type behavior (assault, manslaughter and attempted murder;  $n=32$ ), and stealing (robbery, burglary, theft, shoplifting;  $n=31$ ).

Among the cities in which interviews were done, Ogden appeared to have a disproportionate number judge to have a substance abuse problem. Of those interviewed in Ogden, 60.4% were judged to have a substance abuse problem. This is 2 to 3 times the number found in other cities and was statistically significant ( $X^2[10, n=333]23.68, p=0.008$ ).



### Physical Health

When asked about their health, 43.8% reported that they, or a family member homeless with them, had a current physical problem that troubled them. Of this group, 73% thought the problem needed the attention of a physician and 60% obtained medical care for the problem. As mentioned previously, those reporting a physical problem were more likely to score severely distressed on the DGWB scale than those without a problem. There was also a trend to suggest that a current physical problem was associated with age. Among the age group 26 years or less, 22% reported a physical problem, but among the age group 44 years or more, 34% reported a physical problem ( $X^2[6, n=3341]3.28, p=0.03$ ). Women were more likely than men to report a physical problem ( $X^2[2, n=3361]9.78, p=0.007$ ).

Thirty-one and one half percent reported having a chronic health problem and 69% of these said the problem was such that it required regular medication or treatment. However, only 59% of those who said their condition required regular treatment said that they were able to observe that treatment in their current circumstances.

A content analysis of the first 243 interviews yielded a broad range of physical complaints. The three most frequently cited problems were back pain, infections, and other muscular skeletal problems. However, four individuals reported heart trouble, seven epilepsy, five diabetes, six



lung problems, four kidney problem, three high blood pressure, three ulcers, and two ulcerative colitis.

Dental problems were a significant concern in this group. Fifty-one and one half percent reported having a dental problem they thought should be seen by a dentist.

OBJECTIVE NO. 4

To Obtain Information on the Nature and Causes of Homelessness in Utah.

As reported in Table 3, respondents gave many reasons for their homelessness. The total equals greater than 100% because many respondents cited more than one cause. However, the most frequently cited reasons for homelessness were economic factors, while only 15% appeared to choose this life style so that they could move around.

TABLE 3

REASONS FOR HOMELESSNESS		
Reason	N	%
Lost job/can't find work	1,150	44.8
Evicted	25	7.5
Live on the Streets	33	9.9
Welfare Case Closed	7	2.1
Drinking	27	8.1
Can't Stay With Family or Friends	49	14.6
Was Robbed	15	4.5
Family Conflict	39	11.6
Like to Move Around	51	15.2
Other	96	28.7



Respondents reported experiencing many problems during the past year. Sixty-one percent said they lost something of sentimental value, and 78.9% reported decreased income. Twenty-eight percent reported being physically abused or robbed, 24% being evicted, 18% having utilities turned off, 11% having the place where they were living condemned, and 15.5% having welfare stopped. Violation of the law was relatively high among the total sample. Forty-two percent reported having been convicted of a crime at some time in the past - 48% of the men and 21% of the women.

#### Work Patterns

Respondents were asked to describe their job pattern (and/or that of their spouse, if they were homeless together) before becoming homeless. Among the men, 74.6% reported they usually worked; 19.5% reported sometimes working; 4.7% reported usually not working; and 1.3% reported never working. Employment was much less evident among the women; only 44.5% reported that they usually worked; 20.5% reported sometimes working; 18% reported usually not working; and 17% reported never working.

As previously reported, needing a job was the need ranked second among respondents, and there was no statistically significant difference between men and women in the ranking of this need. Only 19.9% of the men and 14% of the women reported working presently. Seventy-three percent of the men and 62% of the women were reportedly looking for



work. When those not working were asked why their last job ended, the responses in Table 4 were given. Considering the availability of only a temporary job to be the result of economic factors, the majority of the men (54.6%) and 34.9% of the women lost their last job because of economic factors. However, there is need to further understand why 21% of both men and women were fired from their last job. The fact that women more frequently quit because of health is a result, in part, of pregnancy being coded as a health factor. Also, the "other" category for the women included child care responsibilities and moving when they decided to look for a place with more promise. Interestingly, a greater proportion of women reported losing their job because of drinking than men.

TABLE 4

REASONS LAST JOB ENDED

Reason	Male (n=284)	Female (n=66)
Was Temporary	31.3%	15.2%
Fired	21.1%	21.2%
Laid Off	14.8%	15.2%
Company Closed	8.5%	4.5%
Health	5.3%	10.6%
Drinking	2.1%	6.0%
Other	16.9%	27.3%



When asked about the longest time of employment at one job, the median was 3.1 years. Table 5 presents range of time a job was held. Interestingly, 60% had the experience of holding one job three or more years.

TABLE 5

LONGEST TIME WORKED AT ONE JOB

Length of Time	%
Less Than 3 Years	40%
3 Years to 5 Years	22%
5 Years to 8 Years	19%
8 Years or More	19%

City of Interview

The data were examined to attempt to find differences in the sample interviewed in the different cities. However, the only statistically significant difference found was the disproportionate number judged by interviewers to have a substance abuse problem among the Ogden sample. There was no difference in the proportion judged to be mentally ill in those reporting to have been a mental patient, DGWB score, being homeless with one or more children, mean length of longest time job held, ethnicity, or length of time in the city. However, the reader is cautioned that the samples in Provo, Cedar City and St. George were relatively small.

V. DISCUSSION

The majority of homeless continue to be single white men. However, as elsewhere, Utah's homeless also include



minorities, women, and homeless families. As a subgroup, the women present special needs. They are more likely to be homeless with child care responsibilities, to have a physical problem and to be severely psychologically distressed. The needs of homeless children were not a focus of this study. However, one has to be concerned about the risks these children face in terms of physical, psychosocial and educational development.

The amount of mobility among this population suggests that ultimately a regional, and even national, initiative will be needed to address this problem as homeless people wander in search of some place where the opportunities are better. When planning services it is well recognized that one must start with what the client perceives as a need. Therefore, it is important to know that the homeless perceive their needs to be very basic: a place to live, a job, income and food. Forty-four percent have not completed high school, only 29% have a vehicle with which they could get to a job, and 21% had some kind of problem on their last job that caused them to be fired. However, 38% had job skills that enabled them to hold a job five years or longer in the past. Unfortunately, we do not know what kind of jobs these were or whether they are still readily available in the work place.

It is also clear that some among the homeless are in need of care for psychological problems and alcohol or drug abuse. This care will have to be offered in conjunction with



other more basic services, however, as it was not perceived as a need having very high priority.

Finally, the availability of health care is an obvious need for some. Of special concern is the evidence of serious health problems (e.g., diabetes and kidney problems) and the data indicating that only half of the individuals with chronic health problems were following the needed regime of care for that problem. Not only does this mean these individuals are at risk for a deteriorated level of health, but also that society can expect the use of high cost, crisis medical care in the future.

The most striking finding of this survey is that the homeless in Utah are a diverse group of people. Therefore, a standard solution will not be successful. Rather, an approach that first provides for basic needs and then allows for individual assessment and intervention appears warranted. This reinforces the appropriateness of the Task Force's recommendation for colocation of a wide array of services and for cooperation and coordination among service providers.



## REFERENCES

- Davies, D. Salt Lake County Alcohol and Drugs. Testimony provided to Programs and Facilities Subcommittee of Utah Homeless Task Force, February 27, 1986.
- DuPuy, H. Descriptive attribution of general psychological well-being scale (DGWB) and distributions for national sample, estimated population, and sample of mental health patients at intake interview. 1975.
- Ekhardt, K. & Ermann, M. Cluster sampling: religious affiliation and economic success. In Social research Methods: Perspective, Theory, and Analysis. Random House, 1977.
- LaBenta, D. Statewide incidence and prevalence survey, summary for 10-item psychological mental health from general well-being assessment. Utah State Division of Alcohol and Drugs, 1983.
- National Center for Health Statistics. A concurrent validation study of the NCHS general well-being schedule. U.S. Department of Health, Education and Welfare. Hyattsville, Md., 1977.
- People Magazine. I never dreamed that I'd be homeless. January, 1986.
- Salt Lake County Mental Health Board. Proposal to the Division of Community Development from Salt Lake County Mental Health Board. 1984.
- Task Force for Appropriate Treatment of the Homeless Mentally Ill. Homelessness in Utah: A Guide to Policy Makers and Providers/Problems and Recommendations. Salt Lake City, Ut., 1986.
- U.S. Department of Housing and Urban Development. A report to the Secretary on the homeless and emergency shelters. May, 1984.
- U.S. General Accounting Office. Homelessness: a complex problem and the federal response. GAO/HRD 85-40, April, 1985.



LIBRARY MAIL

ADDRESS SERVICE REQUESTED

STATE LIBRARY  
LIBRARY LOAN  
1950 W STE A  
LAKE CITY UT 84116-7901

OPENED FOR POSTAL INSPECTION IF NECESSARY

PARCEL POST       EXPRESS COLLECT  
 PREINSURED       EXPRESS PREPAID  
 VALUE

DEMCO



Task Force for Appropriate Treatment of  
Homelessness in Utah : Utah homeless sur

**Utah State Library Division**



**3 1110 00043 9620**