FOLLOW-UP STUDY IN A TEMPORARY SHELTER FOR THE HOMELESS: A LOOK AT QUALITY OF LIFE AND SOCIAL SUPPORTS

by

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ABSTRACT

FOLLOW-UP STUDY IN A TEMPORARY SHELTER FOR THE HOMELESS:
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The current study examined one group of the homeless; guests of a temporary shelter agency. The study had two major aims. The first aim was to gather descriptive information about the homeless population. Through interviews, information was gathered on study participants' background and demographic characteristics, psychiatric morbidity, social support systems, and perceptions about their quality of life. From these data, a correlational analysis using Tryon and Bailey's method (BCTRY) identified four defining clusters: psychiatric history, transiency, criminal behavior, and criminal victimization. These produced a total of seven meaningful O-Types.

The second aim of this study was to examine whether rates of return for scheduled follow-up appointments could be increased by the use of different research procedures. Using a 2 x 2 factorial design, comparisons were made between the use of two types of payment (cash or material goods) and between the use of two types of appointment cards (permanent or regular). Participants were randomly assigned to one of the four conditions (n = 30 per cell). A total of 23.3% of the participants returned for their scheduled follow-up interview. A Chi-square analysis with return for follow-up as the dependent variable and type of payment and type of appointment card as the two independent variables failed to detect any statistically significant differences in return rates.

A total of 125 shelter guests were interviewed as part of this study. Simple random sampling methods were used. Participation was voluntary.

It was anticipated that this group of homeless persons would have a poor quality of life overall. To a certain extent, these expectations were substantiated. Participants were frequent victims of crime, suffered extreme financial hardship, were unemployed, and had frequent contacts with physicians. Many also had a history of residential instability. The O-Typing analysis in this study clearly revealed a number of distinct subgroups. These results tended to refute many of the current stereotypes of the homeless. This group was clearly <u>not</u> primarily a deinstitutionalized population. Few, if any, were homeless by choice, and the majority were not particularly transient, but had generally lived in the same city for a number of years.

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Dedicated to

Tamara Adriana O'Connell

whose birth coincided with the

completion of this work

ACKNOWLEDGMENTS

This large undertaking would not have been possible without the help of others. While I cannot mention all of them here, there are a few who I would especially like to thank now. My Dissertation Committee deserves special mention. Dr. Robin Redner, the Chair, has provided me with continuous support, both academic and emotional, since the inception of this project. Her feedback has been invaluable, and I am grateful to her for pushing me as hard as she did. Dr. Carol Mowbray has helped me in two roles - as a member of my Committee and as my boss at the Michigan Department of Mental Health. This project simply would not have taken place without the opportunities she provided me to conduct research on the homeless. The original idea to conduct this study emerged from conversations with her about this important issue. In addition, she has supported me in obtaining dissertation funding from the Department of Mental Health. I clearly owe her a lot. Dr. Anne Bogat provided me with invaluable information on measurement issues in social support. Her interest in the project and always incisive feedback are very much appreciated. Dr. Neal Schmitt, as always, was available to answer any and all questions about statistical analysis.

I would also like to express my appreciation to the dedicated staff of COTS Shelter. Their cooperation and interest in the project were imperative for its success. Their acceptance of me and my interviewers made the job a lot easier, and we always looked forward to spending time with them. In particular, I mention Ms. Jarrie Tent, the Executive

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Director of the shelter. Her belief that this kind of work is important made it possible for the research to be conducted at COTS.

The data collection would not have gone as smoothly without the help of my student interviewers. Special thanks go to Sue Dupuis for her good companionship and insight.

My many friends provided me with support that kept me going even through the most difficult stages of this project. First and foremost I thank my Disseration Support Group: Leah Gensheimer, Julie Parisian, Mary Sullivan, and Sara Woodkraft. Our weekly meetings kept me going, kept me realistic, and gave me a needed opportunity to talk about my work. If I leave the group now, as I must, I leave it only in body, and not in spirit. I also thank Joe Bornstein for continuing support, his many phone calls, and emergency use of his computer. Thanks to Brian Mavis for leading me through the intricacies of BCTRY, and to Jo Weth for being such a great weekend study buddy.

As always, the love of my family has been a continuous source of support. I'm sure they are just as glad as I am that this work is finished!

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Finally, I thank with love the homeless men and women who shared their lives with me during this study. They showed me a side of the world that I had not known before. The lessons that I learned from them will be with me always.

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CHAPTER I

INTRODUCTION

Homelessness in America is not a new problem. However, the often romanticized hobos and boxcar adventurers of yesteryear have been replaced by a different picture today; that of homeless "new poor," deinstitutionalized mental patients, and "street people." The Great Depression of the 1930's spawned large numbers of homeless. However, post World War II national affluence, along with the natural decline of urban skid rows (Miller, 1982; Bahr, 1973), reduced the problem to a level which removed it from the national consciousness. In the 1980's, homelessness has reemerged as a problem.

Estimates of the numbers of homeless in this country range from as few as 250,000 to as many as three million (Bassuk, 1984; Holden, 1986). The problem is particularly acute in the nation's urban centers. There are as many as 36,000 homeless in New York City (Baxter & Hopper, 1981), 15,000 in Los Angeles, and from 13,000 to 27,000 in Detroit (Smith, 1984; United Community Services of Detroit, 1985). National spokespersons and advocates for the disenfranchised poor, such as National Coalition for Creative Nonviolence leader Mitch Snyder (Hombs & Snyder, 1982; Katz, 1984; Pichirallo, 1986; Schwartz, 1984), have voiced moral outrage at the plight of the homeless, and at the callousness of a national leader who remarked that many of the homeless were that way "by choice" (Hopper, 1984; Thomas, 1985). In April 1985, a Congressional

investigating committee declared homelessness to be a national emergency and called upon the President to mobilize a special Federal effort to combat the problem (Congress, 1985).

In recent months, the issue of homelessness has become a "popular" one for columnists, feature writers, and news commentators (e.g. Grove, 1984; Krauthammer, 1985; McKay, 1986; Rabinowitz, 1985; Raspberry, 1986; Reid, 1984; Roberts, 1985). Recently, the issue was popularized through the national appeals of "Hands Across America" and "Comic Relief" (Christoff, 1986; "Comic Relief," 1986; "5 Million Join," 1986; "From Sea to Sea," 1986). Whether this attention actually mobilizes an effective national response to the problem remains to be seen.

Besides the immediate concern of lack of housing, the homeless often suffer from a wide range of additional problems. For example, the homeless are often victims of crime, harassment, and sexual abuse (Baxter & Hopper, 1981; Blumberg et al., 1978). In southern California, citizens calling themselves "troll-busters" prey on the homeless, and a Fort Lauderdale official has suggested topping local garbage with rat poison in order to deter people from salvaging discarded food (Leo, 1985). Shelters, supposedly a place of refuge for the homeless, are often more dangerous than life on the streets. As Mowbray (1985) asserts, the reality of life on the street and in the shelter environment is:

> "a miserable, often inhumane existence that robs people of self-respect, shames them, exacerbates their health and mental health problems, and provides little help to escape. With few personal resources remaining, most people are not clever or persistent enough to fight their way out of this cycle of poverty" (p.5).

The right to housing is not Constitutionally guaranteed (Collin, 1984). In some jurisdictions, however, the right to housing has been mandated through other mechanisms. For example, some states such as New York have state constitutions which provide that "the aid, care and support of the needy are public concerns and shall be provided by the State" (Collin, 1985, p. 326). In the recent case of Callahan vs. Carey (1981), this was the basis for the ruling that the city of New York must provide adequate shelter to those homeless men who apply for it, and that the shelter must meet certain specified standards (Hopper et al., 1982). More recently, in November of 1984, District of Columbia voters overwhelmingly approved an initiative requiring that the city guarantee residents "adequate overnight shelter" (Pianin, 1984). The new law was promptly challenged by the city which charged that the initiative violated the city charter by forcing the District to appropriate funds. After a series of court decisions, the referendum was eventually upheld in May of 1986 (Walsh, 1986).

Thus, a basis for remedying the problem of homelessness is beginning to be established through the courts and legislation. However, at best, these mandated measures are band-aid solutions to the problem. While they help to guarantee a right to shelter, they do nothing to prevent the problem of homelessness from occurring, or to address the precursors of homelessness such as poverty, unemployment, and the lack of affordable housing. Other strategies must also be used to address the problem of homelessness.

The current study examined one group of the homeless; guests of a temporary shelter agency. The study had two major aims. The first aim was to gather descriptive information about the homeless population.

Through interviews, information was gathered on study participants' background and demographic characteristics, psychiatric morbidity, social support systems, and perceptions about their quality of life.

Because homeless populations are by nature quite transient, it is difficult for researchers to conduct longitudinal research with them, or for social service agencies to provide needed follow-up services. One method of tracking individuals, either for research purposes or for service provision, is to make appointments with them for a subsequent meeting. Therefore, the second aim of this study was to examine whether rates of return for scheduled follow-up appointments could be increased through the use of different research procedures.

In the following sections, reviews and critiques of the background literature pertinent to the two research aims of the study will be presented. In Part I, information relevant to the first research aim will be presented. Information relevant to the second research aim will be presented in Part II. This will be followed by a discussion of the research hypotheses.

Part I - Identifying the Homeless

The homeless are not a new topic for research. Sociologists in particular have been studying skid row residents for decades. Early discussions of the homeless include that by Solenberger (1914) in her study of One Thousand Homeless Men, and that by Sutherland and Locke (1936) in their impressive study of unemployed men in Chicago shelters during the Depression. Later, urban renewal programs of the 1950's and 1960's produced a new wave of skid row studies. A particularly

comprehensive study was that by Bahr and Caplow which compared residents of New York City's Bowery with populations of settled men (Bahr, 1973; Bahr & Caplow, 1974). Further descriptions of early skid row studies can be found in Miller (1982), Bahr (1973), and Bahr and Caplow (1974).

With the emergence in the early 1980's of homelessness as a significant public problem (Stern, 1984), researchers have again begun to focus resources on the study of this issue. This has been fueled in part by an increased availability of federal and state funds for study in this area (Bachrach, 1984b), including a number of studies funded by the National Institute of Mental Health (e.g., Fischer et al., 1986; Human Services Research Institute, 1985; Robertson & Cousineau, 1986; Roth et al., 1985; Solarz & Mowbray, 1985a, 1985b). However, the traditional stereotype of the homeless person - that of the unmarried, middle-aged or elderly, skid row alcoholic male - no longer describes a "typical" homeless person. During the last ten to fifteen years, the characteristics of the homeless have been changing. A broad research base which reflects the contemporary population of homeless has not yet been developed (Bachrach, 1984a, 1984b; Milburn & Watts, 1984). For the most part, research on the homeless has been descriptive or epidemiological in nature, and the majority of resources have been focused on defining the population, performing needs assessments, and examining the incidence of mental illness. Many studies have measured the incidence of certain characteristics in the homeless population, such as rates of psychiatric morbidity, and study samples are generally well described in terms of their average age, racial background, and other such demographic variables. However, more methodologically sophisticated research

involving interventions with this population are, for the most part, nonexistent.

Because the characteristics of the homeless have changed, new strategies for dealing with the problems of homelessness which are more appropriate for addressing the needs of the new population must also be developed. There are several levels on which the problem of homelessness may be addressed. These include primary, secondary, and tertiary approaches to prevention (Heller & Monahan, 1977). A radical, or primary preventive approach to addressing this problem focuses on intervening to "solve" one or all of the causes of homelessness at a societal level. These are attempts to prevent problems from ever occurring. For example, ensuring that adequate housing is accessible to all citizens could be considered primary prevention of homelessness. A secondary preventive approach might involve addressing the problems of those "precipitating events" which lead to an individual becoming homeless. For example, programs to aid individuals in their transition from institutions to the community, or shelters for the temporarily homeless might be considered secondary prevention. These are attempts to identify problems early on and to reduce their length and severity. Finally, tertiary prevention involves treating the impairment which results from problems. For example, psychological counseling for the homeless to help them deal with the problems they are experiencing would be an approach at this level.

In order to address the problem of homelessness on any of these levels, it is necessary that the population be adequately described, and that the needs of the homeless be understood (Kroll et al., 1986). There are a number of different frameworks which may be useful for

describing and understanding this population. For example, the homeless may be examined in terms of their demographic characteristics, pattern of homelessness or residential history, individual causes of homelessness, and/or subjective assessments of homelessness. Each of these methods of describing and understanding the population will be discussed in the following sections.

Framework 1 - Demographic Characteristics

Research indicates that the homeless population now contains greater numbers of women and mentally ill persons than previously, and is younger. Each of these changes will be discussed below, followed by a discussion of some of the limitations of current research. For more comprehensive reviews of this literature, refer to Bachrach (1984c) or to the several bibliographies which have been compiled on homelessness (Garoogian, 1984; Kenton, 1983; Sexton, 1984).

Mental Illness and the Homeless

Perhaps the most important change in the homeless population is the increased numbers of mentally ill persons who find themselves a part of this group. Estimates of the numbers of the homeless who are mentally ill range from less than 25 percent (e.g. Segal et al., 1977) to as high as 91 percent (Bassuk et al., 1984). In their study of admissions to an Illinois state hospital, Appleby and Desai (1985) found that the rate of homelessness among psychiatric admissions has increased substantially over the past decade, and suggest that the incidence of homelessness among the mentally ill is at least three to four times that of the general population. Even minimum estimates indicate that a substantial number of the homeless may be in need of mental health services. The

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movement during the 1960's to deinstitutionalize mental patients to less restrictive community settings has generally been blamed for "dumping" the mentally ill onto the streets without follow-up or community support. More properly stated, humane treatment policies were inadequately implemented (Bachrach, 1984d; Bassuk, 1984; Fustero, 1984; Hope & Young, 1984: Jones, 1983; Kaufman, 1984; Lipton & Sabatini, 1984; Shadish, 1984; Talbott & Lamb, 1984). Additionally, as federal and state funding priorities changed, necessary fiscal support for properly initiating the policy was withdrawn, or never allocated. Whatever the cause, it is generally agreed that large numbers of the homeless have serious mental health problems (Bachrach, 1984c).

Women Among the Homeless

In the past, the presence of women on skid rows was considered to be rare (Bahr, 1973; Blumberg, 1978). Bahr (1973) notes that studies published in the late 1950's and early 1960's reported that fewer than five percent of skid row samples were women. He cautions, however, that many homeless women may have been overlooked in previous studies, as they would rarely be present in the places where social scientists studied the homeless. While there was likely some error in past estimates of the proportion of the homeless who were women, homeless women were clearly greatly outnumbered by men.

Today, homeless men still outnumber homeless women. However, greater numbers of women are joining the ranks of the homeless, and they may comprise as much as twenty-five percent of the homeless population (Arce et al., 1983; Arce & Vergare, 1984; Bachrach, 1984d; Crystal, 1984; Lipton et al., 1983; Stoner, 1983). It is difficult, however, to

estimate the exact percentages of women in the homeless population overall from the proportions of women utilizing shelters, as these numbers are determined in great part by the lesser availability of shelter beds for women.

Most research to date has focused on homeless men, in part because of the greater access which researchers have to men through shelters. Nonetheless, some researchers have included women in their samples (e.g. Lipton et al., 1983; Arce et al., 1983; Ball & Havassy, 1984; Bassuk et al., 1984; Crystal, 1984; Roth et al., 1985; Solarz & Mowbray, 1985a, 1985b), or have focused exclusively on women (Depp & Ackiss, 1983). There is evidence that while homeless men and women share many characteristics, women differ on a number of variables. For example, Crystal (1984) found that women were more likely to be married, were more likely to have had histories of psychiatric treatment, and were less likely to have been involved in the correctional system.

The specific reasons for the increase in the numbers of homeless women are unknown. Some research results suggest that women under treatment by the mental health system were disproportionally affected by deinstitutionalization policies (Crystal, 1984; Bachrach, 1984d). Alternatively, Stoner (1983) suggests that the burden of poverty falls disproportionately on families headed by women. This "feminization of poverty" has led today to greater numbers of women being forced to the streets in the absence of societal supports. Before the phenomenon of increasing numbers of women among the homeless can be fully understood, more research must be conducted which focuses specifically on the precipitating circumstances by which women become homeless.

Age of the Homeless

Another recent change in the homeless population is that the mean age has decreased. In 1936, Sutherland and Locke reported an average age of 45 years among the homeless in Chicago during the Depression. In two later studies, Levinson (1957) found a mean age of 48.5 years in his study in 1955 of white homeless men in New York City, and Bahr (1973) reported a median age between 50 and 54 years for studies of homeless men conducted during the 1960's. Recent studies, however, have generally reported mean ages in the mid-thirties for the homeless (Lipton et al., 1983; Ropers & Robertson, 1984; Arce et al., 1983; Ball & Havassy, 1984; Bassuk et al., 1984; Crystal, 1984; Depp & Ackiss, 1983; Fischer, 1984; Kroll et al., 1986; Lamb & Grant, 1983, Solarz & Mowbray, 1985a, 1985b).

Several reasons for this phenomenon may be suggested. One reason relates to the deinstitutionalization policies described above. Today, young people who would have been institutionalized 15 to 20 years ago are given only brief and episodic care (Bassuk, 1984). Consequently, these individuals are placed in the community and, if they have no viable housing options or the skills necessary to maintain themselves on their own, may find themselves homeless. This problem is particularly acute now as post World War II "baby boomers" enter their 20's and 30's, the ages when schizophrenia and other chronic mental illnesses often develop (Smith, 1984).

Another contributor to the lowering of the mean age may be the recent economic recession and the concomitant high levels of unemployment. Unemployment may affect younger workers more than it does older workers in several ways. Younger workers may have less seniority (and

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thus be the first to be laid off) and fewer skills (and thus are less likely to be hired) than older workers. In addition, they may have less savings and fewer benefits, and therefore be less able to weather periods of unemployment. Thus, younger workers may be more likely to find themselves without a job and "on the street."

General Criticisms of Previous Research

There are a number of methodological problems in much of the research done to date on the homeless. These include the lack of a uniform definition of the population and problems in labeling the mentally ill.

Defining the homeless. As stated previously, estimates of the numbers of homeless Americans are widely disparate. Government agencies generally give the lowest estimates. For example, the Federal Department of Housing and Urban Development reported in 1984 that between 250,000 and 350,000 persons may be homeless daily (cited in Bassuk, 1984). Advocates for the homeless, however, claim that as many as 2.5 million Americans may be homeless, and that these numbers are continually growing (Bachrach, 1984c; Hombs & Snyder, 1982; Arce & Vergare, 1984; Bassuk, 1984; Hopper, 1984). Some of the reasons for such different estimates may be political. In addition, however, there are serious methodological difficulties in calculating accurate numbers of a fluctuating and transient population which, to a great extent, remains hidden from view (Arce & Vergare, 1984; Bachrach, 1984c). Of primary importance, however, is the fact that there is no consistent definition of homelessness as this makes it difficult to interpret much of the

research or to determine the comparability of results (Bachrach, 1984b, 1984c; Milburn & Watts, 1984).

This problem of inconsistent definintions is reflected in the manner in which study samples are selected. A common method for obtaining participants in studies on the homeless is to draw samples from emergency shelter clients (e.g. Ropers & Robertson, 1984; Arce et al., 1983; Bassuk et al. 1984; Fischer, 1984; Laufer, 1981; Levinson, 1957; Solarz & Mowbray, 1985a, 1985b). While these studies are often presented as research on the "homeless," there is very likely a broad range of this very diverse population who never use these facilities, and who remain unstudied. While it is still important to study the subgroup of homeless "shelter users," it is also important to recognize that this group does not encompass the entire population of homeless.

Some efforts have been made to formulate definitions of the homeless. In their efforts to examine the issue of homelessness in Michigan, a state Task Force on the Homeless developed the following working definition of the homeless:

> "Homeless individuals are those who lack a permanent residence (a place of one's own where one can both sleep and receive mail) because of inadequate resources, inadequate access to resources, inadequate management of resources, or because they are unable or unwilling to accept a traditional residential setting for other reasons." (Solarz et al., 1986, p. 4)

This definition includes a wide range of individuals who might be considered homeless, including domestic assault victims and runaway/throwaway youth, who are sometimes excluded from other definitions of the homeless.

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This definition includes a wide range of individuals who might be considered homeless, including persons exiting mental institutions and runaway/ throwaway youth, who are sometimes excluded from other definitions of the homeless.

Identifying the mentally ill. These problems of definition extend to the concept of the homeless mentally ill (Arce & Vergare, 1984; Bachrach, 1984a, 1984c). For example, researchers have used such varied indices of mental illness as prior psychiatric hospitalization, self-report inventories, and assessments by professional staff. This problem is compounded by the fact that most studies are "one-shot" assessments of psychiatric status, which do not allow for longitudinal observations. It also appears that the probability of reporting high estimates of the incidence of psychopathology may be dependent, in part, on the professional orientation of the researchers (Bassuk, 1984; Talbott & Lamb, 1984). Different disciplines tend to use different criteria for labeling individuals as mentally ill. For example, some of the highest estimates have been made by Bassuk (Bassuk et al., 1984) from the Harvard Medical School Department of Psychiatry, while Ropers and Robertson (1984) from the UCLA School of Public Health suggest that the majority of the homeless are not deinstitutionalized.

Another caution should be taken when evaluating the reported preponderance of mental illness among the homeless. As Baxter and Hopper (1982) maintain, researchers and clinicians generally evaluate homeless people when they are experiencing highly stressful conditions. Those who did not suffer from mental illness before they became homeless may become exhausted and disoriented as a consequence of the daily stresses involved in surviving on the streets. Baxter and Hopper further remark that "were the same individuals to receive several nights of sleep, a nutritional diet and warm social contact, some of their symptoms might subside" (p. 400). While this is not intended to minimize the real problems of the homeless who are mentally ill, it does indicate a

different point of intervention for addressing needs. That is, in some cases, primary importance should be placed on obtaining housing rather than on "counseling" or psychological assessment. Finally, as Mowbray (1985) suggests, placing the blame for homelessness on deinstitutionalization may simply distract attention from more direct causes such as poverty, unemployment, and the lack of affordable housing.

There is substantial evidence that the homeless are not a homogeneous group. Consequently, it is not appropriate for researchers to assume that their sample is representative of the homeless in general. Homelessness is an issue which can elicit highly emotional responses from people, and there are a preponderance of stereotypes about the homeless. Therefore, it is particularly important that data be gathered on the characteristics of today's homeless. In this study, background and demographic information, including information on psychiatric morbidity, was gathered in order to describe one sub-population of the homeless, i.e., those who use shelters. While this study was not prepared to address all of the many limitations of the research in this area to date, the information obtained will be useful for describing this particular segment of the homeless. A framework for understanding the homeless based on residential patterns is presented in the next section.

Framework 2 - Residential Patterns of Homelessness

It is clear that it is not appropriate to speak of the homeless as a homogeneous population with similar kinds of problems. In fact, they are a very diverse group. While it appears difficult to categorize the homeless in terms of their demographic characteristics, some researchers

have attempted to develop frameworks for understanding the homeless based on residential history.

Arce et al. (1983) grouped the homeless into three different classes. First are the "street people." These individuals regularly live on the street, and have lived there for more than a month. They are generally over the age of 40, have a history of substance abuse and/or have been diagnosed as schizophrenic. They also have a variety of health problems and a history of state mental hospitalization. The second group is the "episodic homeless." These people alternate between being domiciled and being on the street. When undomiciled, it is generally for periods of less than a month. They are generally younger than the street people, and tend to be diagnosed as having a personality disorder, an affective disorder, or a problem with substance abuse. They are likely not to have a history of prior hospitalization for mental illness, but have had sporadic contact with a number of different human service agencies. The third group is the "situationally homeless." These are people who are undergoing an acute personal crisis and have a temporary need for shelter. For example, individuals evicted from their residence or forced to leave because of a broken heating system might be included in this group, as would those temporarily stranded in a city because of bad road conditions. In their study, Arce et al. determined that 43 percent of the individuals in their shelter sample were street people, 32 percent were episodic homeless, and 13 percent were situationally homeless. (They did not have enough information to classify the remaining 12 percent of their sample.)

Ropers and Robertson (1984) provide another taxonomy based on residential history. They group the homeless into groups of "long term,"

"episodic," and "transitional" homeless. The long term homeless have no present residence and have been homeless for longer than twelve months. The episodic homeless have no present residence, have been homeless for less than a year, and have at least one prior episode of homelessness. Finally, the transitional homeless have no present stable residence, have been homeless for less than twelve months, but have no previous history of being homeless.

While these taxonomies may present useful ways of categorizing the homeless, they provide little information about the etiology of homelessness. Furthermore, they do not indicate how meaningful interventions for addressing the problem of homelessness might be developed.

Framework 3 - Causes of Homelessness

Another framework for describing the homeless is in terms of the types of events which led to their becoming homeless. The causes of homelessness are myriad. However, they may be grouped into categories of global or society based causes, and specific or individual causes.

Global Reasons for Homelessness

Baxter and Hopper (1981) cite three major social and economic developments leading to homelessness today. First, inflation and unemployment, coupled with reductions in funding of social programs, have resulted in more and more people falling outside of the "safety net," and onto the streets. Baxter and Hopper note that unemployment, in addition to its obvious economic impact on families and individuals, also causes a great deal of stress and disrupts personal support networks. Consequently, individuals who are without a source of income, who are unable to find a job, and who lack social supports to fall back

on in times of stress, may also find themselves homeless when they are unable to pay their rent.

On top of these problems, gentrification of inner cities has displaced thousands of individuals, with no provision for replacement housing. This has resulted in a severe reduction in the number of single room occupancy hotels (SRO's), the traditional residences of the poor (Bassuk, 1984; Fustero, 1984; Kasinitz, 1984; Lipton et al., 1983). For example, it has been estimated that the number of SRO rooms in New York City decreased from 50,454 to 18,853 between 1975 and mid-1981 (Kasinitz, 1984).

Finally, the well-meaning, but poorly implemented, deinstitutionalization policies of the 1960's resulted in large numbers of the mentally ill being released into communities. Without provision for adequate after-care and follow-up, many ex-patients ended up "on the streets," unable to cope effectively on their own in the community. Joining their numbers are the many mentally ill individuals who are now refused admission into hospitals under stricter entry criteria.

Specific Reasons for Homelessness

These global antecedents to homelessness are relevant for understanding the general climate which has led to an increase in the numbers of homeless. However, they do not necessarily help us to understand the immediate events which precipitate homelessness for individuals. The reasons why individuals find themselves homeless are varied. A common reason is eviction from prior residence by landlord or relatives. In addition, poor conditions of affordable residences, or catastrophic events such as broken heating pipes, sometimes force individuals onto

the street to fend for themselves (Simpson, 1984). Once housing is lost, however, it may be difficult if not impossible to replace because of a lack of affordable residences.

Individuals with limited economic resources may also exhaust their familial and other social resources. Abandoned by family and friends after histories of mental illness or involvement in the criminal justice system, these people can no longer stay with those on whom they have relied for support. Unable to support themselves on their own, they end up on the street or going from shelter to shelter. Included in this group are individuals whose families have been disrupted by divorce, death, or abuse.

Another segment of the homeless has been released from institutions (either mental or penal) without adequate follow-up and after-care. Although they may technically have been released to a residence (although some may simply be released to shelters), these residences may in fact be substandard, temporary, or simply manufactured by the client in an effort to meet the requirements for discharge. Consequently, without adequate post-release monitoring, these individuals may be unable to maintain themselves in a residence. In addition, as noted above, they may not have the necessary social support systems to facilitate their transition back into the community. Unable to cope effectively in the community, they end up among the homeless.

In their sample of guests of a Los Angeles rescue mission, Roper and Robertson (1984) reported that the most frequently cited reason for homelessness was unemployment (34 percent), followed by the lack of money (21 percent). Both of these reasons are clearly linked to economic need. Thus, the most important precipitating event leading to

homelessness is often simply that a source of income has run out. Individuals may lose income in a variety of ways. For some, a job may be lost or unemployment benefits have run out. Others may lose their source of economic support through divorce or estrangement from family members. In some cases, support checks have been stolen or lost, or support payments are not substantial enough to pay for living costs for an entire month. Problems arising from the lack of low-income housing, lack of familial supports, and failure of aftercare provision can often be alleviated if adequate funds are available to pay for housing.

Thus, the causes of homelessness are many, both on the societal and individual levels. Because individuals may become homeless as a result of the combined influence of many different factors, it is difficult to categorize the homeless into groups based on the cause of their particular case of homelessness. Nonetheless, information about the causes of homelessness remains critical for understanding how, and at what points, the problem may be addressed.

To date, most of the information available on the causes of homelessness consists of theoretical musings by "experts" on the etiology of the problem. As is somewhat self-evident, a common base of many of the causes of homelessness is an economic one. However, this information does little to indicate feasible solutions to the problem of homelessness, short of advocating a redistribution of the country's wealth. Few researchers have adequately documented the precipitating events which lead to homelessness.

Framework 4 - Subjective Assessments of Homelessness

Another method for describing the homeless is in terms of specific characteristics of their lives, and in terms of the subjective assessments which the homeless make of those characteristics. In other words, information may be gathered from the homeless themselves on how they perceive different aspects of their lives. Research to date has generally been limited to gathering "hard" or factual, rather than perceptual data. Thus, little information is available on the attitudes which homeless people have about their situation.

The addition of subjective information adds a very important perspective to research with the homeless. This population is significantly disenfranchised from the centers of power, from economic resources, and from housing. Much of what is published about the homeless, both in the professional and lay literature, is written by "experts" who describe the lives of the homeless based on culturally biased appraisals of objective characteristics of their lifestyles. Few have the homeless speak for themselves.

Research which includes subjective data is important for a number of reasons. For example, subjective assessments of need by the target population may be the most appropriate for determining the most pressing areas of need. In addition, comparisons between subjective assessments by domiciled individuals with those made by the homeless may be useful for understanding the etiology of homelessness, the effects of homelessness on individuals, important similarities between the populations, and the like. These kinds of assessments may also be useful for indicating areas for possible intervention research and for developing programs which will be accepted by the population.

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An important topic of research where this approach has generally been lacking is that of the quality of life of the homeless. In the following section, research examining objective and subjective aspects of the quality of life of the homeless will be discussed. This will be followed by a discussion of research on a specific element of quality of life - that of social support.

Quality of Life of the Homeless

Little is known about how the homeless perceive the quality of their lives. A popular conception is that the homeless are that way because they are independent (or crazy) individuals who choose to be homeless, because they are lazy, or because they refuse to accept the help that is offered them. This perception is sometimes cultivated by the media who spotlight individuals who appear to have chosen a homeless lifestyle (e.g. Grove, 1984). These assertions act to minimize the magnitude of the problem and to rationalize the withdrawal of resources for this population. Clearly there is a need to gather information on how the homeless perceive their quality of life.

Quality of life refers to the "sense of well-being and satisfaction experienced by people under their current life conditions" (Lehman, 1983b, p. 143). It may be assessed globally with respect to life "in general," or with respect to specific life domains. Campbell (1981) describes twelve areas of life which concern almost all people, and which are largely responsible for satisfaction with life in general. These include the domains of marriage, family life, friendships, standard of living, work, neighborhood, city or town of residence, the nation, housing, education, health, and the self. According to

Campbell, the domains which are most highly related to general life satisfaction are, in descending order of importance, the self, standard of living, family life, marriage, friends, and work. Additional discussions of the concept of quality of life can be found in Andrews and Withey, 1976; Campbell (1981); Campbell et al. (1976); Murrell et al. (1983); Murrell and Norris (1983); Andrews and McKennell (1980); Bubolz et al. (1980); Flanagan (1978); McKennell and Andrews (1983); and Widgery (1982).

Quality of life can be measured using objective or subjective indices. Objective indicators include such things as income, marital status, work status, quality of housing, physical health, criminal victimization, and frequency of social relations. However, psychological measures are also needed in order to gain an understanding of how individuals assess the intrinsic value and quality of their lifestyles (Zautra, 1983).

If only objective measures of quality of life are considered, it is clear that the homeless have a very poor quality of life. The homeless are less likely than the general population to be married (Bassuk et al., 1984; Fischer, 1984; Ropers & Robertson, 1984; Roth et al., 1985) are isolated from their families (Bassuk et al., 1984; Fischer, 1984) and have diminished social support systems (Cohen & Sokolovsky, 1983; Fischer, 1984). The homeless also have few material possessions, are generally unemployed (Ball & Havassy, 1984; Fischer, 1984; Ropers & Robertson, 1984) have no permanent residence in a community, and are in poor physical health (Baxter & Hopper, 1981; Darnton-Hill, 1984; Fischer, 1984; Ropers & Robertson, 1984; Solarz & Mowbray, 1985a,

1985b). In addition, the homeless have particularly deficient housing situations.

Studies which address subjective quality of life of the homeless are scarce. However, studies which examine the quality of life of the mentally ill or of the poor may provide some information about the homeless with similar characteristics. Several of these studies are described below.

Ball and Havassy (1984) conducted a survey of the problems and needs of homeless consumers of psychiatric services. The problems most frequently mentioned by the respondents were having no place to live indoors (94.2%), having no money (88.3%), and not having a job (47.6%). In addition, the most often expressed need was for affordable housing (86.0%), followed by the need for financial entitlements (73.7%), and for employment (40.4%). Respondents also expressed concern about their privacy and personal and physical protection. This study suffered from a number of methodological problems in that the sample was non-random and self-selected, and the interviews were not standardized. However, the results indicate that this group of people perceive their quality of life as unsatisfactory in a number of areas.

In their survey of 979 urban and non-urban homeless in Ohio, Roth et al. (1985) reported that homeless respondents appeared to be much less satisfied with their lives than a general sample of Ohio residents. Only a third of the homeless reported that their lives had been "very satisfactory" or "somewhat statisfactory," compared to 86.5% of the general population sample. Conversely, 28.1% of the homeless reported that their lives had been "not at all satisfying" or "not very satisfying," compared to 2.8% of the Ohio sample.

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Ball and Havassy (1986) conducted a survey of the problems and needs of homeless consumers of psychiatric services. The problems most frequently mentioned by the respondents were having no place to live indoors (94.2%), having a [illegible] (82.6%), having a job (82.6%). In addition, the most frequently [illegible] (66.0%), following the [illegible] (13.2%), and for employed [illegible] privacy and [illegible] a number [illegible] and self-[illegible] the results [illegible] life as [illegible]

In their survey [illegible] et al. (1985) reported that homeless respondents appeared to be much less satisfied with their lives than a general sample of Ohio residents. Only a third of the homeless reported that their lives had been "very satisfactory" or "somewhat satisfactory," compared to 80.8% of the general population sample. Conversely, 23.1% of the homeless reported that their lives had been "not at all satisfying" or "not very satisfying," compared to 2.8% of the Ohio sample.

Cohen and Sokolovsky (1983) measured life satisfaction among homeless men. Results indicated that approximately one-half of men living on the Bowery in New York City felt "things were getting worse" and that they were "not satisfied with life." Furthermore, Bowery residents were more likely to have lower life satisfaction scale scores than were a similar group of men residing in single room occupancy hotels.

While not specifically addressing subjective quality of life of the homeless, Campbell (1981) presents information on perceived quality of life according to the income level of the respondent. Those in the lowest income quartile were least likely to describe themselves as "very happy," and most likely to report themselves as "not too happy." In addition, level of income was positively associated with satisfaction with health.

Although Lehman (1982, 1983a, 1983b) did not measure subjective quality of life of the homeless, he did examine quality of life among a population of chronically mentally ill persons in community settings. Structured interviews were used to study the life areas of living situation, family, social relations, leisure, work, safety, finances, and health. Results indicated that over half of the sample felt "mostly satisfied" or better about their lives, except in the areas of work, finances, and personal safety. When compared to the population in general, however, this group felt less satisfied with their quality of life. Global well-being was most consistently associated with personal safety, social relations, finances, leisure, and health care variables. Ratings of satisfaction with various life domains were more frequently and strongly associated with global well-being than were objective

measures. The objective factors which were most often related to higher ratings of global well-being were not having been a victim of a crime, lower use of health care services, more frequent and intimate social contacts in the home, being employed, and more privacy in the board and care homes. Lehman (1983a) concluded that chronic mental patients (the greatest proportion of whom were diagnosed as schizophrenic) were able to provide statistically reliable responses to the interview. Lehman (1983b) also determined that psychiatric symptoms did not significantly affect the relationships among the quality of life ratings, except in the health domain.

In summary, examination of objective aspects of quality of life indicates, as would be expected, that the homeless have a poor quality of life. While it may also be legitimate to assume that the homeless also perceive the quality of their lives to be poor, there has been little study involving these subjective assessments of quality of life by the homeless. In addition to filling a gap in the literature, information on subjective quality of life can provide a measure of goodness-of-fit between the population and their environment. Furthermore, assessments of the quality of life in various domains may indicate areas which need to be targeted for resource allocation (Murrell & Norris, 1983). In this study, subjective as well as objective measures of quality of life were obtained.

As stated previously, quality of life may be assessed in terms of specific life domains. Several of these domains, for example those of marriage, family life, and friendships, are closely related to the concept of social support. In the following section, the concept of social support will be addressed.

Social Support Systems and the Homeless

The homeless are generally considered to be socially isolated and lacking in social support. As with studies of the quality of life among the homeless, research on social support has generally been restricted to assessments of objective rather than subjective variables. In this section, "social support" will be defined, followed by a discussion of research on social support and the homeless.

Although the concept known as "social support" is a relatively new one (House & Kahn, 1983), it has quickly become an extremely popular subject in social science research. Research has been conducted on the general population as well as on a number of special populations (e.g., Belle, 1983; Cohen & Sokolovsky, 1978; Garrison, 1978; Hammer, 1981; Hammer et al., 1978; Henderson et al., 1978; Lipton et al., 1981; Marsella & Snyder, 1981; Mitchell, 1982; Patterson & Patterson, 1981; Perrucci & Targ, 1982; Thoits, 1982; Tolsdorf, 1976). A primary focus of social support research has been its association with physical and mental health (Berkman & Syme, 1979; Brugha et al., 1984; Cohen & Hoberman, 1983; Davies et al., 1983; Donald & Ware, 1982; Gore, 1978; Hoberman, 1983; House et al., 1982; Lin & Dean, 1984; Lin et al., 1981; Monroe, 1983; Phillips, 1981; Sandler & Barrera, 1984; Sarason et al., 1983; Schaefer et al., 1981), and as mentioned in the previous section, social support is seen as an integral part of quality of life (Flanagan, 1978). However, research has been somewhat hindered by the fact that there are no standard definitions of social support, a deficiency that has inspired several authors to make recent attempts to operationalize the construct (e.g. Bruhn & Philips, 1983).

Social support actually refers to a number of different aspects of social relationships. Evaluation of social supports can include assessments of the existence or quantity of relationships, of the structure of relationships, and of the functional content of social relationships (House & Kahn, 1983). Existence or quantity of relationships refers to such things as whether or not an individual is married, the number of friends or associations he or she has and the frequency of contact with them, organizational membership, and the like. The structure of social relationships refers to such characteristics as the level of reciprocity of support relationships and their durability, density of networks, and the characteristics of the support person. The functional aspects of social support may be described by the subjective quality of support relationships, the sources of support, and the types of support. From their review of the literature, Barrera and Ainlay (1983) identified six categories or types of social support: material aid, behavioral assistance, intimate interaction, guidance, feedback, and positive social interaction. Further discussions of social support can be found in a number of review articles and books (Beels, 1981; Bruhn & Philips, 1983; Ell, 1984; Gottlieb, 1981; Heitzmann & Kaplan, 1983; Liem & Liem, 1978; Thoits, 1982).

The homeless have long been considered a disaffiliated and socially isolated group. Long before the term "social support" was coined, Sutherland and Locke (1936) discussed the isolation of the homeless from family and other groups. They noted that over half had little or no contact with their parental families, most had never married or were isolated from their spouses, and that the homeless developed few close

personal relationships. Solenberger (1914) also presented data indicating that high proportions of the homeless were unmarried.

Modern researchers have continued to examine social support among the homeless. This has consisted, primarily, of gathering data on objective variables such as marital status. Research indicates that most of the homeless are single (Bassuk et al., 1984; Fischer, 1984; Kroll et al., 1986; Ropers & Robertson, 1984; Solarz & Mowbray, 1985a, 1985b), although homeless women may be less likely to be single (Crystal, 1984). Bassuk et al. (1984) found that 74 percent of their sample of shelter guests had no relationships with family members and 73 percent had no friends to provide support. Forty-percent of the respondents reported that they had no relationships with anyone. Of those respondents who had a history of psychiatric hospitalization, 90 percent had no friends or family. Fischer (1984) also concluded that homeless men had impoverished social networks compared to a sample of men in general households. Forty-five percent of the homeless reported no contacts with friends, compared to seven percent of the general sample. Similarly, 31 percent of the homeless claimed no contacts with relatives, compared to four percent of the household men. Finally, two-thirds of the homeless had formed no confiding relationships, and none had more than two confidants. In contrast, only one-third of the household sample had no confidants, and one quarter had three or more confidants. Solarz and Mowbray (1985a) reported that only about a third of the shelter guests they surveyed felt that they had a lot of friends. In addition, less than half (41.6%) had contact with a friend at least weekly, while just over half (52.9%) had at least weekly contact with a relative.

The most comprehensive study of social networks among the homeless has been that of Cohen and Sokolovsky (1983) in their study comparing a sample of homeless Bowery men with men living in single room occupancy hotels (SROs). This study did not, however, examine subjective properties of social support systems, and its generalizability is somewhat limited because it focused only on elderly men. The researchers collected information on network size and configuration, as well as on the frequency, duration, transactional content and directionality of social networks. Cohen and Sokolovsky present a slightly more optimistic picture of the social lives of the homeless than have some other researchers. They report that half of their homeless sample had contact with at least one kin member. In addition, although Bowery men had small networks, they had more transactions per contact than did the SRO men. However, comparisons between the two groups indicated that SRO men had more outside non-kin and kin contacts, many more contacts with females, and reported being lonely less often.

Thus, to date, research on social support systems of the homeless has been somewhat limited. Research on the quantitative aspects of social support has consistently found that the homeless have impoverished social support systems. However, little information is available on subjective aspects of social support, or on the types of social support received. In this study, information was gathered on both objective and subjective measures of social support.

Summary - Part I

In summary, there are a number of frameworks which can be used to provide important information for describing and understanding the

homeless. In order to obtain a comprehensive picture of homelessness, it is necessary for research to integrate several approaches to studying this problem. In this study, a wide array of descriptive information was gathered on the homeless. Information was obtained on background and demographic characteristics including psychiatric morbidity, precipitating cause of homelessness, and recent residential history. In addition, information was gathered on objective and subjective characteristics of the quality of life of the homeless, and of their social support systems.

This concludes the discussion of the research pertinent to addressing the first aim of the proposed study. The second aim of this research was to systematically examine the effects of different research procedures on return rates for follow-up appointments by homeless persons. In the next section, the second aim of this research will be addressed.

Part II - Follow-up with the Homeless

There are a number of occasions when follow-up contact with service clients or research participants might be desirable. For service provision, additional contacts are often required to effectively follow through on service or treatment plans. Both researchers and service providers may wish to observe individuals longitudinally to determine the effectiveness of services or intervention programs, observe differential client outcomes, determine the current status of former clients, obtain information about client satisfaction with services received, assess the need for additional services to previously served clients,

and to help identify unserved client populations (Reagles, 1979). Researchers can, to give a few examples, use follow-up contacts as an empirical tool to observe changes in behavior or attitudes over time, examine issues of reliability and validity of measurement instruments, and to study developmental processes.

The second aim of this study was to systematically examine the effects of different research procedures on whether or not homeless interview participants returned for a scheduled follow-up appointment. In this section, some of the reasons for conducting follow-up research with the homeless will be discussed, followed by a discussion of methods of obtaining higher follow-up rates and a brief review and critique of the follow-up literature.

An important limitation of past research is that it is almost exclusively cross-sectional. Because of the mobility of the homeless population, and the difficulties inherent in tracking people who have no fixed address, researchers have generally avoided doing longitudinal research with this group. Bachrach (1984b) notes that a barrier to research is that it is "often difficult to inaugurate epidemiological inquiries and to track study subjects who have already been identified" (p. 913). Arce et al. (1983) also mention the extreme difficulty they encountered in relocating shelter residents. Most information available on residential patterns, mobility, social support systems, and psychiatric status of the homeless relies on retrospective interview accounts and/or reviews of archival records. While some more qualitative studies of the homeless indicate longer term interactions with studied individuals, these accounts have not systematically assessed changes in

individuals or their living situations over time (e.g., Hopper & Baxter, 1981).

In studies of the homeless, follow-up studies can be an effective strategy for obtaining information about residential patterns and histories, helping to identify and describe the various sub-populations among the homeless, measuring involvement in the mental health system, and observing relationships between different aspects of social support systems and such variables as psychiatric status, residential status, or general health status. In addition, such studies may be used to examine the effectiveness of various service programs or interventions on the establishment of permanent housing and reduction of recidivism into psychiatric hospitals.

An obvious barrier to obtaining follow-up information on the homeless is their mobility. This includes movement between different areas within a city, and thus to different service or catchment areas, as well as movement from city to city (Bachrach, 1984c; Ball & Havassy, 1984; Ropers & Robertson, 1984). Another important factor is that many of the homeless are mentally ill, and thus may have greater difficulty in remembering appointments and meeting obligations. Furthermore, a lack of economic resources may make it difficult to obtain transportation to follow-up appointments, particularly if the individual has relocated to a different area of the city. Efforts to make follow-up contacts by telephone are likely to be ineffective. A general lack of permanent housing makes it less likely that the homeless client has been able to provide a telephone number for future contact, and the very poor often are unable to afford any telephone service. Ball and Havassy (1984) point out that the struggle to meet basic survival needs in the urban

outdoors makes it especially difficult for the homeless to keep clinic appointments. Clearly, it is imperative that methods for increasing follow-up return rates be developed if homeless individuals are to be effectively monitored or studied over time, or if services are to be adequately provided.

Dillman (1978), in his excellent book on designing mail and telephone surveys, discusses why people respond to interviews. This discussion is also pertinent to thinking about why individuals might agree to participate in a follow-up contact, and to developing methods to maximize the likelihood that they will follow through on that agreement. According to Dillman, the process of obtaining participation can be viewed as a case of "social exchange." According to the theory of social exchange, the actions of individuals are motivated by the return that the individual expects those actions to bring from others. Briefly, behavior is a function of the ratio between the perceived costs of performing an activity and the rewards which the actor expects to receive from the other party at a later time. Response, or participation, may be maximized then by minimizing costs, maximizing rewards, and establishing trust that the rewards will be provided.

Dillman suggests a number of ways of maximizing participation by considering these tenets of social exchange theory. Respondents may be rewarded if the interviewer shows positive regard for the participant, gives verbal appreciation, uses a consulting approach, supports the respondent's values, offers tangible rewards, and makes the interview or questionnaire interesting. Costs to the respondent may be reduced by making the task appear brief, reducing the physical and mental effort

that is required to complete the task, and attempting to eliminate chances for embarrassment, implication of subordination, and any direct monetary cost. Finally, trust may be established by providing a token of appreciation in advance, and by identifying with a known organization that has legitimacy.

It is difficult to determine from published research accounts how each of these issues has been addressed in previous research on the homeless. However, the importance of establishing rapport with homeless research participants has been mentioned by researchers (e.g., Bachrach, 1984b). Researchers such as Baxter and Hopper (1981) who employ field observation methods, have perhaps placed the greatest priority on this issue. Reported participation rates for randomly sampled participants range from 40 percent (Cohen & Sokolovsky, 1983) to 98 percent (Fischer, 1984). Higher rates of participation appear to be dependent, in part, on the offering of tangible rewards. For example, in the study by Cohen and Sokolovsky which had only a moderate response rate, apparently no compensation was offered for participating. In contrast, in Fischer's study which had a very high response rate, respondents were offered a gratuity of five dollars.

Review of Follow-up Research

Research on follow-up methods has generally focused on ways of obtaining returns of mailed questionnaires (Amour & Bedell, 1978; Futrell & Lamb, 1981; Hinrichs, 1975; Jones, 1979; Miner, 1983; Stafford, 1966), participation in telephone interviews, or both (Davis & Yates, 1983). Comprehensive reviews of these kinds of studies can be found in Dillman (1978), Kanuk and Berenson (1975), and Linsky (1975).

Several studies which specifically address the issues of increasing returns for follow-up appointments or which compare different methods for increasing compliance will be briefly reviewed below.

Fruensgaard and his colleagues (1983), in a Danish study, followed up 70 unemployed patients consecutively admitted to an emergency psychiatric department. While they were in the hospital, participants in the study were informed that they would be called later for two interviews; in six months, and again one year later. The researchers report that after the appointments were made (6 months and 1 year later), only 54 percent of the participants appeared for their six month follow-up appointment, and only 46 percent attended their one-year follow-up appointment. Most participants were subsequently interviewed in their own homes after more assertive attempts to contact them. The authors suggest that the main reason that the written request for attending a follow-up appointment was not successful was that participants were reluctant to come in contact again with the psychiatric department. This suggests that for these individuals, the costs of participating, i.e., the anxiety produced from returning to the treatment site, exceeded any rewards which might be accrued from participation. In addition, current drug or alcohol abuse prevented some participants from attending the meeting.

In a French study, LaHarpe et al. (1983) compared three methods for inducing alcoholics who had previously missed a return appointment to subsequently return to a health center for contact. The three methods were used successively on different groups of patients at the health center. In the first stage, letters were sent to the patient's treating physician, notifying them that the patient had missed his or her

appointment, and leaving the decision to call the patient in for treatment to the judgement of the physician. In the second stage, letters were sent to selected patients who were believed to be particularly motivated to return for an appointment; and in the third stage, a letter was sent to all patients. Results indicated that the most effective method for increasing returns for appointments was that of sending letters to all patients (45 percent return), followed by sending a letter to motivated patients (36 percent return), and sending a letter to treating physicians (21 percent return). Without additional information about specific research procedures, it is difficult to assess this study in terms of Dillman's framework. In addition, a number of methodological issues make this assessment difficult. With respect to the physician contact group, it is possible that physicians did not follow through and contact clients. With the "motivated" group approach, it is possible that the identification strategy was not accurate. Overall, the study may suffer from the same problem cited for the Fruensgaard study. That is, the costs of returning to the treatment site may have exceeded any potential rewards of contact.

Three client follow-up methods were compared by Warner et al. (1983). A total of 1100 clients who had received treatment from a community mental health center were each randomly assigned to experimental groups; face-to-face interview, telephone interview, or mailed questionnaire. Follow-up assessment was planned to occur 180 days after intake. In the face-to-face interview group, appointments were made by telephone or by making visits to the client's home and then scheduling an interview. For those in the mailed questionnaire group, three mail

contacts were made before the client was classified as a nonrespondent. A maximum of five attempts were made during different times of the day to contact each client in the telephone interview group before he or she was considered to be a nonrespondent. Overall, a 34 percent response rate was obtained. The greatest response was found for the face-to-face interview group, with 49 percent of clients in this condition completing interviews. Response rates were less for the mail questionnaire (30 percent) and the telephone interview (25 percent). Overall, a large percentage of the clients could not be contacted. Thirty-eight percent in the face-to-face interview group could not be contacted, 68 percent of the telephone interview group could not be contacted, and 35 percent of the mail questionnaires were returned undelivered. Refusals to participate were low for those in both the face-to-face and telephone groups (7 to 13 percent); however, 34 percent of the mailed questionnaires were never returned. Once again, it is difficult to assess this study in terms of social exchange without additional information about research procedures (e.g. wording of contact, etc.). In addition, the high number of clients who could not be contacted makes it somewhat difficult to interpret the results. The face-to-face interview, however, was clearly superior in obtaining the highest rates of participation. In this condition, personal contacts were made by research staff. This approach may have maximized the appearance that the researchers regarded the respondents positively, an intangible reward. In addition, the personal contact provided more opportunities to give verbal appreciation to the participant.

In each of these studies, samples included individuals likely to be similar to persons who may be part of the homeless population; that is,

alcoholics and users of psychiatric and mental health services. Results indicate that certain procedures may increase the probability that participants will return for follow-up interviews or appointments. It is apparent that merely scheduling meetings in advance is not sufficient to ensure that those meetings will be attended. In the current study, comparisons were made between using cash or material goods incentives in obtaining returns for follow-up appointments. Thus, participants received tangible rewards for their participation. In order to establish trust, these rewards were provided prior to the interview. Intangible rewards were maximized by using a consulting approach and showing positive regard for the participants. While the interview was lengthy and required that participants provide personal information (and hence was "costly"), efforts were made to reduce costs by making the tasks easy to understand and complete. While no direct monetary costs were required from the participants, they needed to provide their own transportation to the interview site. It was anticipated that the tangible rewards which they received would offset any such costs. In addition, the use of a more permanent appointment card, which was less likely to be accidentally destroyed, was examined.

Research Objectives

A review of research conducted on the homeless indicates a number of gaps in the literature. The majority of studies have a number of methodological limitations, and tend to focus on a limited range of characteristics.

As described previously, the current study had two major aims. The first aim was to gather descriptive information about the homeless population using a sample of guests at a temporary shelter. In order to accomplish this aim, information was collected on:

1. Background and demographic characteristics
2. Psychiatric morbidity
3. Subjective and objective quality of life
4. Social support systems

While research indicates that respondents are more likely to participate in research if they receive a tangible reward, it is not known whether cash or material goods make the most effective incentives. The second goal of the study was to systematically examine the effects of different research procedures on whether or not interview participants returned for scheduled follow-up appointments. In order to address this aim, the following research questions were examined:

1. **Are cash incentives or incentives of material goods more effective in obtaining returns for follow-up appointments?**

It was predicted that respondents in the "cash" group would be more likely to return. Cash may be more rewarding because it indicates that the researcher trusts the participant to make his or her own purchase decision, and thus implies positive regard.

2. **Are participants more likely to return if they are given permanent-type appointment cards instead of traditional paper appointment cards?**

It was predicted that more participants would return in the permanent-type appointment card group. The permanent-type appointment card used in this study was more difficult to lose or destroy. In addition, the use of this type of card, which may appear to be more valuable than

typical paper cards, could enhance the appearance that the role of the participant was important. This would increase the intangible rewards for the participant by emphasizing the positive regard with which the researcher held the participants. It could also help to establish trust that the researcher would follow through with providing the incentive upon return for the follow-up interview.

3. **Are participants who are more satisfied with services they have received within the interview setting (i.e. the temporary shelter) more likely to return for a subsequent interview at the same location?**

It was hypothesized that the costs of returning to the interview setting would be less if the prior experience in that setting was positive. Therefore, it was predicted that those who were more satisfied with their experiences in the shelter setting would be more likely to return.

CHAPTER II

METHOD

Setting

Established in 1981, the Coalition on Temporary Shelter (COTS) was organized to address the needs and problems of the homeless in Detroit.[1] The coalition consists of a number of social and human service agencies and churches in the Detroit area. In July 1982, COTS opened a temporary shelter with a nightly capacity of approximately 45 guests. In April, 1985, the shelter moved to a larger facility which accommodates as many as 72 individuals each night. COTS shelter serves men, women, and families.

This temporary shelter facility provides a number of services to clients, including aiding them in locating more permanent housing. Individuals come to the shelter after being referred by local social service agencies or by self-referrals. After their arrival at COTS, guests meet with a case planner who identifies any service needs of the client and develops a plan to address those needs. For example, a client may need help in obtaining general assistance payments, or in locating available housing.

Once the service plan is successfully completed (or sufficient satisfactory progress is made), clients check out of the facility (are discharged). All clients, however, do not successfully follow the service plan. They may choose not to adhere to the plan, they may

voluntarily leave the shelter without going through discharge procedures, or they may be evicted from the facility because of behavioral problems or rule violations. In these instances, their cases are "terminated." Thus, clients may leave the facility under two conditions: discharged or terminated. Individuals who are restricted by staff from returning to the shelter are "yellow-tagged." Clients may be yellow-tagged when they are considered to be a behavioral risk (e.g., because of violent behavior), have a total of three shelter stays within a certain period of time, or miss curfew on consecutive shelter stays.

Subjects

A total of 125 shelter guests were interviewed as part of this study. Of these, 120 participated in the follow-up experiment.[2]

The sample consisted of 79 males and 46 females. They had a mean age of 33.4 years (SD = 10.5; Range: 17 to 72 years). Approximately twenty percent were under the age of 25, while fewer than three percent were over the age of 60. Nearly eighty percent of the participants were Black, with the remaining being White (20.8%) or of another racial background. Just over half of the participants (54.1%) had graduated from high school.[3] About a fifth of all participants (22.6%) reported that they had completed some college classes. Nearly a quarter (22.8%) of the men in the study were veterans, representing 14.4% of the sample. No women had been in the armed services.[4] Shelter records indicated that these participants stayed at the shelter an average of 16.7 days, with a range of from one to 95 days.

Over half (53'6%) of all participants had records of arrest; 26.4% had records of incarceration in jail and 13.6% in prison. Extensive information on criminal history and behavior is contained in Appendix A.

A total of 150 individuals were approached to participate in the study. Of these, 88 were men, and 62 were women. Eighty-one (92.0%) of the men, 81 and 47 (75.8%) of the women agreed to participate. The overall participation rate for the study was 85.3%.

Of the 128 individuals who agreed to participate, 125 actually completed the interview. The interviews of two men were terminated by the researcher, one because of a language barrier, and one because the individual was apparently mentally retarded and had difficulty understanding the questions. Another woman withdrew because she became too tired to complete the interview. Thus, a total of 83.3% of those approached for participation completed the interview, or 89.8% of the men and 74.2% of the women.

Non-Participants

The 25 non-participants (including the three individuals who withdrew after beginning the interview) were compared to the participants on a number of characteristics. These comparisons are summarized in Table 1. Most of the non-participants and participants were Black, although the proportion of Whites was higher among the non-participants $t(148) = 2.07$, $p < .05$. A greater proportion of the non-participants were females $t(148) = 2.56$, $p < .05$. There was no statistically significant difference in the percentages of non-participants and participants with histories of psychiatric hospitalization. Data on the ages of non-participants were not available. However, the mean age of the

Table 1

Characteristics of Non-participants versus Participants

	% of Non-Participants (n=25)	% of Participants (n=125)
Race		
Black	52.0	78.4
White	40.0	20.8
Other	8.0	0.8
Gender		
Female	64.0	36.8
Male	36.0	63.2
Previously in Michigan State Psychiatric Hospital	20.0	16.0

non-participants did not appear to be significantly different from that of the participants.

A number of reasons were given by the 22 individuals who did not wish to participate in the interview. These reasons are presented in Table 2, along with the percentages of non-participants for whom each reasons applied.

Research Design and Procedures

This research study had two major components. The first was an interview study in which extensive information was gathered on a number of areas. The information included data on objective and subjective quality of life, psychiatric morbidity, and social support. The measures used are described fully in the next chapter.

The second major component of the study was an experiment. Using a 2 X 2 factorial design, comparisons were made between different methods of eliciting returns for a follow-up appointment. The two factors to be varied were type of payment (cash or material goods) and type of appointment card (regular or permanent) received. Participants were randomly assigned to one of four conditions. In order to control for gender effects between conditions, assignment to each condition was stratified by sex. Each cell had an n of 30 (11 women and 19 men). The research design is outlined in Figure 1.

At the post interview, participants received either a cash payment of five dollars or a package of material goods with a retail value equal to that of the cash incentive. Participants assigned to the material goods condition selected, from a pool of available goods, the items they would receive upon return for the follow-up interview. Selections were

Table 2

Reasons for Non-Participation

(n=22)

Didn't like idea of interview/not interested	95.4%
(Apparent) Psychotic episode/mental illness	27.3%
Leaving town (can't return for follow-up)	9.1%
Compensation not high enough	9.1%
Ill, not feeling well	4.5%

Note. Percentages total to more than 100 because more than one reason for not participating could be cited for each participant.

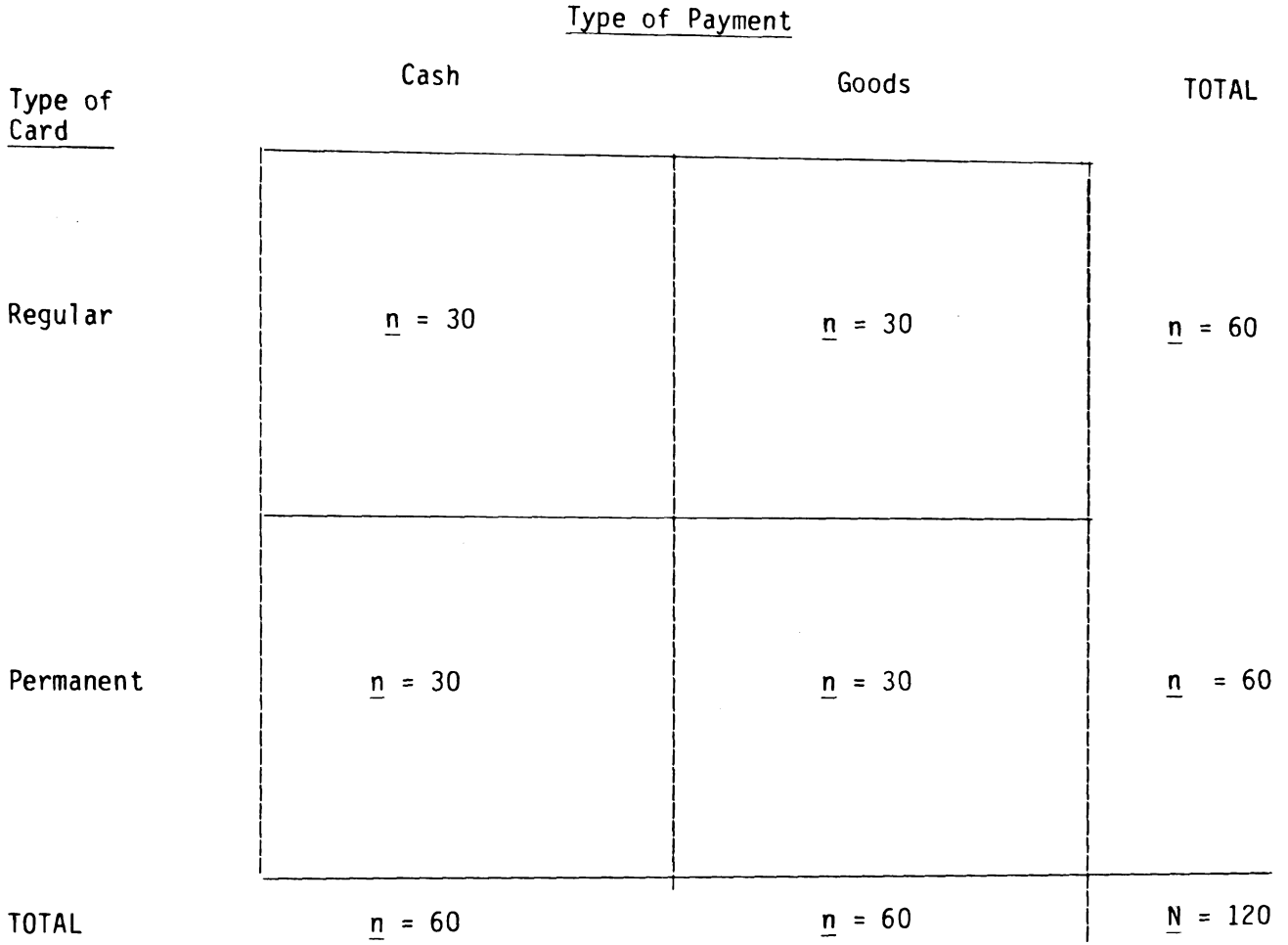

Figure 1. Experimental design: Type of payment by type of appointment card.

made from a wide range of items valued from one to five dollars so that the total value of each material goods payment would be five dollars. Selection was made at the time of the pre-interview.

The second factor was type of appointment card. One group received a traditional 2" x 3 1/2" stiff paper appointment card. The other group was given more permanent cards. These cards consisted of a 2" x 3 1/2" gummed appointment label attached to a 2 1/4" x 3 3/4 x 1/16 plastic blank. The plastic blank was then placed on a key chain. Both the regular and permanent cards contained information about the time and location of the scheduled follow-up interview, and a reminder of the incentive which the participant would receive upon return for follow-up (see Figure 2).

In addition to the incentive payment for the post interview, all participants received remuneration worth two dollars for their participation in the initial interview. Those who were assigned to receive cash for the follow-up interview also received a cash payment during the pre-interview. Those assigned to receive material goods upon follow-up also received material goods during the pre-interview.

Material goods payment for the pre-interview consisted of a choice of toilet articles (soap, soap dish, toothbrush, toothbrush holder, combs) or two packs of cigarettes. The majority of participants in the material goods condition chose cigarettes as their payment (66.0). Only 20.0% chose to receive the toilet articles, and another 14.0% received some combination of cigarettes and toilet articles.

Data Collection

Participants were sampled from individuals staying at COTS, the temporary shelter described previously. Each afternoon after the close

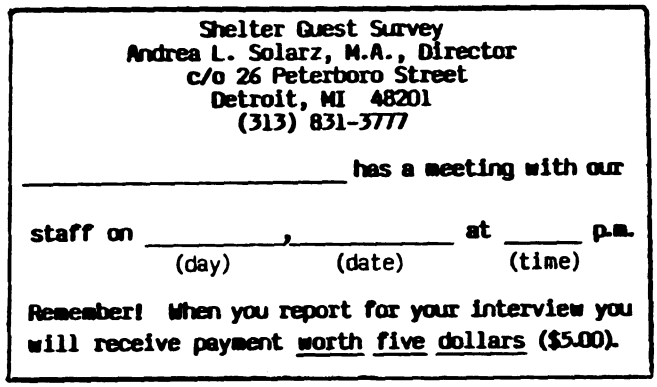

Figure 2. Appointment card for follow-up interview.

of intake hours, a list of the guests who would be staying at the shelter that night was compiled by the staff at COTS. These rosters were used to sample participants for this research. On the day of each interviewing session, participants for the study were sampled from all adult shelter guests who had stayed at COTS on the previous night. Simple random sampling methods were used.[5] Overall, just over eighty percent of those sampled were eventually approached for participation in the study.

Data collection instruments were administered using an interview format. Interviews were generally conducted between the hours of 1:00 p.m. and 9:00 p.m.[6] Interviews, which took an average of 66 minutes, were conducted in private rooms or offices.

Trained senior-level undergraduate students and graduate students conducted the interviews.[7] A total of eight interviewers (including the researcher) were used during the course of the study. Three of the interviewers were Black and five were White. All interviewers were women.

At reporting for the pre-interview, the purpose of the interview was explained, and the confidentiality and anonymity of responses assured. Each participant signed a consent form indicating his or her willful participation in the study (see Appendix B).

Once the participation agreement was signed, participants were randomly assigned to one of the four conditions. Random assignment envelopes were used to determine the condition to which the participant was assigned. These sealed envelopes each contained a slip of paper stating the type of appointment card and the type of payment the participant should receive. Assignment slips were placed into each

envelope in a random order. At the time of the interview, each interviewer was "blind" to the contents of the envelope. Thus, the interviewer did not know the results of the random assignment until the envelope was opened in the presence of the participant. Because the sample was stratified by gender, two sets of envelopes were used; one set for women and another for men. After the assignment envelope was opened and the participant informed of the type of payment, the participant was given his or her assigned compensation. The interview was then conducted.

Interviews were tape-recorded with the consent of the participant. Overall, 80.0% of the intake interviews were tape-recorded. Only 15.2% of the participants in the study refused to have the interview tape-recorded. The remaining interviews were not taped because of equipment failure, lack of available recorders or other such problems.

Because literacy could not be assumed with this population, all interview questions and response categories were read aloud to the participants by the interviewer. For sets of items that had the same response categories (e.g. the Quality of Life Measure and the SCL-10), respondents were also given a piece of paper showing the available responses. This allowed them to read the responses along with the interviewer if they were able. If they were not able to read, it provided them with a graphic scale of the response categories which was helpful in choosing responses.

At the conclusion of the interview, participants in the material goods condition selected the items they wished to receive when they returned for follow-up (see Appendix C). Then, all participants filled

out an evaluation of the interview and interviewer. In the infrequent cases where the participants were unable to read the questions, the items were read aloud to them. In order to reduce the demand characteristics of the situation, participants sealed their response form in an envelope before returning it to the interviewer.

After evaluations were completed, participants were issued an appointment card indicating the date of their follow-up appointment and the compensation they would receive if they returned for this meeting. The type of appointment card received depended on the experimental group. Participants were then thanked for their participation and cooperation, and any questions they may have had about the interview were answered.

Similar procedures were followed for the post interviews. Upon reporting for the interview, the participation agreement was briefly reviewed with the participant. Participants were then given their assigned compensation for attending the follow-up interview. Upon completion of the interview, they were thanked for their participation, and any questions were answered.

CHAPTER III

MEASUREMENT INSTRUMENTS

Measure Development

The instruments used in this project included previously developed measures and measures developed specifically for this study. Prior to beginning the research, all measures were piloted on guests of a local mission (n=7). After each stage of piloting, measures were revised as necessary. Where appropriate, the wording of items was changed, questions were deleted, and new items were developed. A list of the measures, and the types of information contained in those measures, is presented in Table 3.

Scales were developed from certain interview items to reduce the large number of variables and increase the reliability of measures. The same general rational-empirical procedures were used to develop all scales (Jackson, 1971). First, scales were submitted to a reliability analysis using the RELIABILITY program of the Statistical Package for the Social Sciences (Hull and Nie, 1981). This provided information about item-scale correlations and internal consistency (Cronbach's Alpha). After obtaining reliability data, items were generally deleted from scales if their removal would increase internal consistency or if they had a very low item-total correlation. If items were removed from one scale, they were examined to see if they conceptually fit on another scale. If they met this criterion, items were moved to the other scale,

Table 3

Summary of Measures

Measure	Information Obtained	When Administered: Initial Interview	When Administered: Follow-Up Interview
Interview Measures			
Pre-Interview Cover Sheet	Date of interview, sex and race of participant, interviewer name, identification number, etc.	X	
Post-Interview Cover Sheet	Date of follow-up interview, sex and race of participant, whether participant returned for follow-up, etc.		X
Subjective Quality of Life	Assessed feelings about quality of life domains of work and finances, leisure and independence, self, housing, and safety. Also assessed overall or global quality of life.	X	X
SCL-10	Eight-item psychological symptom checklist assessing depression, somatization, and phobic anxiety.	X	X
Social Support Questionnaire #1	Information on family configuration, contact with relatives, membership in organizations, and church attendance.	X	X

Table 3 (continued)

Summary of Measures

Measure	Information Obtained	When Administered: Initial Interview	When Administered: Follow-Up Interview
Social Support Questionnaire #2	Information about social networks. Names recorded of persons providing companionship, advice and information, practical assistance, emotional, and/or negative social support. Satisfaction with social support rated.	X	X
Social Support Questionnaire #3	Information on each individual nominated to social support networks, including relationship, gender, how long known, reciprocity of relationship, and importance of relationship.	X	X
Social Support Questionnaire #4	Information on three most important persons nominated to networks, including frequency of contact.	X	X
Demographic and Background Information	Extensive personal history data, including education level, health history, psychiatric history, alcohol and drug use history, criminal victimization, criminal behavior, residential history, shelter use history, sources of income. Also included shelter satisfaction items.	X	X

Table 3 (continued)

Summary of Measures

Measure	Information Obtained	When Administered: Initial Interview	When Administered: Follow-Up Interview
Interview Evaluation	Participant rating of satisfaction with payment and with interviewer. Included prediction of whether or not would return for follow-up meeting.	X	
Archival Measures			
Department of Mental Health Records	Data on past psychiatric hospitalizations in state hospitals.		
COTS Shelter Intake Record	Information on shelter stay, including length of stay, behavioral infractions, and discharge status.		

and the internal consistency of that scale was then examined to see if the new item fit the scale empirically. Items were also moved from one scale to another if they correlated more highly with another scale than with its own scale, and they fit rationally in the second scale.

Several of the measures contained a priori defined rational scales. These rational scales were analyzed to determine whether they fit the obtained data. In general, the goal was to develop independent scales with high internal consistency. However, the foremost criterion was that scales make "content sense."

The measures and the final scales are described in the following sections: subjective and objective quality of life measures, psychiatric morbidity measures, social support measures, and measures of variables hypothesized to be related to return for follow-up interviews.

Copies of the measures used in the initial interview can be found in Appendices D and E.

Quality of Life

Both objective and subjective measures of quality of life (QOL) were used in this study. In the following section, the subjective measures of QOL will be described. This will be followed by a discussion of the objective measures of QOL.

Subjective Quality of Life Ratings

Assessments were made of global quality of life and of quality of life in various life domains. The subjective quality of life measure used in this study was a modification of the quality of life measures used by Andrews and Withey (1976). Twenty-five items were selected from the Andrews and Withey pool of items for the measure in this study.

Several criteria were used to select items. First, items were used that were predictive of general or overall quality of life in the Andrews and Withey studies. Second, items were included to tap a broad range of life concerns. Third, certain items were included because they were of particular interest for the study's population. Finally, two new items were developed to assess areas of satisfaction which had not been covered by Andrews and Withey, and which were specific to the poor or homeless (e.g. contacts with social service or welfare agencies).

In general, the wording of items was preserved from the original studies. However, some items were modified to reflect this study's population. For example, housing items were changed to reflect the fact that respondents were currently undomiciled. The original "delighted" - terrible response scale was used. However, the "delighted" option was expanded to read delighted or extremely pleased." This was done because respondents and interviewers did not respond well to the word delighted during the pilot phase. In each of the life domain scales, participants were asked to evaluate their QOL with respect to their current feelings, taking into account what had happened in their lives over the past year.

Using the scale development procedures described earlier, scales were developed to reflect perceived quality of life in the life domains of housing, work and finances, family, self, leisure and independence, and safety. The final scales are presented in Table 4 along with the item-total correlations and internal consistency reliabilities.

Two items on the subjective QOL measure did not fit well into any scale. These items assessed satisfaction with contact with social

Table 4

Life Domains Quality of Life Scales

Leisure and Independence Quality of Life Scale

Alpha = .78

Item	Corrected Item-Total Correlation
How do you feel about:	
The amount of fun and enjoyment you have	.58
The responsibilities you have for members of your family	.41
The things you do and times you have with your friends	.56
Your independence and freedom	.61
The way you spend your spare time	.62

Work and Finances Quality of Life Scale

Alpha = .80

Item	Corrected Item-Total Correlation
How do you feel about:	
How secure you are financially	.67
Your employment situation	.53
The income you have	.70
Your standard of living	.56

Table 4 (continued)

Life Domains Quality of Life Scales

Item	Corrected Item-Total Correlation
Safety Quality of Life Scale	
Alpha = .50	
How do you feel about:	
How secure you are from people who might steal or destroy your property	.33
About your personal safety	.33
Family Quality of Life	
Alpha = .75	
How do you feel about your:	
Close adult relatives	.60
Family life	.60
Housing Quality of Life Scale	
Alpha = .55	
How do you feel about the:	
Place where you stayed before the shelter	.37
Places you have lived over the past year	.43
Privacy you have	.30

Table 4 (continued)

Life Domains Quality of Life Scales

Self Quality of Life Scale

Alpha = .78

Item	Corrected Item-Total Correlation
How do you feel about:	
Yourself	.60
Your health and physical condition	.41
What you are accomplishing in your life	.26
Your emotional and psychological well-being	.43
The way you handle problems that come up	.33
How much you are accepted and included by others	.34

service agencies and the chances of getting a good job if looking for one.

In addition to the scales assessing perceived quality of life in various life domains global or "overall measures of quality of life were made. Andrews and Withey favored the use of a two item global well-being scale using the "delighted-terrible" scale. In this measure, the same question about overall quality of life is administered twice; once at the beginning of the interview, and again at the end. The two scores are then averaged to form the scale score. Andrews and Withey found this measure to be one of the most sensitive of a set of alternative measures that was used to obtain ratings of respondents current life-as-a-whole. This measure was also used in this study as a measure of global quality of life.[7a] Cronbach's alpha for this scale was .73.

Objective Quality of Life

In addition to the subjective indices of quality of life described above, objective indices of QOL were assessed in the areas of housing, work and finance, safety, and self (includes physical and mental health). For the most part, items were created for the purposes of this study, or were adapted from the measures used by the Michigan Department of Mental Health in their studies of the chronically mentally ill homeless (Solarz & Mowbray, 1985). Two versions of the objective quality of life measures were developed; one for the pre-interview and another for the post-interview. In general, the post-measure simply updated the information obtained in the pre-interview.

Housing information included shelter use history, recent residential history, and homelessness history. Data gathered in the area of work and finances included sources of income, amount of income, and

recent work history. Several objective measures of physical health were obtained. These included the number of times the respondent saw a physician during the previous year (and whether or not medicines had been prescribed during the past six months), alcohol use (including information on the frequency of use as well as treatment history) and use of illegal drugs, including marijuana. (Measures of mental health status are described in the next section.)

Safety quality of life was assessed by gathering data on criminal victimization during the previous six months. This measure was based on the National Crime Survey which is sponsored by the Bureau of Justice Statistics of the U.S. Department of Justice Statistics and has been administered annually by the U.S. Bureau of the Census since 1973 (U.S. Dept. of Justice, 1983). The survey gathers information on the nature and extent of crime, characteristics of victims, and characteristics of criminal events. Respondents are asked for information about incidents of victimization which occurred during the previous six months.

A subset of four criminal offenses was identified for inclusion in this study. The selected offenses (robbery, assault, threats of assault, and property theft) were chosen to represent a range of personal crimes, as well as property offenses. Within each offense category, additional information was gathered with respect to the nature of the offense.

From these victimization data, scales were developed to reflect the amount of criminal victimization experienced by respondents.[8] One-item scales measured the number of times participants had been victims of each of the assessed offenses. In addition, a scale was developed to

measure the number of times each participants had been a victim of any one of these offenses during the previous six months. This was done by simply adding the numbers of victimization incidents in each offense category to form a total.

Psychiatric Morbidity

SCL-10

The SCL-10 is a ten item psychological self-report symptom scale designed to assess psychological symptom status (Nguyen et al., 1983). It is a shortened version of the longer SCL-90-R, a widely used self-report symptom inventory. Respondents were asked to indicate how much they had been distressed by each of ten symptoms or problems over the past seven days. Responses could range from "not at all" to "extremely."

The SCL-10 consists of three subscales representing depression (six items), somatization (two items), and phobic anxiety (two items). The item content of each subscale is presented in Table 5. Reliability analysis with the data obtained in this study confirmed the a priori scale structure. Internal consistency scores of .85 were obtained for the Depression Subscale, of .69 for the Somatization Subscale, and of .73 for the Phobic Anxiety Subscale. Interscale correlations are presented in Table 6.

Nguyen et al. (1983) present normative data on the SCL-10 based on 3,628 clients of community mental health centers, public health centers, and freestanding mental health clinics. This population scored a mean of 14.54 out of a possible maximum score of 40. This indicated that respondents were bothered, overall, between a little bit and

Table 5

SCL-10 Subscales

Scale	Corrected Item-Total Correlation	Alpha
Depression		.85
Lonely	.61	
No interest in things	.51	
Blue	.70	
Tense or keyed up	.66	
Feelings of worthlessness	.65	
Lonely even when with people	.67	
Somatization		.69
Weak in part of body	.53	
Heavy feelings in arms or legs	.53	
Phobic Anxiety		.73
Afraid in open spaces or on the streets	.58	
Afraid to go out of house alone	.58	

Table 6

Intercorrelations Between SCL-10 Subscales

Scale	Depression	Somatization	Phobic Anxiety
Depression	1.00		
Somatization	.62	1.00	
Phobic Anxiety	.50	.67	1.00

Notes. Correlations have been corrected for attenuation.

All correlations are significant at $p < .001$

"moderately" by the symptoms described in the measure. A coefficient alpha of .88 was obtained for the SCL-10, indicating that measure has good internal consistency.

Normative data for the SCL-10 are not available on a shelter population. However, the Michigan State Department of Mental Health used the Brief Symptom Inventory (Derogatis & Melisaratos, 1983), a longer version of the SCL-10, in studies on the health status of shelter guests, and results indicated that this population was able to use the instrument effectively.

Psychiatric History

Psychotropic medications. Participants were asked whether they had been prescribed any medicines during the previous six months and, if so, the names of those medications. Prescribed medicines were coded into categories of psychotropic medications, or as non-psychotropic medicines.

Psychiatric hospitalization history. Information on psychiatric hospitalization history was obtained from three sources. The first source was self-report information gathered during the interview. In addition, access was gained to official records of psychiatric hospitalizations within the Michigan state system through the Michigan State Department of Mental Health. Finally, shelter intake records, which included information about prior psychiatric hospitalization, were reviewed.

These data were combined to form a measure of prior psychiatric hospitalization. If the participant admitted to prior hospitalization during the research interview or during their shelter intake interview, they were coded as having a history of hospitalization. Similarly, if

their name appeared in Department of Mental Health records, they were coded as having been previously hospitalized.

Social Support

Subjective Social Support

The primary measure used to assess subjective quality of life in this area was based on a measure developed by Bogat et al (1983). This measure has been used with a variety of populations, including adults and children. The measure was modified to reflect the needs of this study.

Subjective measures of social support were made in the areas of affective/emotional support, instrumental/practical assistance, advice and information, and companionship. Within these areas, data were gathered on satisfaction with the quality and quantity of the support received. In order to ensure comparability, these satisfaction ratings were made using the same "delighted-terrible" scale that was used to make subjective ratings of quality of life. These items were combined to form a Social Support Quality of Life Scale using the rational-empirical methods described previously. This scale contained five subscales. First, subscale scores were calculated as measures of satisfaction with each of the four assessed types of social support. Next, a one-item subscale assessing overall satisfaction with the quantity and quality of social support was included (See Table 7).

Further information was obtained to assess the level of reciprocity in each support relationship. These ratings were made for all relationships identified. Respondents indicated whether the exchange of support in the relationship was equal, whether the respondent provided more

Table 7

Social Support Quality of Life Scale

Alpha = .88

Item	Corrected Item-Total Correlation
How do you feel about your:	
Amount of companionship	.57
Quality of companionship	.53
Amount of advice and information	.58
Quality of advice and information	.59
Amount of practical support	.65
Quality of emotional support	.70
Amount of emotional support	.69
Quality of emotional support	.60
Amount and quality of social support overall	.67

support, or whether the nominee provided more support. These ratings were then aggregated across all nominees, and the percentages of relationships falling into each reciprocity category were calculated.

Finally, respondents reported the importance of their relationship with each network member on a scale that ranged from "extremely important" to "not at all important." Importance of relationship ratings were aggregated across all nominees, and the mean importance of relationships calculated.

Objective Social Support

Several measures of objective social support were obtained. Objective measures of social support included marital status, church membership and attendance, and participation in voluntary organizations. Data were also gathered on the number of good friends and frequency of contact, as well as on the number of relatives in the area and the frequency of contact with them.

As noted above, information was gathered on several types of social support. Respondents were asked to indicate who provided them with companionship, advice and information, practical assistance, and emotional support. Two questions were used to nominate names to each category of positive support. The number of unique names given within each category of support was calculated to form a measure of network size within each category of support. As many as ten names could be nominated for each of the two questions asked about each type of support. Thus, up to twenty names could be given for each type of support, or a possible maximum of 80 positive supporters if no names were given more than once. The number of unique names of persons named

to positive support categories formed an overall measure of positive network size.

In addition to gathering information about these areas of "positive support," participants were asked for names of persons who provided them with "negative support." These were individuals who made their lives difficult.

Additional objective information was obtained about each person who had been named as providing some type of support (positive and/or negative). This included the relationship to the respondent, the gender of the supporter, and how long the respondent had known the supporter.

Information on the relationships of nominees were grouped into categories of nuclear and non-nuclear family, friends, or others. Data were then aggregated across all nominees, and the percentages of nominees in each network falling into each of these categories were calculated. Gender data were also aggregated across all respondents and the percentages of male and female network members calculated.

Another characteristic of network members is whether they are "specialists" or "generalists." Specialists provide only one type of support, while generalists may provide several types of support. In this study, network nominees were coded as specialists if they provided only one type of support. That is, they were named to only one category, such as companionship. If they provided more than one type of support, they were coded as generalists. Scales were then constructed to indicate the percentages of supporters in each category who were specialists versus generalists.

Return for Follow-Up Measures

Experiences at COTS Shelter

Information was gathered from shelter records on numbers and types of behavioral infractions incurred during the shelter stay, discharge status, and whether participants had been "yellow-tagged" (see Appendix F).

Satisfaction with COTS Temporary Shelter

A measure of satisfaction with COTS shelter was developed. This Shelter Satisfaction measure was based on the eight-item Client Satisfaction questionnaire (CSQ-8) developed by Nguyen et al. (1983). The CSQ-8 has been extensively field tested on over 3,500 users of both inpatient and outpatient mental health services. Nguyen et al. reported an internal consistency value .87 for the scale, concluding that it had excellent internal consistency, was well-received by respondents, and was applicable to a wide range of service settings.

For the purposes of this study, a subset of three of the eight CSQ-8 items were used. These items measured satisfaction with the amount of help received, an assessment of whether the respondent would return to COTS if he or she needed these services, and overall satisfaction with services received. Two additional items were added to the scale. These items measured feelings of safety in the shelter setting, and how much the participant liked the staff of COTS.

Items were combined into a scale using the general scale development methods described earlier. A Cronbach's alpha of .74 was obtained for the scale (see Table 8).

Table 8

Shelter Satisfaction Scale

Alpha = .74

Item	Corrected Item-Total Correlation
How safe do you feel in this shelter?	.50
How satisfied are you with the amount of help you have received?	.55
If you stay at a shelter again sometime, what are the chances you will come back to this shelter?	.33
How do you feel about people who work at the shelter?	.50
Overall, how satisfied are you with the services you have received at the shelter?	.66

Satisfaction with the Interview

At the conclusion of the interview, participants were asked how they felt about the interview and the payment they would receive for their participation in the study. The questionnaire consisted of four items: two rated satisfaction with the payment, and two rated satisfaction with the interview. The items were combined to form an Interview Satisfaction Scale. The coefficient alpha obtained for the scale was .61 (See Table 9).

It was thought that the respondents might be good assessors of whether they would return for their subsequent (follow-up) appointment. Therefore, at the conclusion of the interview, participants indicated the chances that they would return for the follow-up interview. This was done as part of the Interview Evaluation. Responses could range from definitely would to "definitely would not" return for the follow-up appointment.

Reliability of Measures

Reliability can be assessed in a number of ways. Information on internal consistency, an indicator of one type of reliability, has been presented with the discussion of measures. Another indication of the reliability of measures is test-retest reliability. In this study, the interval between test administrations was six weeks. It was expected that mean changes would occur in most measures because of real instability in the phenomena being measured. Therefore, test-retest reliability was not assessed.

A concern sometimes voiced by those providing services to the homeless, as well as by researchers, is whether or not information obtained

Table 9

Attitude Toward Interview Scale

Alpha = .61

Item	Corrected Item-Total Correlation
What did you think about the interview? (very interesting to very boring)	.41
How satisfied are you with the payment? (very satisfied to very dissatisfied)	.46
How useful are the payments? (very useful to not at all useful)	.34
What did you think of the interviewer? (like a lot to not like at all)	.39

from homeless persons is reliable. This is particularly true when information is being gathered about sensitive areas such as mental health history, use of illegal drugs, or criminal behavior. In order to assess the reliability of self-report information obtained in this study, comparisons were made between self-report responses and archival data. Data were available to assess the reliability of information about the history of psychiatric hospitalization (Michigan Department of Mental Health computerized records, COTS intake records), and about various aspects of criminal history (Michigan Department of Corrections prison files, Michigan State Police conviction data).

Psychiatric and criminal histories are areas where one might expect to obtain less reliable self-report information. Comparisons between self-report and archival records revealed that for both criminal history and psychiatric history information, the respondents provided more extensive information than could generally be found in archival records.[9] Thus, results indicated that these respondents were relatively reliable sources of this kind of information. By extension, it can be concluded that they were also reliable sources of information about less sensitive topics.

CHAPTER IV

DESCRIPTIVE RESULTS

In order to simplify the presentation of this large amount of data, results will be grouped in terms of life domains of housing, income and finances, safety, social relations and social support, and self (including mental and physical health). After the general descriptive information is presented, these data will be used to develop a taxonomy of the shelter users in this study. Unless otherwise indicated, the information presented in tables is based on an N of 125.

Housing Quality of Life

Objective Housing Quality of Life

Shelter Use History

For a large minority of the shelter guests (41.9%), the current stay was their first in a shelter or mission. For over half (56.8%) the current stay was their first during the previous 12-month period, with the great majority (92.8%) having stayed at a shelter three or fewer times during that time. The first reported shelter stay was in 1964. Most, however, experienced their first shelter stay in 1983 or later (88.7%). Thus, overall, shelter use was a relatively recent phenomenon for this group. Additional information on shelter use history is presented in Table 10.

Table 10

Shelter Use History

Total number of stays during the past year	
	% of sample
One	56.8
Two	25.6
Three	10.4
Four or more	7.2
M = 1.87	
SD = 1.54	

Total number shelter stays (N = 124)	
	% of sample
One	41.9
Two	28.3
Three	15.3
Four or more	14.5
M = 2.39	
SD = 1.99	

Recent Residential History

Mobility. As can be seen in Table 11, the majority of the participants had been residents of the Detroit area for a year or longer. However, there was also a transient minority who had been in the area for less than a month. While participants were relatively stable with respect to maintaining residence within one city, they were highly mobile within that area. On the average, respondents had stayed in four places in the six-month period prior to their shelter stay. Just 12.2% had stayed at only one previous address in the past six months. Information on residential mobility is summarized in Table 11.

Homelessness history. The majority of participants considered themselves to be homeless at the time of the interview (70.4%). In addition, 42.0% reported that they had been homeless in the past, with the number of previous periods of homelessness ranging from one to seven (see Table 12). The mean number of previous periods of homelessness for those who had been homeless in the past was 3.0 (*SD* = 2.3). Although the majority considered themselves to be homeless at the time of the interview, most of the respondents (80.3%) felt that they "probably wouldn't" or "definitely wouldn't" stay at a shelter again in the future.

Prior residences. Participants had lived in a variety of settings during the six months prior to their shelter stay (see Table 13). The majority (76.8%) of the participants had mostly been living in a house or apartment during this period, although a few (8.0%) had been staying mostly in shelters or on the street during the previous six months.

While approximately half of the participants had stayed in a house or apartment the night before coming to the shelter, 35.2% had spent the

Table 11

Residential Mobility

Length of residence in Detroit	
	% of sample
Less than one month	12.0
One to less than six months	5.6
Six months to less than 12 months	4.0
More than a year	78.4

Number of residences during past six months (N = 123)	
	% of sample
One	12.2
Two	25.2
Three	20.3
Four	13.8
Five	12.2
Six or more	16.3

M = 4.03

SD = 3.92

Time at residence before shelter	
	% of sample
Less than one month	75.2
One to less than three months	10.4
Three to less than twelve months	7.2
More than one year	7.2

Table 12

Number of Times Homeless in the Past

(N = 100)

	% of sample
None	58.0
One	17.0
Two	6.0
Three	6.0
Four or more	13.0

M = 1.27

SD = 2.12

Table 13

Recent Residential History

Primary residence type for the past six months	% of sample
House or apartment	76.8
Room or hotel	9.6
Shelters, street, abandoned buildings, etc.	8.0
Group living (e.g. drug rehab program)	3.2
Jail or prison	2.4

Residence type for night prior to shelter stay	% of sample
House or apartment	50.4
Room or hotel	11.2
Shelter, street, abandoned building, etc.	31.2
Group living (e.g. drug rehab program)	3.2
Other (includes bus, airport, hallway, church)	4.0

previous night either in another shelter, on the street (including the woods or an abandoned house or vehicle), or in other transient settings (e.g., airport, bus, church, or apartment hallway).

Respondents reported a number of reasons for leaving the place where they had stayed the night before coming to the shelter. The most common reason cited for leaving was that this place was only temporary. Additional reasons for leaving the last place stayed are presented in Table 14. These reasons for leaving the last residence refer only to the place stayed the night before coming to the shelter; they are not necessarily the events that precipitated the current incidence of homelessness, or a long history of homelessness.

Subjective Housing Quality of Life

The Housing Quality of Life (QOL) Scale measured satisfaction with privacy and residences over the past year. Ratings were made using the seven-point delighted-terrible scale. The mean score on the Housing QOL Scale was 3.9 (SD = 1.38), indicating that participants generally felt "mixed" about their recent residences.

Using Pearson correlations, relationships were examined between a number of objective variables related to housing and scores on the Housing QOL scale. These correlations are presented in Table 15. Among these variables, Housing Scale scores were most highly related with the total number of times a person had stayed in a shelter before. That is, those who had a greater number of shelter stays were generally less satisfied with their housing situation over the past year.

Table 14

Reasons for Leaving Last Place Stayed

	% of sample
Temporary residence only	26.6
Interpersonal conflict with household members	18.4
Referred to COTS, desired COTS' services	15.3
On the street, needed shelter	15.2
Economic reasons (e.g. couldn't pay rent)	12.0
Desire for independence, place of one's own	6.5
Criminal victimization, physical abuse, unsafe conditions	5.6
Overcrowded	5.6
Evicted	4.8
Disaster (e.g. fire)	3.2
Discharge from program or hospital	2.4
Exceeded number of allowed days at another shelter	2.4

Note. Percentages add up to greater than 100 because participants could provide multiple reasons for leaving the last place stayed.

Table 15

Correlations Between Housing QOL Scale and Objective Housing Variables

Variable	r
Number of:	
Times in shelter past year	-.22 **
Times ever in shelter	-.23 ***
Places lived past six months	-.18 *
Cities lived in past year	.04
Consider self to be homeless	.15 *
Length of time lived in Detroit	-.13

* $p < .05$
** $p < .01$
*** $p < .005$

Finances and Employment Quality of Life

Objective Finances and Employment Quality of Life

Income

Participants reported a wide range of sources of income during the previous six months (see Table 16). Nearly half (49.6%) of the participants reported receipt of public assistance (e.g. welfare, AFDC); this was the most frequently reported source of income. The next most frequently reported source of income was work, with 47.2% of the respondents indicating that they had received money from working during the past six months.

Sixteen percent of the respondents indicated that they had some source of illegal income during the previous six months. While participants were not directly asked the illegal source of income, many of the respondents volunteered this information. Illegal sources of income included selling controlled substances (including their own prescribed medicines), shoplifting for personal needs, stealing items to sell, and leaving restaurants without paying for meals. Drug trafficking was the most commonly mentioned source of illegal income.

Participants also reported their largest source of income during the previous month (see Table 17). The most frequently mentioned source was public assistance, with 29.6% reporting that this had been their main source of income during the past month. This was closely followed by work as a main source of income (23.2% of participants). Additional information was obtained on respondents total amount of income during the previous year (see Table 18) Nearly three-quarters (74.2%) reported that their income for the last year was less than $5,000. A minority of

Table 16

Sources of Income in the Past Six Months

Source	% Receiving
Public Assistance	49.6
Work	47.2
Family	40.0
Social Security Income (SSI, SSDI)	16.1
Illegal sources	16.0
Friends	14.5
Savings	11.2
Panhandling	11.2
Unemployment compensation	5.6
Veterans benefits	4.8
Plasma center	3.2
Returnable bottles	3.2
Child support/alimony	0.0
Other (e.g. selling belongings)	3.2

Note. Percentages total to over 100 because respondents often indicated that they had more than one source of income.

Table 17

Largest Source of Income During the Previous Month

Source	% Receiving
Public Assistance	29.6
Work	23.2
Family	10.4
Social Security Income (SSI,SSDI)	12.8
Illegal sources	8.8
Friends	3.2
Savings	1.6
Panhandling	2.4
Unemployment compensation	2.4
Veterans benefits	0.0
Plasma center	0.8
Returnable bottles	0.8
Child support/alimony	0.0
Other (e.g. selling belongings)	1.6
No income past month	2.4

Table 18

Amount of Income During Past Year

Total income in the past year	% of sample
Less than $1,999	29.2
$2,000 to $2,999	22.5
$3,000 to $4,999	22.5
$5,000 to $7,999	15.0
$8,000 to $9,999	3.3
$10,000 to $14,999	2.5
$15,000 or more	5.0

Income earned by working past year	% of sample
None	50.0
Less than $1,999	30.0
$2,000 to $2,999	7.5
$3,000 to $4,999	3.3
$5,000 to $7,999	3.3
$8,000 to $9,999	1.7
$10,000 to $14,999	2.5
$15,000 or more	1.7

Note. A small minority of participants refused to answer these questions, some apparently because they had extensive illegal sources of income or had earned work income while receiving public assistance benefits.

the participants reported that they had income of $15,000 or more during the previous year (5.0%).

Employment

Participants were asked to report how long it had been since they had worked at a job that lasted two weeks or longer (see Table 19). Of the respondents who had a work history, one third (34.5%) reported that they had worked within the previous six months, although the majority of the participants (58.8%) had been unemployed for over a year.

Half of the respondents reported that they had earned some money from work during the previous year (not including illegal sources of income, but including odd jobs and sporadic employment). The majority of these individuals (60.0%), however, had earned less than $1,999 from work during that period (see Table 18).

Participants reported that they usually held a variety of jobs when they worked (see Table 19). The majority of participants usually worked at unskilled or skilled blue-collar jobs, although a significant portion had held white-collar jobs. The most frequent job classification held by the respondents was general laborer.

Subjective Finances and Employment Quality of Life

The Work and Finances Quality of Life (QOL) Scale assessed how participants felt about their economic and employment situation. The mean score on the Work and Finances QOL Scale was 2.6 (*SD* = 1.38), indicating that participants felt between "unhappy" and "mostly dissatisfied" with their finances and employment situation. Nearly three-quarters (73.4%) of the respondents indicated that they felt "mostly

Table 19

Work History

Last employment held for at least two weeks	% of sample
Currently working	3.4
During past month	10.9
1 to < 6 months ago	20.2
6 to < 12 months ago	6.7
1 to 2 years ago	14.3
2 to < 3 years ago	7.6
More than 3 years ago	37.0

Usual type of job	% of sample
General laborer (e.g. warehouse work, handyman, yardwork, general factory work)	35.5
Clerical, secretarial	14.9
Food service, cleaning (e.g. cook, waitress, housekeeper, dishwasher, janitor)	12.4
Skilled blue-collar, craftsperson (e.g. crane operator, truck driver, welder, foreman)	9.9
Personal or protective services (e.g. barber, cab driver, babysitter, security guard)	9.9
Sales, cashier	5.8
Health services (e.g. nurse, nurse's aide)	5.8
Professional, technical (e.g. electronic technician, musician, nutritionist)	5.8

Note. The above percentages are based on the 96.0% of participants who indicated that they had a work history. Four percent of the respondents had never worked for pay at a job lasting two weeks or longer.

dissatisfied" or worse about their work and financial situation (i.e. scored 3.0 or lower).

Relationships were examined between Work and Finances QOL Scale scores and a number of objective indicators of work and finances quality of life. These Pearson correlations are presented in Table 20. The variable most highly correlated with these scales was receipt of public assistance income during the previous six months. That is, individuals who reported receiving this kind of incomes also tended to report being more satisfied with their financial and employment situation.

Safety Quality of Life

Objective Safety Quality of Life

Objective safety quality of life was assessed through information on criminal victimization. Participants were asked whether they had been a victim of a robbery or mugging, an assault, a threat of violence, and/or burglary or theft during the previous six months. Over half (54.4%) of the respondents reported being victimized at least once during the previous six months. Of those who had been victimized, 52.9% indicated that they had been a victim of more than one type of crime during this period, with burglary/theft being the most commonly reported type of victimization.

Overall, 19.2% of the participants reported that someone had threatened to beat them up or harm them (i.e., with a knife, gun, or other weapon) during the previous six months. Those who reported that they had been threatened with violence during the previous six months had been threatened an average of 2.5 times (SD = 1.9), with a range of from one to over seven incidents of victimization. Additional

Table 20

Correlations Between Finances and Employment QOL Scale and Objective Work and Finances Variables

Variable	r
Public assistance past 6 months	.15 *
Income from panhandling and/or illegal sources past 6 months	-.30 **
Length of time since last worked	-.09
Total income past year	-.07
Work income past year	-.08

* $p < .05$
** $p < .001$

information about robbery, assault, and burglary victimizations is reported in Tables 21 through 23.

Subjective Safety Quality of Life

Participants rated their satisfaction with their safety on the seven-point delighted-terrible scale. The mean score on the Safety QOL Scale was 3.9 (SD = 1.48), indicating that, overall, participants felt mixed about their safety.

The relationships between subjective ratings and various objective variables were examined using Pearson correlations. These results are summarized in Table 24.

Self Quality of Life

Physical Health

General Health

Participants were asked to rate their health as compared to other people their age. As shown in Table 25 the majority of respondents rated their health as being good or excellent, although over a third rated their health as fair or poor. Most of the participants felt that their health was the same or better than it was two years ago, although over a third felt that their health had gotten worse during this period.

Respondents had a high rate of contact with physicians during the previous year. Only 20.8% said that they had not been to see a doctor during this time (see Table 26). A large minority of participants (42.4%) reported that they had received prescriptions for medicines during the previous six months. Many of these individuals (63.6%), however, indicated that they currently were not taking their medicines

Table 21

Robbery/Mugging Victimizations During Past Six Months

Percentage of sample victimized	21.6
Mean number of victimizations/victim[a]	1.48

Location of Last Robbery	% of victims
Own home	26.9
Area near home	15.4
Other person's home	7.7
On street	38.5
Other (e.g. bar, store)	11.5

Relationship to Robber	% of victims
Stranger	61.5
Known	38.5

[a] A maximum of seven total victimizations were coded.

Table 22

Assault/Beating Victimizations During Past Six Months

Percentage of sample victimized	19.2
Mean number of victimizations/victim[a]	2.25

Location of Last Attack	% of victims
Own home	45.8
Other person's home	12.5
On street	20.8
Other (e.g. motel, bar, vehicle)	20.8

Relationship to attacker	% of victims
Stranger	20.8
Known	79.2

Type of attack for most recent assault[b]	% of victims
Rape (% of females only)	14.3
Shot	8.7
Knifed	4.3
Hit with object	50.0
Hit, punched, etc.	54.2

[a] A maximum of seven total victimizations were coded.

[b] Percentages add up to greater than 100% because the incident may have included multiple types of assault.

Table 23

Burglary/Theft Victimizations During Past Six Months

Percentage of sample victimized	34.6
Mean number of victimizations/victim[a]	2.49

Location of Last Burglary	% of victims
Own home	65.1
Shelter	7.0
Other person's home	14.0
On street	2.3
Other	11.6

[a] A maximum of seven total victimizations were coded.

Table 24

Correlations Between the Safety QOL Scale and Victimization Variables

Variable	r
Total number times victimized	-.28 ***
Total number types of victimizations	-.22 **
Victim of robbery	.03
Victim of assault	-.20 *
Victim of threat	-.16 *
Victim of burglary/ theft	-.21 **

* $p < .05$
** $p < .01$
*** $p < .001$

Table 25

General Health Status

Self-report health rating	% of sample
Excellent	21.6
Good	39.2
Fair	27.2
Poor	12.0

Current health status compared to health two years ago	% of sample
Better now	29.6
Same	34.4
Worse now	36.0

Table 26

Number of Physican Visits During Past Year

	% of sample
None	20.8
One	22.4
Two to three	23.2
Four to ten	18.4
11 to 23	8.8
24 or more	6.4

M = 4.9

SD = 6.9

Note. A maximum of 24 physician contacts were recorded. The actual range of visits reported was from none to more than 97.

Table 27

Main Reason for not Following Prescription

(n = 36)

	% of sample
No longer needed	41.7
Can't afford to refill	33.3
Don't like side effects	13.9
No Medicaid card	5.6
Ran out	5.6

according to prescription, often because they could not afford to refill their prescription (see Table 27) The types of medicines for which prescriptions had been received varied. Over half (52.8%) of those who had received prescriptions had been prescribed analgesics, such as Motrine or Tylenol. Nearly a third (30.2%) had received prescriptions for psychotropic medicines. The remaining prescriptions were for a variety of medications including high blood pressure medicine, antibiotics, insulin, cold medicine, and vitamins.

Alcohol Use

The majority (89.6%) of the participants admitted to previously drinking alcoholic beverages. Information on the frequency of alcohol use among participants is presented in Table 28.

Nearly a quarter (22.3%) of the 112 alcohol users had at some time been in treatment for alcohol problems (including detoxification, inpatient rehabilitation, outpatient programs, and halfway houses). Over half (54.2%) of those who had been in alcohol treatment programs had been so within the past six months, with one participant reporting that he was currently under treatment for alcohol problems. Another 20.8% had been in alcohol treatment programs between six and twelve months previously. A quarter had not been in treatment for a year or longer.

In addition, a number of alcohol users (18.8%) had been involved in Alcoholics Anonymous (AA), with one third of those being current members.

Drug Use

A majority of participants (78.4%) admitted to using marijuana at some time, with 62.2% reporting that they had smoked marijuana during the previous month. A quarter of all participants (25.6%) had used

Table 28

Frequency of Alcohol Use During Past Month

	% of sample
Daily	8.9
More than once weekly	24.2
Weekly	9.7
2 to 3 times per month	22.6
Once per month	8.9
Not at all	25.8[a]

[a] 40.6% of the individuals giving this response reported that they never consumed alcoholic beverages.

Table 29

Frequency of Marijuana Use During Past Month

(n = 98)

	% of marijuana users
Daily	4.1
More than once weekly	21.4
Weekly	7.1
2 to 3 times per month	15.3
Once per month	14.3
Not at all	37.8

Note. Refers only to those who have previously used marijuana.

marijuana at least weekly during the last month (see Table 29) .

Many of the participants (42.7%) reported that they had at some time used illegal drugs other than marijuana such as heroin, cocaine, or LSD. However, only 22.6% of those indicated that they had used any of these drugs within the past months. Overall, 79.2% of the respondents reported that they had used illegal drugs at some time.

Nearly a quarter (24.2%) of those who admitted to a history of drug use reported that they had been in a drug treatment program at some time. Over half (54.2%) of those who had been treated for drug problems had been in treatment within the past six months. Another 37.5% had not been in treatment for a year or longer.

Mental Health

Objective Mental Health Variables

Psychiatric hospitalization history. Nearly a third (32.0%) of the participants had a history of psychiatric hospitalization. The number of self-reported psychiatric hospitalizations ranged from one to one hundred with half of these individuals reporting that they had experienced only one previous hospitalization for emotional problems (see Table 30).[9a]

Half of those with a history of psychiatric hospitalization had been in the hospital within the last 24 months. A few (12.5%) had their last psychiatric hospitalization at least ten years prior to their shelter stay, with one participant experiencing his last psychiatric hospitalization over forty years previously. The average age of first psychiatric hospitalization was calculated to be 25.3 years of age, with

Table 30

Psychiatric Hospitalization History

(n = 40)

Number of previous psychiatric hospitalizations[a]	
	% of sample
1	52.5
2 to 3	22.5
4 or more	25.0
M = 3.60	
SD = 4.5	

Time since last psychiatric hospitalization[b]	
	% of sample
Less than 6 months	27.5
6 to < 24 months	22.5
2 to < 5 years	12.5
5 to < 10 years	20.0
10 years or longer	17.5
M = 5.7 years	
SD = 8.1	

[a] Includes only those with a history of previous psychiatric hospitalization. A maximum of nine hospitalizations were recorded. Number of hospitalizations was determined by taking the greater number indicated by self-report data or Department of Mental Health records.

[b] Time since last hospitalization was determined by using the most recent date of hospitalization indicated from either self-report or Department of Mental Health data.

Table 30 (continued)

Psychiatric Hospitalization History

Age at first psychiatric hospitalization	% of sample
Under age 21	25.0
21 to less than 25	22.5
25 to less than 30	30.0
30 or older	22.5

M = 25.3

SD = 7.5

the age at first psychiatric hospitalization ranging from age 11 to age 50 (see Table 30)[10].

Use of psychotropic medications. Many of the participants 14;.4%) had received prescriptions for medications during the previous six months. Of those, 30.2% (or 12.8% of the total sample) had received prescriptions for psychotropic medicines. The most common prescription for psychotropics was for neuroleptics (e.g. Thorazine, Prolixin, Mellaril) (see Table 31).

Half of those who had received prescriptions for psychotropics during the past six months reported that they were not taking their medicines as prescribed. The most common reason reported for not taking prescribed psychotropic medicines was not liking the side-effects (62.5%), followed by not being able to pay to refill the prescription (25.0%).

Subjective Mental Health Variables

Self-reported psychological symptoms. Participants indicated how much they had been bothered during the past week by a number of psychological symptoms on a scale ranging from not at all to "extremely." The 10-item SCL-10 consisted of a 6-item Depression Subscale, a 2-item Somatization Subscale, and a 2-item Phobic Anxiety Subscale. Scale scores on the SCL-10 are presented in Table 32.

Subjective Self Quality of Life Scale

A Self Quality of Life Scale reflected how respondents felt about themselves. This subscale included ratings of mental and physical health, satisfaction with problem resolution, satisfaction with accomplishments, feelings about themselves, and feelings about acceptance by

Table 31

Type of Prescribed Psychotropic Medicine

(n = 16)

	% of sample
Neuroleptics (e.g. Thorazine, Prolixin, Mellaril)	50.0
Antianxiety agents (e.g. Librium, Valium)	25.0
Anticonvulsants (e.g. Dilantin)	18.8
Antidepressants (e.g. Elavil, Lithium)	12.5
Sedatives and hypnotics	6.3

Note. Figures total to over 100 percent because some participants had been prescribed more than one psychotropic medicine.

Table 32

SCL-10 Scores

	Mean	SD
SCL-10 (total)	2.42	.93
Subscales:		
Depression	2.69	1.06
Somatization	2.04	1.21
Phobic Anxiety	2.00	1.24

Note. Scale:

1 = not at all
2 = a little bit
3 = moderately
4 = quite a bit
5 = extremely

others. As with the other quality of life scales, ratings were made on the seven-point delighted-terrible scale.

The mean score for the Self Scale was 4.6 (SD = 1.21), indicating that on the average respondents felt between mostly satisfied and "mixed" about themselves.

Pearson produce moment correlations between the Self QOL Scale and a number of physical health variables are presented in Table 33. Satisfaction with self was most highly correlated with participants' ratings of their health, as well as with whether they felt their health had improved or deteriorated over the past two years.

Relationships between Self QOL Scale scores and a number of mental health variables are presented in Table 34. Self QOL Scale scores were most highly correlated with the total scores received on the SCL-10, with individuals scoring high on the SCL-10 generally reporting that they were less satisfied with themselves.

Social Relations Quality of Life

Objective Measures of Social Support

Social Support Networks

Numbers of positive supporters. Respondents named an average of 6.0 supporters across all types of social support (Range = 0-24) (see Table 35, It should be noted that just over ten percent of the participants indicated no positive supporters.

Numbers of negative supporters. Participants were asked whether there were any individuals who made their lives difficult. Nearly half of the participants provided names of negative supporters (49.6%;

Table 33

Correlations Between Self QOL Scale and

Physical Health Variables

Variable	r
Health ratings	.43 ***
How current health compares to health two years ago	.37 ***
No. times seen doctor past year	-.06
Received prescription for medicines during past 6 months	.13
Frequency of alcohol use during past month	-.10
Membership in Alcoholics Anonymous[a]	-.22 *
Frequency of marijuana use during past month	.12
Previous use of illegal drugs other than marijuana	-.25 **
Use of illegal drugs other than marijuana during past month	-.06

[a] Participants reported whether they (1) had never been in Alcoholics Anonymous, (2) had previously been in AA, but were no longer a member, or (3) were current members of AA.

* $p < .01$
** $p < .005$
*** $p < .001$

Table 34

Correlations Between Self QOL Scores and Mental Health Variables

Variable	r
SCL-10 Total Score	-.78 **
Depression Subscale	-.77 **
Phobic Anxiety Subscale	-.47 **
Somatization Subscale	-.64 **
Speech Rating Scale	-.83 **
Emotional State Ratings Scale	-.60 **
Received prescription for psychotropic medicines during past 6 months	-.29 **
History of psychiatric hospitalization	.13
Length of time since most recent psychiatric hospitalization (for those with history only)	-.38 *

* $p < .01$
** $p < .001$

Table 35

Number of People Providing Each Type of Social Support

	M	SD
Companionship	2.76	2.7
Advice and Information	2.06	1.5
Practical Assistance	2.26	1.9
Emotional Support	3.38	2.4
Total Number Positive Supporters	6.04	4.2

M = 1.8; SD = 1.1; Range = 1-6). An average of 8.0% of all supporters named provided only negative support. Only one participant indicated that those nominated to his or her network provided only negative support. This compared to the 46.4% of the participants who nominated only positive supporters to their social support networks. Data on negative network members are presented in Table 36.

Specialists versus generalists. In this study, supporters were coded as specialists if they provided only one type of support. If they provided more than one type of support, they were coded as generalists. Overall, networks were made up of half specialists and half generalists. Additional data on support specialists are presented in Table 37.

Relationship of supporter. Over half of the supporters named were relatives. Additional information on the relationships of supporters is presented in Table 38 along with data on the gender of persons nominated to social networks.

Participants also indicated which of the individuals nominated to their social support network was most important to them (see Table 38). The majority identified a nuclear family member as the person in their network who was most important to them. Overall, a parent was most frequently identified as the most important person (26.7%), followed by a son or daughter (25.8%), friend or romantic partner (23.3%), or sibling (13.3%). A spouse was identified as the most important person by only 5.0% of the respondents. The remaining 5.9% of most important' persons included professionals (e.g. therapist, caseworker, lawyer), acquaintances, and individuals with other such relationships to the respondent.

Table 36

Negative Social Support

Number of negative supporters	% of sample
None	50.4
1	26.4
2	13.6
3	4.8
4 to 6	4.8

M = .90

SD = 1.20

Type of support provided by nominees to social networks	
Only positive support	85.6
Both positive and negative	5.4
Only negative support	8.9

Table 37

Percentages of Specialist Social Supporters

Type of support	Mean %	SD	n
Overall	50.0	30.7	119
Companionship	37.3	38.4	102
Advice and Information	21.3	34.9	103
Practical	24.7	34.9	104
Emotional	29.7	30.5	111

Note. Percentages are based only on those cases where supporters were named; i.e., where the denominator was greater than zero.

Table 38

Characteristics of Social Supporters

Relationships of social supporters to participants		
Relationship	% of supporters	SD
Nuclear family (e.g., parent, sibling, child, spouse)	47.4	31.0
Any relative (including nuclear family)	57.2	31.6
Friends	30.3	29.0
Others (professionals, acquaintances, landlord, etc.)	12.5	19.5

Relationship of most important social supporter	
Relationship	% of supporters
Nuclear family (e.g., parent, sibling, child, spouse)	70.8
Other relatives	3.3
Friends	23.3
Others (professionals, acquaintances, landlord, etc.)	5.9

Gender of social supporters		
Gender	% of supporters	SD
Female	54.6	26.3
Male	45.4	26.3

Table 38 (continued)

Characteristics of Social Supporters

Length of relationship with social supporter		
Time known	% of of supporters	SD
6 months or less	10.0	17.4
> 6 to 12 months	3.6	9.9
> 1 to 5 years	17.4	21.0
More than 5 years	69.0	27.6

Note. The above information is based on data provided by the 96.0% (n = 120) of respondents who nominated individuals to their social support networks.

Length of relationships. Participants indicated how long they had known each of the individuals nominated to their social network (see Table 38. The majority of all individuals named to social networks had been known to the respondent for over five years (69.0%). This was not surprising given the high numbers of relatives identified by participants as providing social support. Nearly all (95.0%) of the participants who were able to identify someone as providing social support named at least one person who they had known for at least five years. About 25.0% nominated only persons whom they had known for more than five years to their social network.

Few of the participants named individual network members whom they had known for a week or less (11.5%), with a total of 38.3% of the participants indicating that persons whom they had known for six months or less were a part of their social network. In some cases, these were individuals whom the participant had met through their shelter stay (i.e.; COTS staff, other shelter guests).

Family Relationships

Information was obtained on family composition and on contacts with relatives. Just over a quarter (27.0%) claimed a steady romantic relationship with either a spouse, girlfriend or boyfriend. Data on marital status are described in Table 39.

Most of the participants had children (see Table 39) Over a quarter of participants had children aged five years old or younger (26.4%). Nearly half of the participants (48.0%) reported that they had children aged twelve or younger, and 60.0% indicated that they had children eighteen years old or younger.

Table 39

Family Composition

Marital status	% of sample
Single, never married	51.2
Divorced	22.4
Widowed	3.2
Separated	18.4
Married, living with spouse	4.8

Number of children	% of sample
None	35.2
1	30.4
2	16.8
3 or more	17.6

M = 1.4

SD = 1.7

Number of children with respondent at shelter	% of sample
None	79.8
1	12.9
2 or more	7.3

M = .34

SD = .84

The majority of participants (81.6%) reported that they had relatives in the area. On the average, respondents indicated that they had contact with a relative approximately three to four times a month. Over half of the participants (62.4%) reported that they had contact with a relative at least once during the previous month.

Community Involvement

Many participants (43.2%) indicated that they had voluntarily attended religious services during the past month, with an average attendance of three to four times.

Very few respondents (12.8%) claimed to be involved in clubs or groups. On the average, those who were involved in groups indicated that they were "fairly active" in group activities.

Subjective Measures of Social Support

Subjective Characteristics of Network Members

Importance ratings of social network members were made on a seven-point scale from "not at all important" to "extremely important." The average importance rating was 5.6 (SD = 1.78), indicating that the average importance of the relationships with those named to the network was between "somewhat important" and "very important." Over ten percent (13.3%) of the participants rated their relationships with all network members as "extremely important." Few (6.7%) of the participants reported average importance ratings of 4.0 or less for their networks, with a score of four indicating that the relationship was "equally important and unimportant." Note that ratings of the importance of relationships with individuals who provide negative support were included in these overall ratings.

For each person named in their network, respondents indicated whether the other person provided more support, whether the exchange of support was equal, or whether the participant provided more support in the relationship. As shown in Table 40, respondents felt that they were receiving at least as much support as they were giving in the large majority of their relationships.

Subjective Social Relations Quality of Life

Subjective social support quality of life. The Social Support quality of Life Scale score provided a measure of overall satisfaction with social support networks (M = 4.7, SD = 1.1). For the most part, participants felt "mostly satisfied" to "mixed" about their social support (see Table 41).

Relationships between the Social Support QOL Scale scores and a number of social relations variables are presented in Table 42.

Subjective family quality of life. The mean scale score for the Family QOL Scale was 4.2 (SD = 1.7), indicating that, on the average, participants felt "mixed" about their relationships with their families. Pearson correlations indicated that the Family QOL score was most highly related to frequency of contact with relatives in the Detroit area during the past month, with those having more frequent contact being more satisfied with their family relationships (see Table 43).

Leisure and independence quality of life. The mean score on the Leisure and Independence QOL Scale was 4.4 (SD = 1.3), indicating that respondents generally felt between "mixed" and "mostly satisfied" with their leisure time. Information is provided in Table 44 on the

Table 40

Reciprocity of Support

	% of sample
Other person provides more support	16.1
Equal amounts of support provided	46.5
Respondent provides more support	37.4

Note. These figures are based on the relationships described by the 96.0% (n = 120) participants who nominated persons to their social support networks.

Table 41

Social Support Quality of Life Scale Scores

Type of social support	M	SD
Overall	4.7	1.1
Companionship	4.5	1.6
Advice and Information	4.9	1.3
Practical Assistance	4.6	1.5
Emotional Support	4.8	1.5

Note. Scale:

1 = terrible
2 = unhappy
3 = mostly dissatisfied
4 = mixed (about equally satisfied and dissatisfied)
5 = mostly satisfied
6 = pleased
7 = delighted or extremely pleased

Table 42

Correlations Between Social Support QOL and Selected Social Relations Variables

Variable	r
Presence of relatives in area	-.11
Frequency of contact with relatives in area	.19 *
Marital status	.00
No. of children aged 18 or younger	-.08
Attended religious services past month	.19 *
No. of close friends	.25 **
No. positive supporter named to social network	.32 ***
Frequency of contact with most important person in social network	.22 **
% of social network made up of negative supporters	-.17 *

* $p < .05$
** $p < .01$
*** $p < .001$

Table 43

Correlations Between Family QOL Scale and Selected Social Relations Variables

Variable	r
Presence of relatives in the area	-.01
Frequency of contact with relatives in the area	.26 **
Marital status	.08
Have steady romantic relationship	.16 *
Have children	-.02

* $p < .05$
** $p < .005$

Table 44

Correlations Between Independence and Leisure QOL and Selected Variables

Variable	r
Have relatives in the area	-.12
Frequency of contact with relatives in area	-.02
Marital status	.00
No. of children aged 18 or younger	-.19 *
Attended religious services past month	.13
No. of close friends	.13
No. of companionship social supporters	.18 *
Frequency of contact with most important person in social network	.20 *
Receive public assistance (i.e., welfare or SSI, SSDI)	-.09
How long since last worked	.02

* $p < .05$

relationships between scores on this scale and a number of other social relations variables.

Global Quality of Life

The mean score on the Global Quality of Life Scale was 4.3 (*SD* = 1.4), indicating that participants felt between "mixed" and "mostly satisfied" about their lives as a whole. The relationships between Global Quality of Life and the various life domains were examined. Table 45 summarizes the scores on each of these scale. Correlations between the Global Quality of Life Scale scores and scores on the life domain scales are presented in Table 46.

To further examine these relationships, a step-wise multiple regression analysis was conducted using the HEW REGRESSION procedure of the Statistical Package for the Social Sciences (Hull and Nie, 1981). The program selected variables for inclusion in the analyses when they met a minimum criteria of an *F* value with a $p < .05$, and a tolerance level greater than .01. All life domain satisfaction scales were included in the regression analyses.

Two life domain satisfaction scales, the Self QOL Scale and the Work and Finances QOL Scale, entered the prediction equation for Global Quality of Life, yielding an R^2 of .52. Thus, approximately half of the variance in Global Quality of Life scores was explained by these two scales. A list of the predictors and a summary table for the regression analysis are presented in Table 47.

Table 45

Summary of Quality of Life Scale Means

Scale	Mean	SD
Global QOL	4.3	1.4
Housing QOL	3.9	1.4
Finances and Employment QOL	2.6	1.4
Safety QOL	3.9	1.5
Self QOL	4.6	1.2
Social Support QOL	4.7	1.1
Family QOL	4.2	1.7
Leisure and Independence QOL	4.4	1.3

Note. Scale:

1 = Terrible
2 = Unhappy
3 = Mostly dissatisfied
4 = Mixed
5 = Mostly satisfied
6 = Pleased
7 = Delighted or extremely pleased

Table 46

Intercorrelations Between Quality of Life Scales

	Global	Housing	Finances & Employment	Safety	Self	Social Support	Family	Leisure & Independence
Global	1.00							
Housing	.67	1.00						
Finances and Employment	.71	.59	1.00					
Safety	.64	.95	.53	1.00				
Self	.89	.66	.58	.71	1.00			
Social Support	.65	.64	.52	.60	.77	1.00		
Family	.44	.54	.41	.52	.62	.62	1.00	
Leisure and Independence	.77	.87	.60	.70	.81	.68	.67	1.00

Note: These correlations were corrected for attenuation. Correlations were computed with an n ranging from 110 to 125.

All correlations significant at $p < .001$

Table 47

Prediction of Global Quality of Life Using Life Domain Quality of Life Scales

Step	Variables Entering	B	SE of B	F to Enter	Sign. F	R	R^2	R^2 Change
1.	Self QOL	.6281	.0933	79.62	.000	.67	.45	.44
2.	Work and Finances QOL	.3074	.0796	52.92	.000	.72	.52	.07
	(Constant)	.6155	.3939					

Note: Variables not entered into the equation were Housing QOL, Safety QOL, Independence and Leisure QOL, Family QOL, and Social Support QOL.

Typological Analysis

In order to obtain a better understanding of the participants in this study, a correlational analysis using Tryon and Bailey's (1970) method (BCTRY) was conducted. First, a selection of 37 descriptive variables (see Table 48) was submitted to an empirical V-analysis followed by a pre-set cluster analysis (Tryon and Bailey, 1975). In developing the clusters, variables were generally dropped from further consideration if their loading was less than .40 and their communality was below .20. In this manner, only the most significant variables were retained for further analysis. Through these analyses, six empirical dimensions or clusters were identified:

1. Criminal behavior
2. Psychiatric history
3. Transiency
4. Criminal victimization
5. Work history
6. Social support

These dimensions are described in Table 49.

Following the identification of the clusters, data were submitted to an O-Type analysis to develop typologies, or types of homeless persons. This procedure grouped subjects into clusters based on scores on the defining variables from the pre-set cluster analysis (i.e., on the six clusters noted above).

When all six of the initially defined clusters were included in the O-Type analysis, a total of 21 groups were identified. As the goal of this analysis was to simplify the presentation of this large amount of

Table 48

Variables Entered into V-Analysis

1. Sex
2. Race
3. Age
4. Education
5. Health rating
6. Psychiatric hospitalization history
7. Alcohol use
8. Marijuana use
9. Number times robbed
10. Number times assaulted
11. Number times threatened with violence
12. Number times burglarized
13. When last worked
14. Number times in shelter during past year
15. Number cities lived in during past year
16. Type of place lived in most of time during past six months
17. Arrest history
18. Number jail terms
19. Number prison terms
20. Income last year
21. Marital status
22. Whether lived with both parents until age 16
23. Work income
24. Money from family

Table 48 (continued)

Variables Entered into V-Analysis

25. Social Security Income
26. Public assistance income
27. Panhandling income
28. Money from friends
29. Money from savings
30. Income from selling plasma, collecting bottles
31. Number of companions
32. Number of advice and information social supporters
33. Number of practical assistance social supporters
34. Number of emotional social supporters
35. Number of negative social supporters
36. Return for follow-up appointment
37. Number of children with participant at shelter

Table 49

Final Clusters Derived from Pre-Set Analysis

Cluster	Loading
Cluster 1: Criminality	reliability = .67
1. Number of jail terms	.71
2. Arrest history	.60
3. No. of prison terms	.58
Cluster 2: Psychiatric history	reliability = .68
1. Social Security Income	.88
2. History of psychiatric hospitalization	.48
3. Health rating	-.47
Cluster 3: Transiency	reliability = .54
1. Number of places lived past six months	.68
2. Number of times in shelter past year	.49
3. Income from selling plasma, returning bottles	.39
Cluster 4: Criminal Victimization	reliability = .57
1. Number of times assaulted	.58
2. Number of times threatened with violence	.53
3. Number of times burglarized	.39

Table 49 (continued)

Final Clusters Derived from Pre-Set Analysis

Cluster	Loading
Cluster 5: Work History	reliability = .77
1. When last worked	.80
2. Income from work last year	.77
Cluster 6: Social Support	reliability = .82
1. Number of advice and and information supporters	.76
2. Number of practical assistance supporters	.72
3. Number of emotional social supporters	.71
4. Number of companionship supporters	.64

information, the profile types were consolidated by reducing the number of defining clusters. It was decided to use the four clusters of psychiatric history, transiency, criminal behavior, and criminal victimization to describe the participants. These clusters represent characteristics that are often believed to be descriptive of the homeless. Intercorrelations between the clusters are presented in Table 50.

When data were resubmitted to the O-Type analysis with four pre-set clusters, a total of eight O-Types, which accounted for 121 of the 125 participants, were identified. Based on their patterns of cluster scores, three of the remaining participants were assigned to O-Type groups by the researcher. Thus, a total of 124 of the participants were assigned to O-Types.

The numbers of individuals in each O-Type ranged from two to 57. The O-Type with only two individuals was dropped from further analysis.

The following O-Types were identified:

1. Lower Deviancy - Members of this group tended to have the lowest scores on all four clusters.

2. High Victimization - This group generally resembled O-Type 1, except that they had experienced high rates of criminal victimization during the previous six months.

3. High Transiency - Individuals in this group were highly transient. They also exhibited low to moderate rates of criminal behavior and had mental illness histories.

4. High Psychiatric - Individuals in this group exhibited high rates of psychiatric problems.

5. High Transiency, High Psychiatric - Members assigned to this group were highly transient and generally had psychiatric histories.

Table 50

Correlations Between Oblique Cluster Domains

	Cluster 1	Cluster 2	Cluster 3	Cluster 4
Cluster 1	--	.02	.24	-.03
Cluster 2	.02	--	.12	.33
Cluster 3	.24	.12	--	-.13
Cluster 4	-.03	,33	-.13	--

6. High Criminality - Members of this group showed high rates of criminal behavior.

7. High Criminality, High Transiency - Individuals in this group were similar to those in O-Type 6, except that they were also highly transient.

The final seven O-Types are presented graphically in Figures 3 through 9. The numbers of members within each typology, along with assessments of overall homogeneity are presented in Table 51. Means, standard deviations, and homogeneity for each O-Type within each cluster are presented in Table 52. Finally, comparisons of O-Types on selected variables are presented in Table 53 through 59.

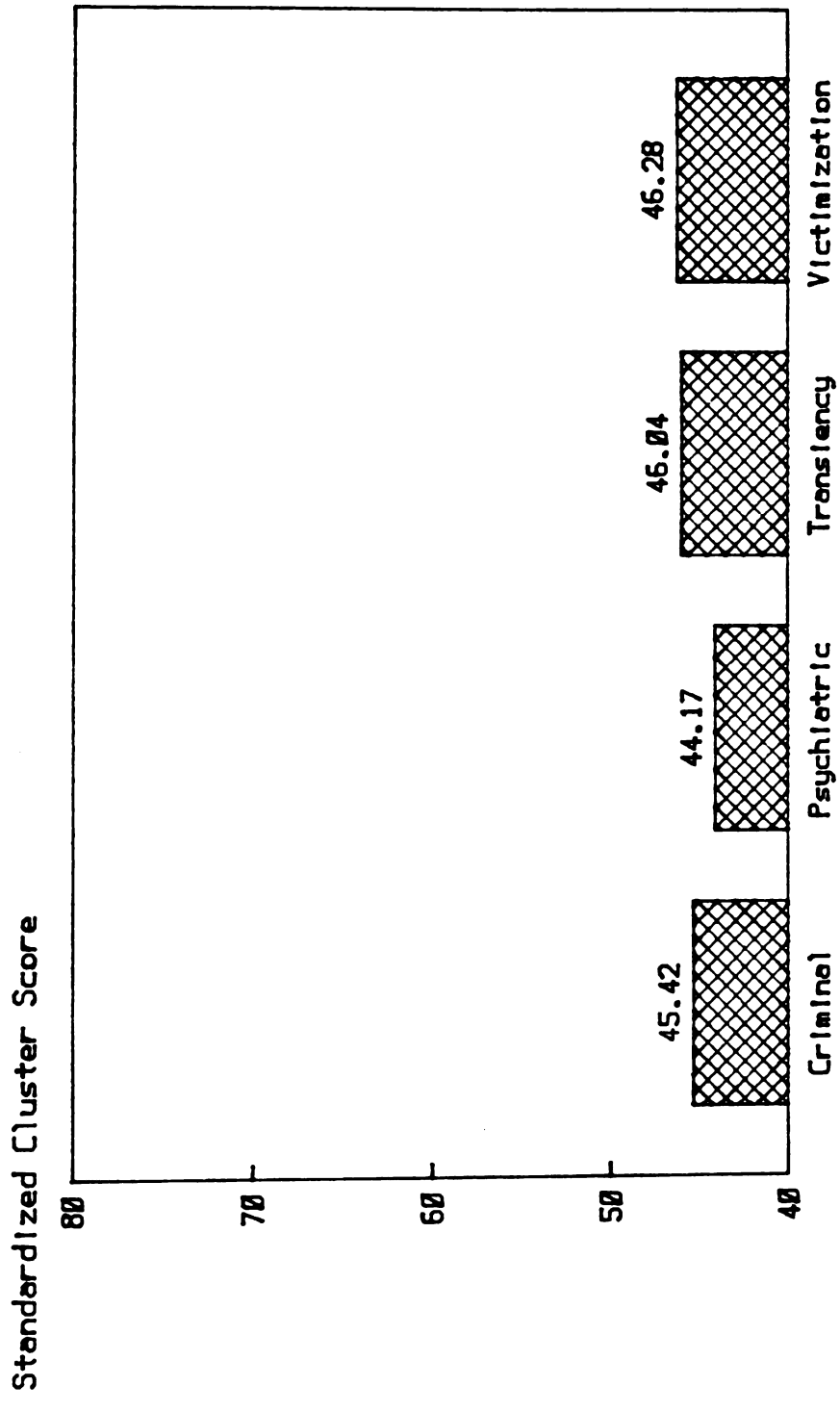

Figure 3. Cluster scores for O-Type 1 Lower Devlancy Group.

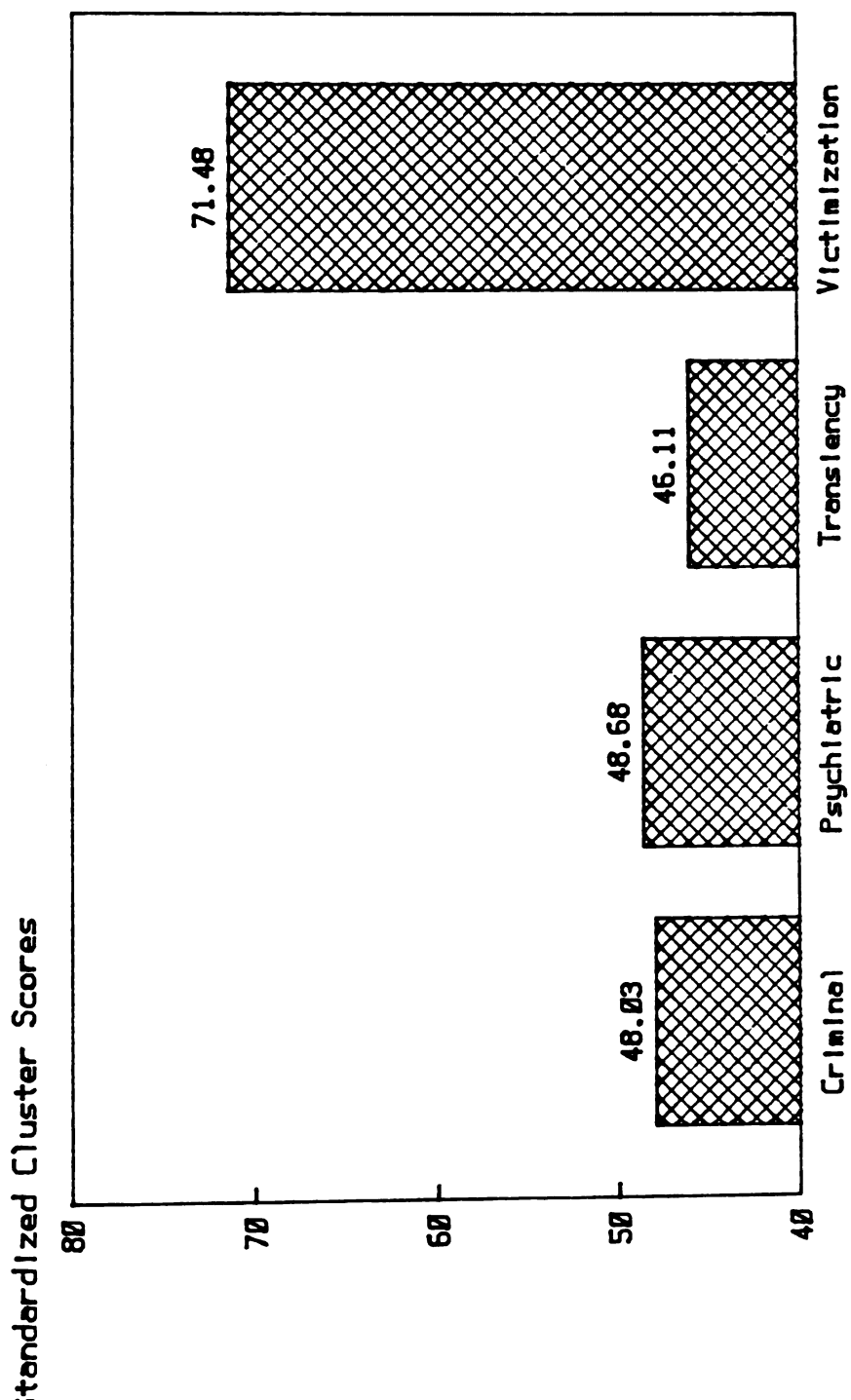

Figure 4. Cluster scores for O-Type 2 High Victimization Group.

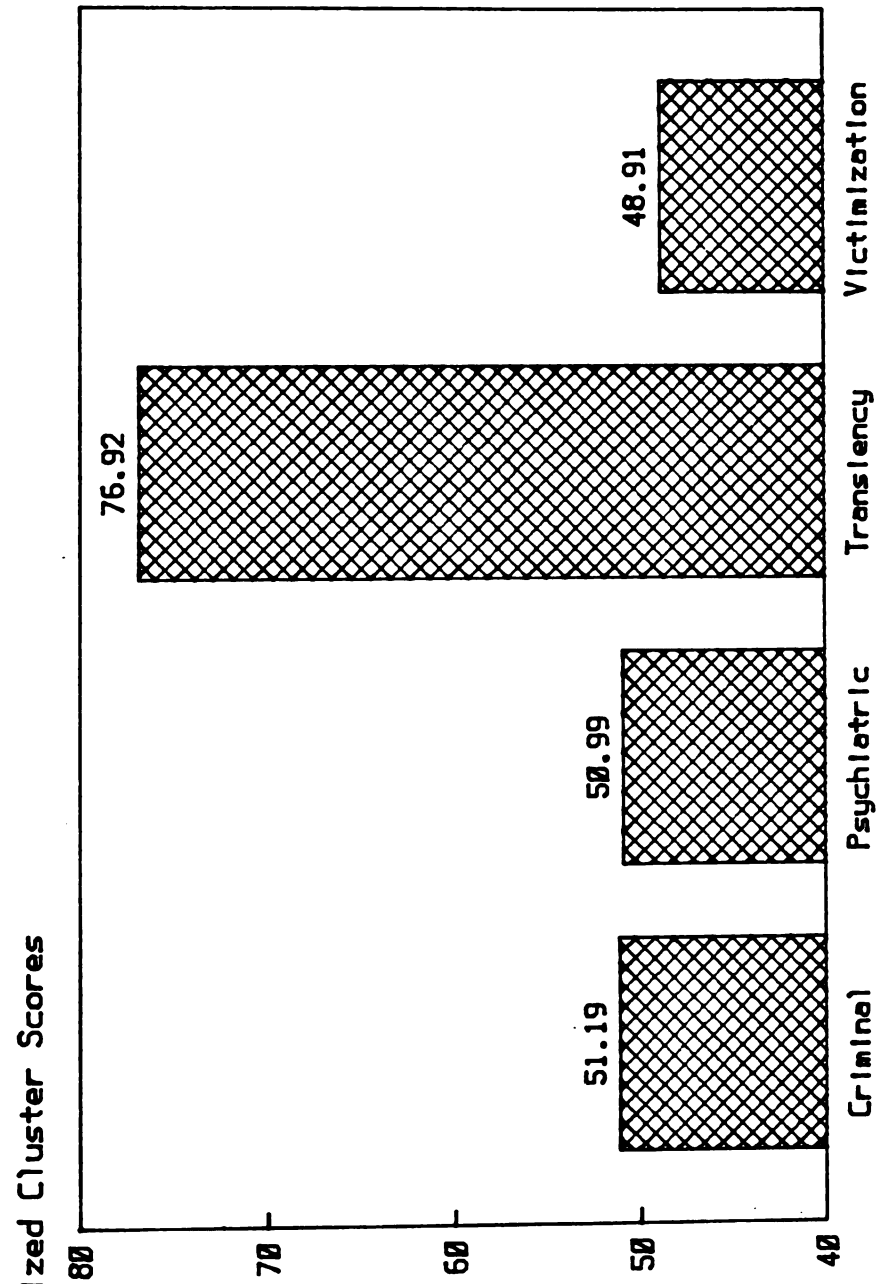

Figure 5. Cluster scores for O-Type 3 High Translency Group.

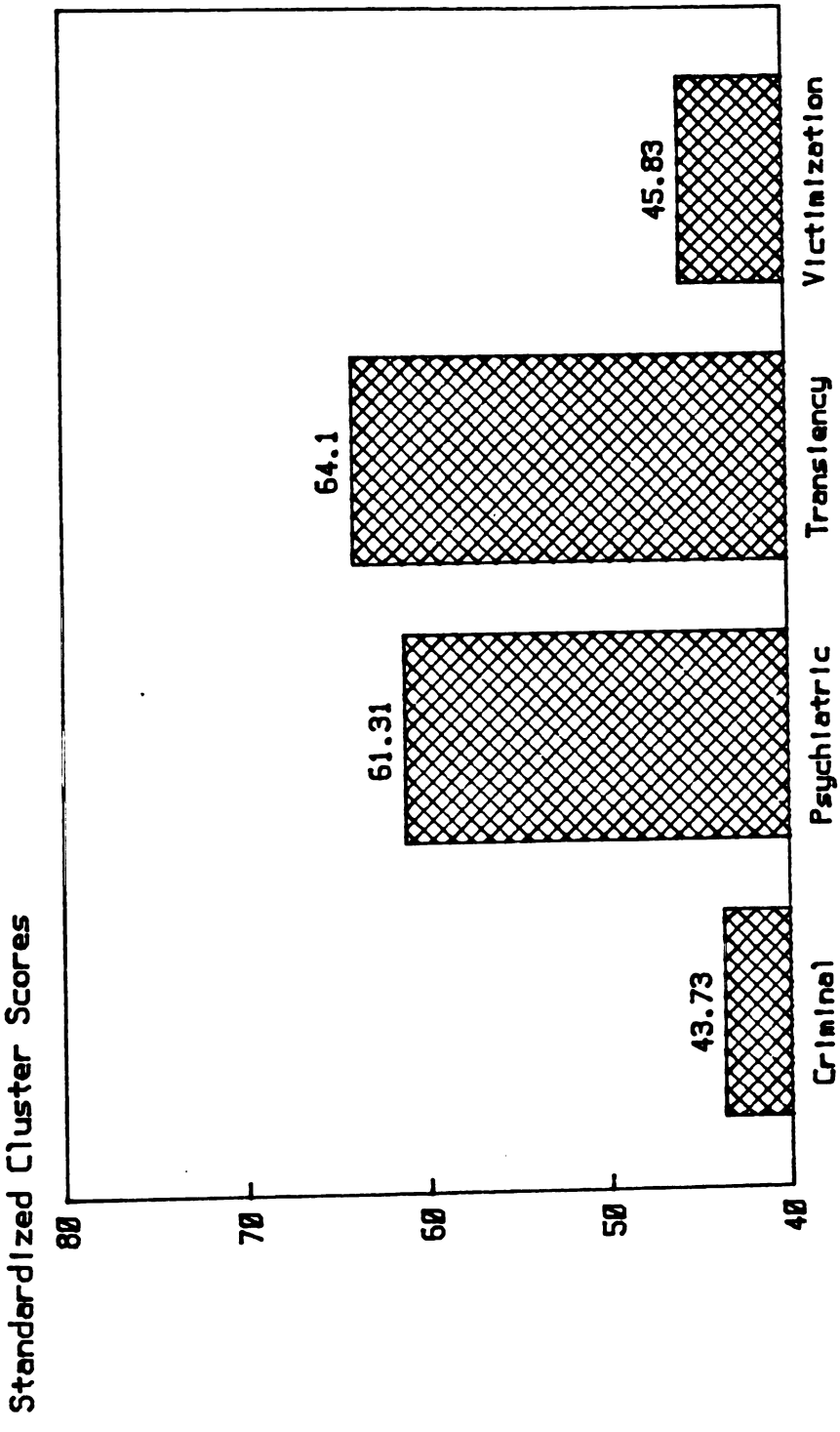

Figure 7. Cluster scores for O-Type 5
High Translancy - High Psych Group.

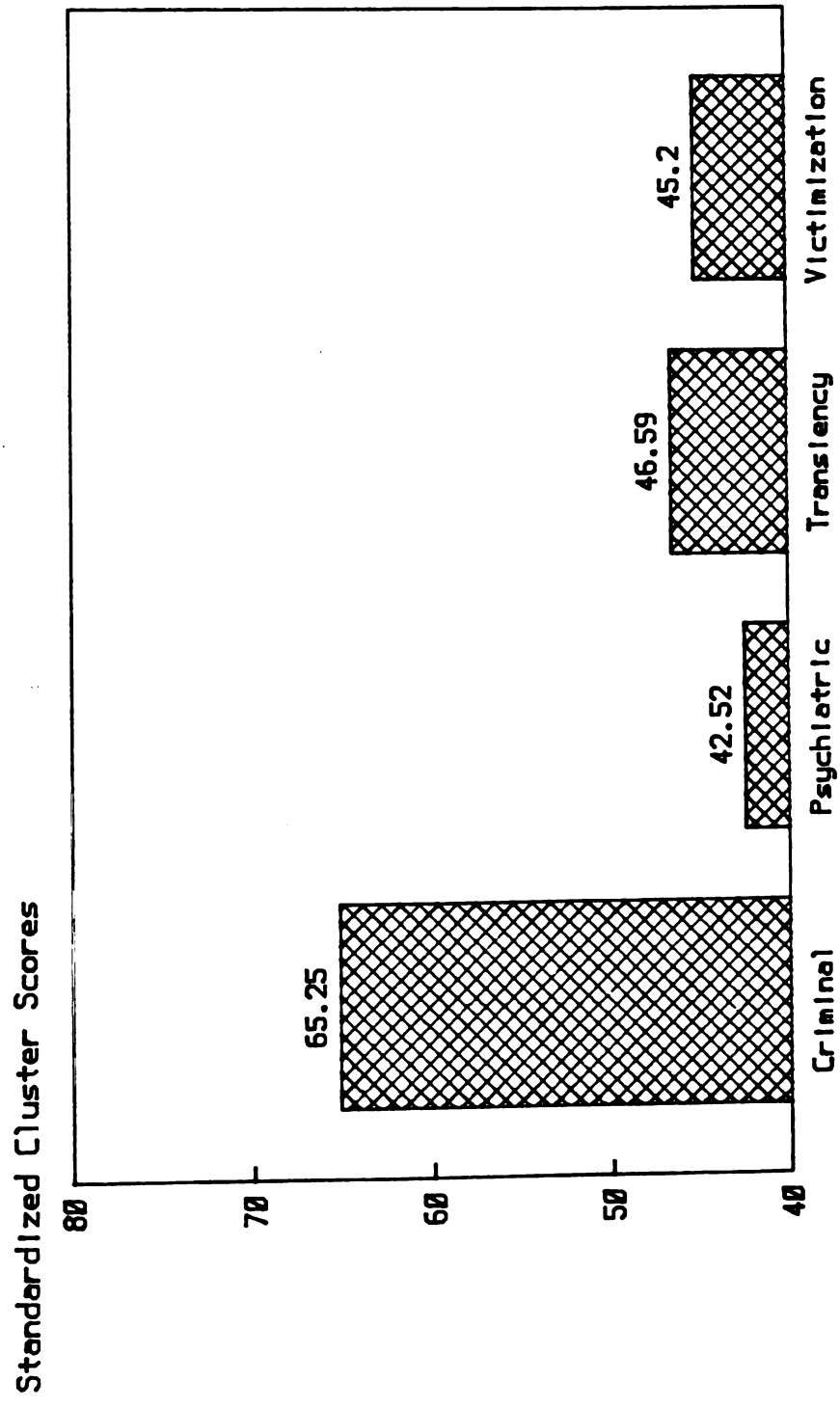

Figure 8. Cluster scores for O-Type 6 High Criminality Group.

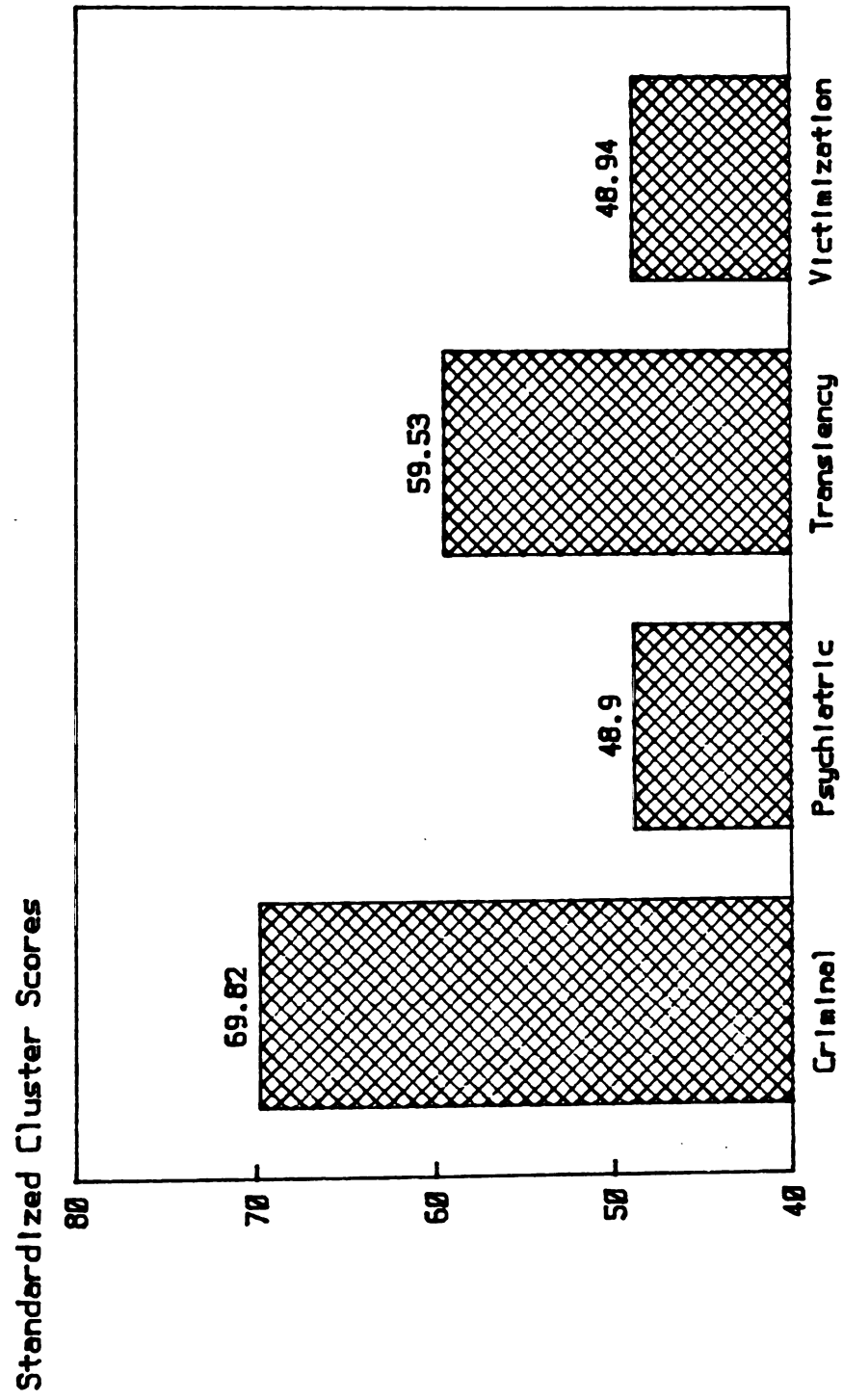

Figure 9. Cluster scores for 0-Type 7
High Criminality - High Trans Group.

Table 51

Number of Members and Homogeneity of

O-Types Derived from the Typological Analysis

O-Type	Number of Members	Overall Homogeneity
1	57	.91
2	13	.82
3	9	.78
4	20	.86
5	5	.93
6	5	.93
7	10	.88
8[a]	2	.94

[a]Subsequently dropped from further analysis because n was less than 5.

Table 52

Means, Standard Deviations, and Homogeneity of the Eight Derived O-Types

O-Types		Cluster 1 (Criminal)	Cluster 2 (Psychiatric)	Cluster 3 (Transiency)	Cluster 4 (Victimization)
1	M	45.42	44.17	46.04	46.28
	SD	4.78	4.90	3.62	3.25
	H	.88	.87	.93	.95
2	M	48.03	48.68	46.11	71.48
	SD	7.33	4.81	2.38	6.88
	H	.68	.88	.97	.73
3	M	51.25	51.93	73.42	45.17
	SD	(51.19)[a]	(50.99)[a]	(76.92)[a]	(48.91)[a]
	H	4.48	6.27	8.59	4.53
		.89	.78	.51	.89
4	M	48.16	65.11	46.65	47.10
	SD	5.89	6.33	2.61	4.48
	H	.81	.77	.97	.89
5	M	43.72	61.31	64.10	45.83
	SD	3.48	5.73	2.88	1.37
	H	.94	.82	.96	.99
6	M	65.25	42.52	46.59	45.20
	SD	4.61	3.60	3.58	3.15
	H	.89	.93	.93	.95
7	M	63.66	49.90	58.38	47.27
	SD	(69.82)[a]	(48.98)[a]	(59.53)[a]	(48.94)[a]
	H	7.68	3.59	3.36	3.18
		.64	.93	.94	.95
8[b]	M	52.50	75.04	45.62	88.19
	SD	1.80	0.00	1.53	6.12
	H	.98	1.00	.99	.79

[a] Reflects cluster mean after cases initially not included in O-Types were added upon examination of cluster scores. One case was added to O-Type 3, and two cases were added to O-Type 7.

[b] Subsequently dropped from further analysis because of low n.

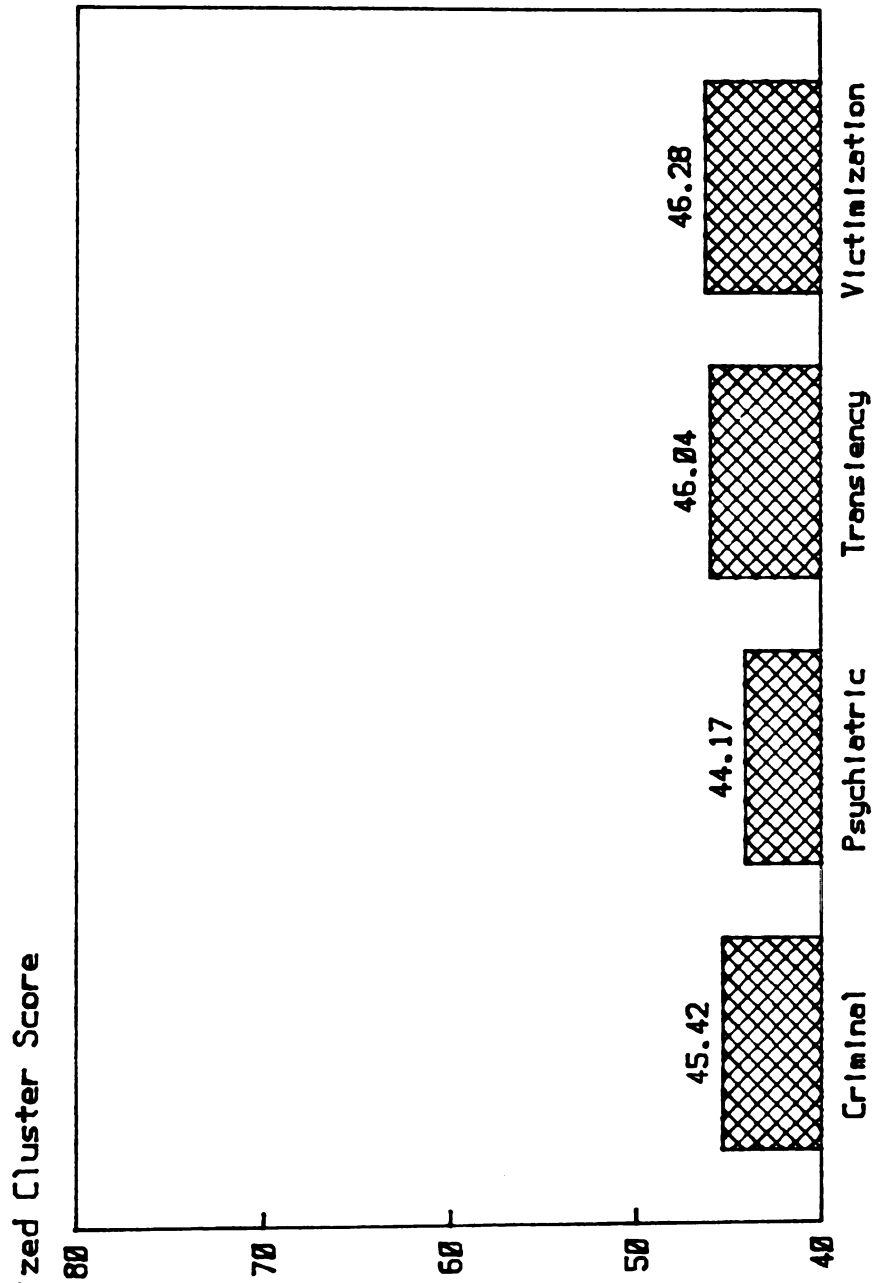

Figure 3. Cluster scores for O-Type 1 Lower Deviancy Group.

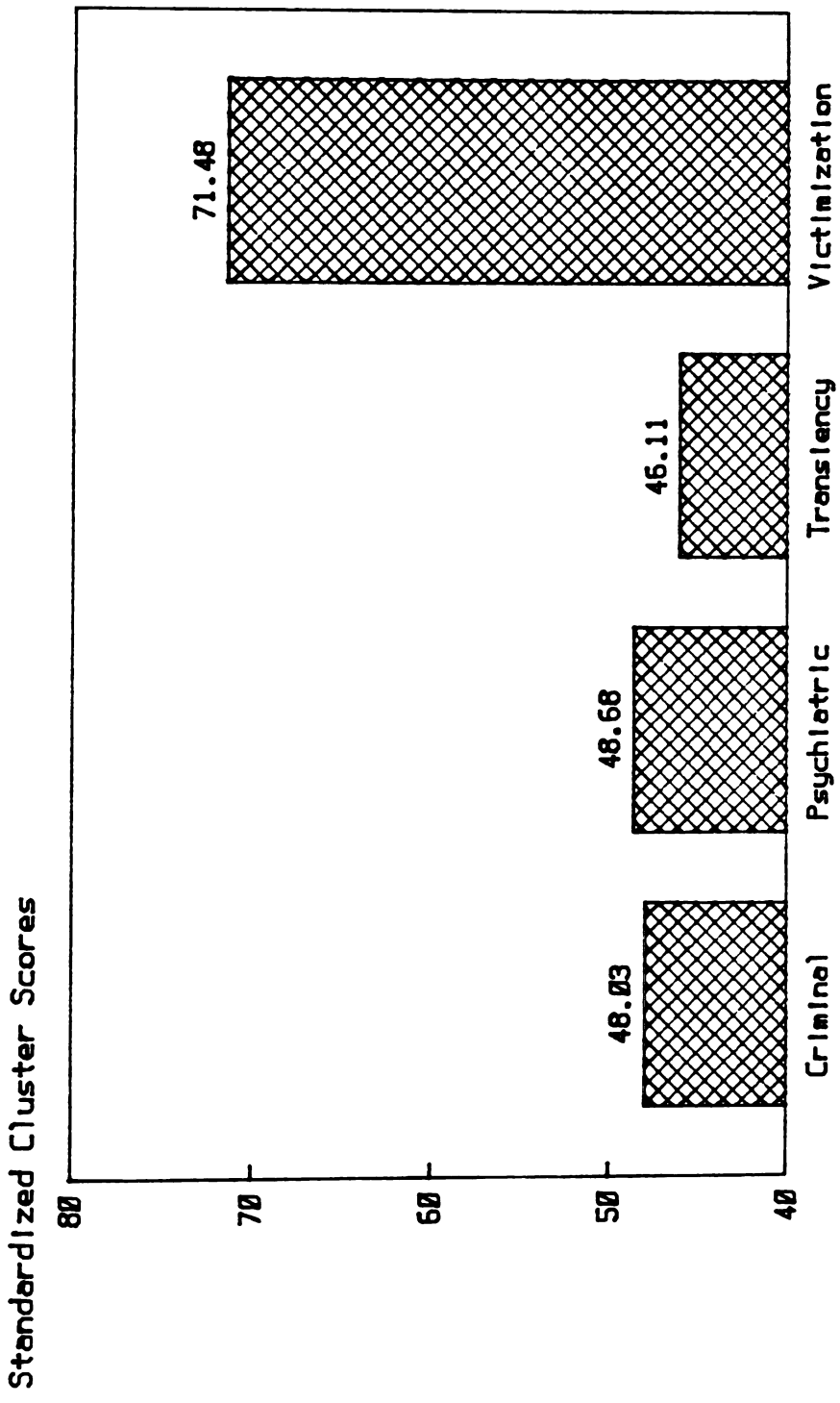

Figure 4. Cluster scores for O-Type 2 High Victimization Group.

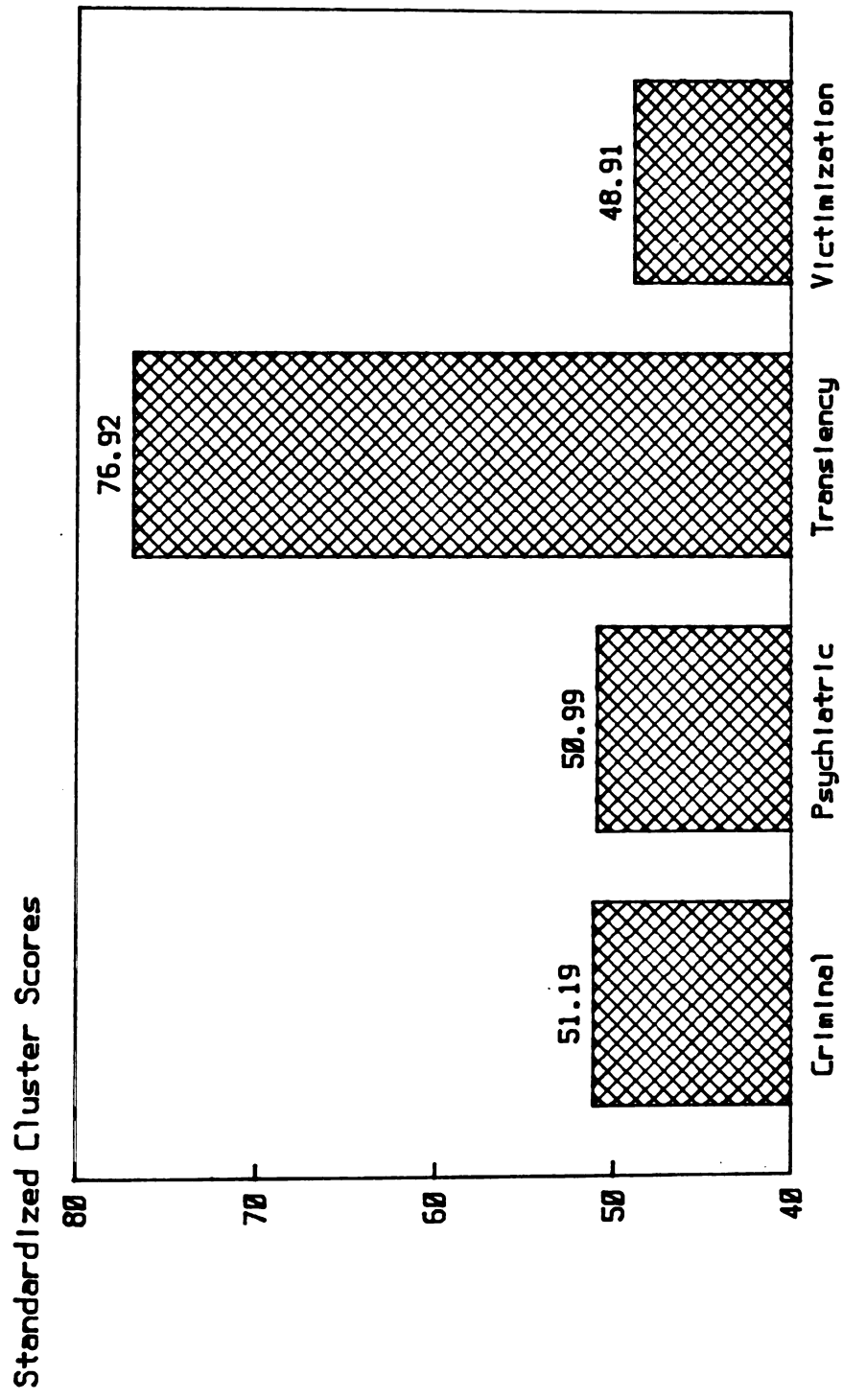

Figure 5. Cluster scores for O-Type 3 High Transiency Group.

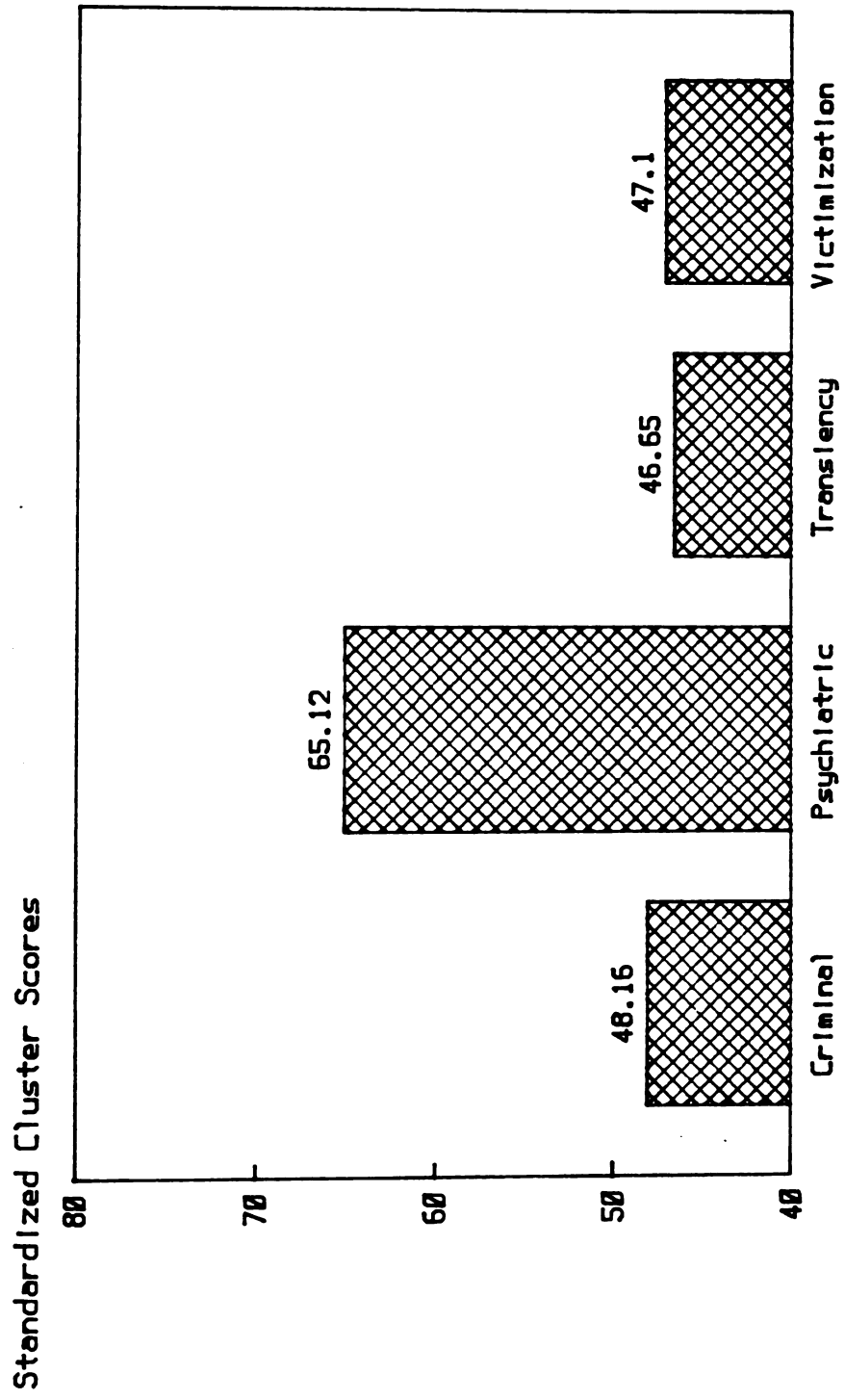

Figure 6. Cluster scores for 0-Type 4 High Psychiatric Group.

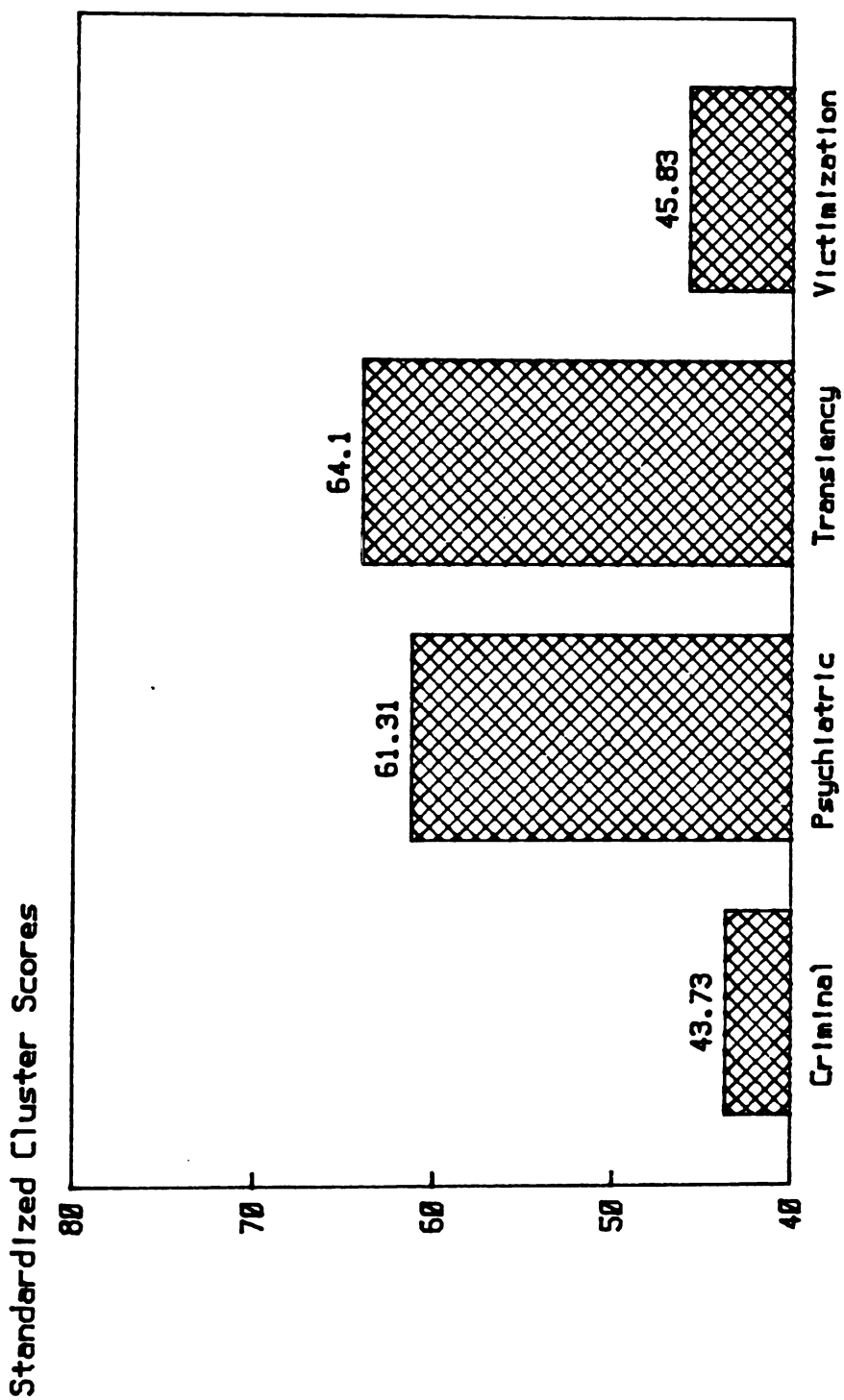

Figure 7. Cluster scores for O-Type 5
High Translency - High Psych Group.

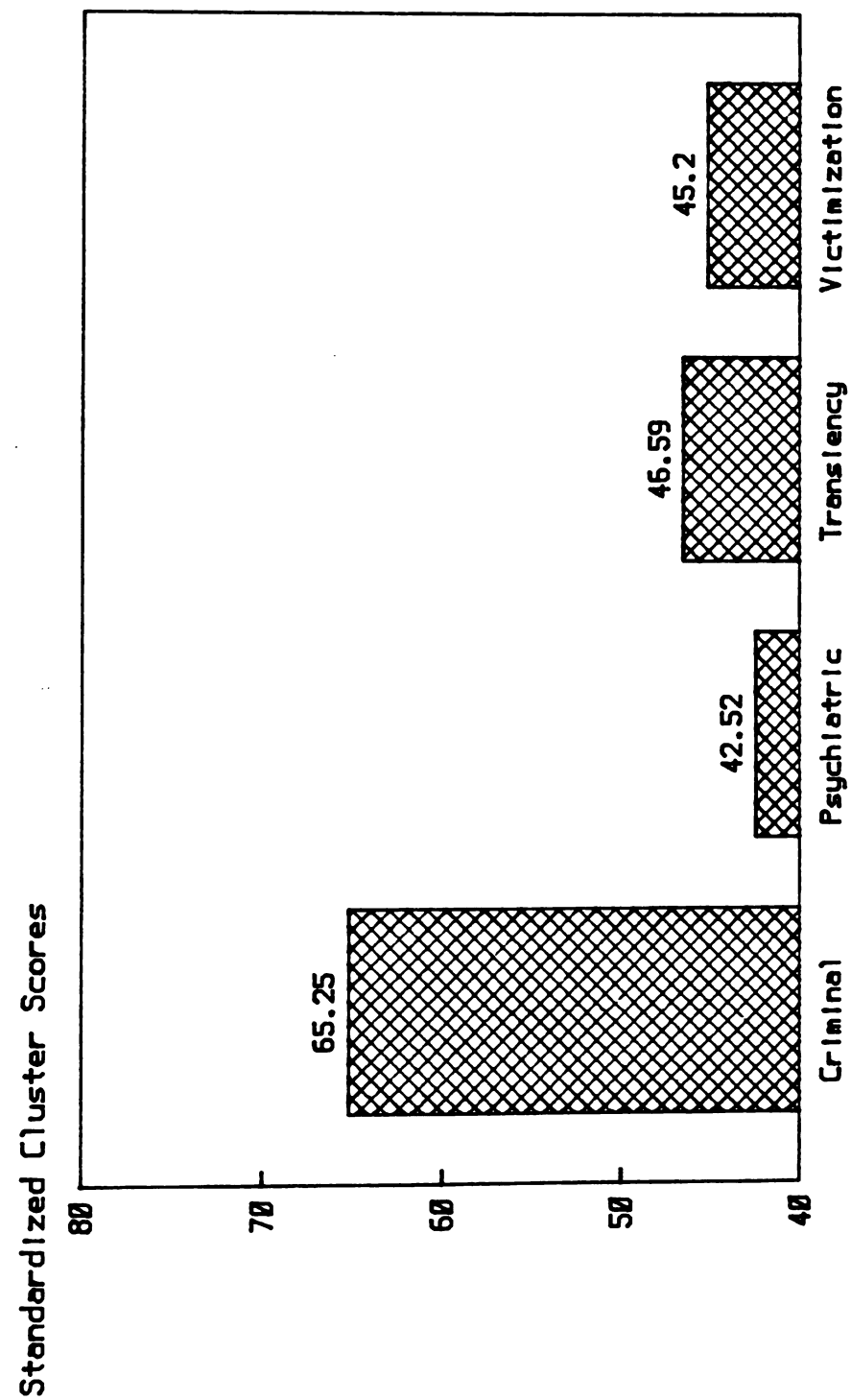

Figure 8. Cluster scores for O-Type 6 High Criminality Group.

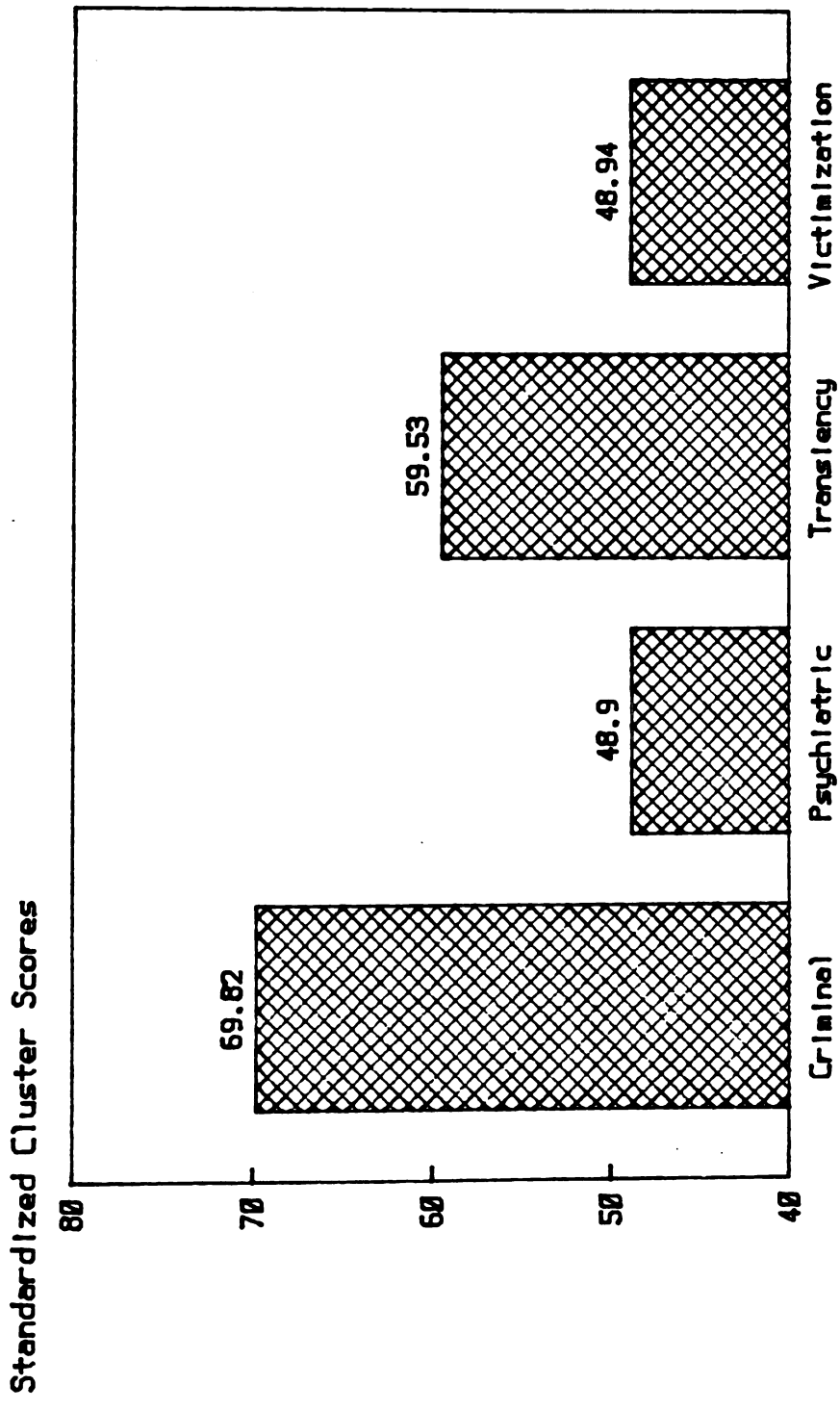

Figure 9. Cluster scores for 0-Type 7
High Criminality - High Trans Group.

Table 51

Number of Members and Homogeneity of O-Types Derived from the Typological Analysis

O-Type	Number of Members	Overall Homogeneity
1	57	.91
2	13	.82
3	9	.78
4	20	.86
5	5	.93
6	5	.93
7	10	.88
8[a]	2	.94

[a]Subsequently dropped from further analysis because n was less than 5.

Table 52

Means, Standard Deviations, and Homogeneity of the Eight Derived O-Types

O-Types		Cluster 1 (Criminal)	Cluster 2 (Psychiatric)	Cluster 3 (Transiency)	Cluster 4 (Victimization)
1	M	45.42	44.17	46.04	46.28
	SD	4.78	4.90	3.62	3.25
	H	.88	.87	.93	.95
2	M	48.03	48.68	46.11	71.48
	SD	7.33	4.81	2.38	6.88
	H	.68	.88	.97	.73
3	M	51.25	51.93	73.42	45.17
	SD	(51.19)[a]	(50.99)[a]	(76.92)[a]	(48.91)[a]
	H	4.48	6.27	8.59	4.53
		.89	.78	.51	.89
4	M	48.16	65.11	46.65	47.10
	SD	5.89	6.33	2.61	4.48
	H	.81	.77	.97	.89
5	M	43.72	61.31	64.10	45.83
	SD	3.48	5.73	2.88	1.37
	H	.94	.82	.96	.99
6	M	65.25	42.52	46.59	45.20
	SD	4.61	3.60	3.58	3.15
	H	.89	.93	.93	.95
7	M	63.66	49.90	58.38	47.27
	SD	(69.82)[a]	(48.98)[a]	(59.53)[a]	(48.94)[a]
	H	7.68	3.59	3.36	3.18
		.64	.93	.94	.95
8[b]	M	52.50	75.04	45.62	88.19
	SD	1.80	0.00	1.53	6.12
	H	.98	1.00	.99	.79

[a] Reflects cluster mean after cases initially not included in O-Types were added upon examination of cluster scores. One case was added to O-Type 3, and two cases were added to O-Type 7.

[b] Subsequently dropped from further analysis because of low n.

Table 53

Demographic and Miscellaneous Information by O-Type

	O-Type							
	Lower Deviancy	High Victim	High Transient	High Psych	Hi-Trans Hi-Psych	High Criminal	Hi-Crim Hi-Trans	TOTAL
n	57	13	9	20	5	10	8	125
Sex								
% male	59.6	30.8	66.7	50.0	80.0	100.0	100.0	63.2
% female	40.4	69.2	33.3	50.0	20.0	0.0	0.0	36.8
Race								
% White	21.1	15.4	44.4	25.0	20.0	10.0	0.0	20.8
% Minority	78.9	84.6	55.6	75.0	80.0	90.0	100.0	79.2
Age	29.0	30.6	32.1	40.2	36.8	34.8	42.3	33.4
$\bar{X}$ education	11.4	11.0	11.8	12.3	11.8	11.3	11.3	11.5
Days at COTS	18.6	13.0	14.2	18.8	12.4	15.8	12.9	16.7
% returned for follow-up	25.5	30.8	22.2	5.0	50.0	20.0	28.6	23.3
Global QOL (Range: 1-7)	4.7	4.2	3.4	4.2	3.7	4.1	3.7	4.3

Table 54

Housing Variables by O-Type

	O-Type							
	Lower Deviancy	High Victim	High Transient	High Psych	Hi-Trans Hi-Psych	High Criminal	Hi-Crim Hi-Trans	TOTAL
n	57	13	9	20	5	10	8	125
# times in shelter past year[a]	1.3	1.5	4.4	1.6	5.0	1.5	2.9	1.9
% mostly lived in house/apt last yr	91.2	92.3	11.1	90.0	40.0	80.0	0.0	76.8
% consider self to be homeless	63.2	92.3	88.9	60.0	80.0	80.0	62.5	70.4
% say previously homeless	24.6	30.8	33.3	35.0	100.0	30.0	75.0	42.0
# places lived past 6 months[a]	3.3	3.7	5.4	4.9	9.3	3.7	3.8	4.0
# times homeless in past	1.1	0.5	1.1	1.1	4.6	0.5	2.3	1.3
Housing QOL (Range: 1-7)	4.3	3.5	3.7	3.6	3.4	4.1	2.8	3.9

[a] This variable defines the "Transiency" cluster.

Table 55

Work and Finances by O-Type

	O-Type							
	Lower Deviancy	High Victim	High Transient	High Psych	Hi-Trans Hi-Psych	High Criminal	Hi-Crim Hi-Trans	TOTAL
n	57	13	9	20	5	10	8	125
% worked during past 6 months	37.5	16.7	44.4	25.0	40.0	50.0	25.0	34.5
% w/income past year < $2000	55.6	30.8	100.0	20.0	75.0	60.0	87.5	80.0
Sources of Income last 6 months								
% SSI[a]	0.0	0.0	0.0	80.0	25.0	0.0	0.0	16.1
% public assist	56.1	76.9	22.2	35.0	20.0	50.0	50.0	49.6
% savings	15.8	23.1	11.1	5.0	0.0	0.0	0.0	11.2
% work	50.9	38.5	66.7	30.0	20.0	70.0	50.0	47.2
% friends	10.7	38.5	22.2	10.0	20.0	10.0	12.5	14.5
% family	49.1	38.5	0.0	30.0	0.0	40.0	62.5	40.0

Table 55 (continued)

Work and Finances by O-Type

	O-Type							
	Lower Deviancy	High Victim	High Transient	High Psych	Hi-Trans Hi-Psych	High Criminal	Hi-Crim Hi-Trans	TOTAL
n	57	13	9	20	5	10	8	125
Sources of Income last 6 months (cont)								
% plasma, bottles[b]	1.8	0.0	55.6	0.0	0.0	0.0	0.0	4.8
% panhandling	8.8	7.7	33.3	10.0	20.0	0.0	12.5	11.2
% illegal	8.8	23.1	11.1	5.0	40.0	40.0	37.5	16.0
Work/Finances QOL (Range: 1-7)	2.8	2.4	1.9	3.0	2.4	2.0	1.8	2.6

[a] This variable defines the "Psychiatric History" cluster.

[b] This variable defines the "Transiency" cluster.

Table 56

Safety by O-Type

	O-Type							
	Lower Deviancy	High Victim	High Transient	High Psych	Hi-Trans Hi-Psych	High Criminal	Hi-Crim Hi-Trans	TOTAL
n	57	13	9	20	5	10	8	125
% victimized	45.6	86.9	77.8	47.4	60.0	30.0	50.0	54.4
# times robbed	.21	.23	.22	.95	.20	.30	.25	.32
# times assaulted[a]	.09	1.54	.22	.50	.00	.20	.13	.43
# times threatened[a]	.14	3.08	.56	.05	.00	.00	.13	.49
# times burgled[a]	.46	3.62	.67	.30	.60	.10	1.38	.86
Safety QOL (Range: 1-7)	4.5	3.2	2.9	3.3	3.2	4.5	3.3	3.9

[a] This variable defines the "Victimization" cluster.

Table 57

Self Variables by O-Type

	O-Type							
	Lower Deviancy	High Victim	High Transient	High Psych	Hi-Trans Hi-Psych	High Criminal	Hi-Crim Hi-Trans	TOTAL
n	57	13	9	20	5	10	8	125
% rating health as poor[a]	14.0	46.2	66.7	80.0	80.0	20.0	62.5	39.2
% drink alcohol more than 1x/wk	24.6	30.8	44.4	20.0	20.0	50.0	62.5	32.8
% ever used illeg drugs	77.2	92.3	77.8	65.0	40.0	100.0	87.5	79.2
% smoke marijuana 1x/wk or more	38.5	23.1	22.2	10.0	40.0	30.0	62.5	25.6
% w/psychiatric hospital history[a]	14.0	38.5	44.4	75.0	80.0	0.0	12.5	32.0
% w/prescribed psychotropics	0.0	0.0	22.2	45.0	20.0	10.0	12.5	12.8

Table 57 (continued)

Self Variables by O-Type

	O-Type							
	Lower Deviancy	High Victim	High Transient	High Psych	Hi-Trans Hi-Psych	High Criminal	Hi-Crim Hi-Trans	TOTAL
n	57	13	9	20	5	10	8	125
SCL-10 (Range: 1-5)	2.3	2.5	3.6	3.0	2.4	1.7	2.2	2.4
Depression Subscale	2.5	2.9	3.8	3.2	2.2	2.1	2.6	2.7
Phobic Subscale	1.8	1.7	2.9	2.5	2.8	1.3	1.4	2.0
Somatization Subscale	1.6	2.0	3.6	2.8	2.3	1.1	2.0	2.0
Self QOL (Range: 1-7)	5.1	4.5	3.8	3.9	3.7	4.9	4.4	4.6

[a] This variable defines the "Psychiatric History" cluster.

Table 58

Social Support Variables by O-Type

	O-Type							
	Lower Deviancy	High Victim	High Transient	High Psych	Hi-Trans Hi-Psych	High Criminal	Hi-Crim Hi-Trans	TOTAL
n	57	13	9	20	5	10	8	125
% never married	63.2	38.5	44.4	30.0	80.0	50.0	37.5	51.2
% lived w/both parents til 16	42.1	38.5	66.7	35.0	20.0	30.0	62.5	41.6
% w/children at shelter	28.1	46.2	0.0	15.0	0.0	0.0	0.0	20.2
Numbers of social supporters								
# companionship	3.0	3.6	0.7	2.8	1.0	2.3	3.3	2.8
# advice & info	2.2	1.9	1.9	2.4	0.4	2.3	1.8	2.1
# emotional	3.6	3.8	2.9	3.6	1.4	2.7	2.5	3.4
# negative	0.9	1.4	0.8	1.0	0.2	0.7	0.4	0.9

Table 58 (continued)

Social Support Variables by O-Type

	O-Type							
	Lower Deviancy	High Victim	High Transient	High Psych	Hi-Trans Hi-Psych	High Criminal	Hi-Crim Hi-Trans	TOTAL
n	57	13	9	20	5	10	8	125
Relationships of supporters								
% nuclear family	51.4	42.1	41.0	53.2	4.0	55.5	15.6	47.4
% kin	58.4	53.7	42.9	64.4	4.0	65.4	33.6	57.2
% friends	30.5	35.2	30.9	16.3	40.0	28.0	33.9	30.3
Soc Supt QOL (Range: 1-7)	5.0	4.3	4.0	4.5	4.2	4.8	4.2	4.7
Family QOL (Range: 1-7)	4.5	4.9	2.9	3.9	3.3	4.3	3.8	4.2
Independence/ Leisure QOL (Range: 1-7)	4.9	4.5	3.1	4.2	4.5	4.5	3.7	4.4

Table 59

Criminal Behavior by O-Type

	O-Type							
	Lower Deviancy	High Victim	High Transient	High Psych	Hi-Trans Hi-Psych	High Criminal	Hi-Crim Hi-Trans	TOTAL
n	57	13	9	20	5	10	8	125
% arrested[a]	35.1	46.2	88.9	55.0	20.0	100.0	100.0	53.6
# times been in jail[a]	.11	.31	.11	.30	.00	1.90	3.25	.52
# times been in prison[a]	.00	.15	.22	.05	.00	1.30	1.25	.25
% w/main income illegal last mnth	5.3	15.4	11.1	5.0	0.0	20.0	25.0	8.8

[a] This variable defines the "Criminality" cluster.

CHAPTER V

FOLLOW-UP RESULTS

In this study, a 2 x 2 factorial design was used to make comparisons between different methods of eliciting returns for follow-up. The two factors which were varied were type of payment and type of appointment card received. At the time of the initial interview, 86.6% of the participants indicated that they "definitely" or "probably" would return follow-up appointment. However, only a total of 23.3% (n = 28) of the participants actually returned for their scheduled follow-up interview.

Relationships between return for the second interview and a number of demographic variables were examined. Pearson correlations indicated no statistically significant relationships between race, age, or gender and whether participants returned for follow-up. However, having a history of psychiatric hospitalization was negatively correlated to return for follow-up (r = .16, p < .05). In the following sections, the experimental hypotheses are examined.

Analysis of Hypotheses One and Two

The first two experimental hypotheses asked:

1. Are cash incentives or incentives of material goods more effective in obtaining returns for follow-up appointments?

2. Are participants more likely to return if they are given permanent-type appointment cards instead of traditional paper appointment cards?

A total of 26.7% of the participants who were paid in cash returned for their follow-up appointment, as compared to 20.0% of those who received material goods payments. Similarly, 26.7% of the those who received a permanent card returned for follow-up, compared to 20.0% of those who received a regular appointment card. The rates of return by condition are presented in Figure 10.

In order to determine whether either of the varied factors had an effect on level of follow-up returns, a Chi-Square analysis was performed. The Chi-Square, with return for follow-up as the dependent variable and type of payment and type of appointment card as the two independent variables, failed to detect any statistically significant differences in the cell frequencies (i.e., $p < .05$ or better). Thus, neither Hypothesis One nor Hypothesis Two was supported.

Analysis of Hypothesis Three

The final experimental hypothesis asked:

3. Are participants who are more satisfied with services they have received within the interview setting more likely to return for a subsequent interview at the same location?

Satisfaction with COTS Shelter

A Shelter Satisfaction Scale was developed to assess how positively or negatively participants felt about their experiences at COTS. Scores on the scale could range from five to twenty. The average score on the Shelter Satisfaction Scale was 15.9 (SD = 2.6), indicating a high overall level of satisfaction with the shelter.

Type of Card	Type of Payment: Cash	Type of Payment: Goods	TOTAL
Regular	30.0% (n = 9)	10.0% (n = 3)	20.0% (n = 12)
Permanent	23.3% (n = 7)	30.0% (n = 9)	26.7% (n = 16)
TOTAL	26.7% (n = 16)	20.0% (n = 12)	23.3% (N = 28)

Figure 10. Percent follow-up return by type of payment and type of appointment card.

Scores on the Shelter Satisfaction Scale were not correlated with whether or not participants returned for their follow-up appointment (r = .01).

Satisfaction with the Interview

An Interview Satisfaction Scale was developed to assess respondents satisfaction with the interviewer and with the payment which they received for their participation. Scores could range from four to sixteen. The mean score for this scale was 14.1 (SD = 1.8), indicating a high degree of overall satisfaction with the interview.

Scores on the Interview Satisfaction Scale were not correlated with return for follow-up (r = .02).

Behavioral Infractions at COTS Shelters

Fewer than a quarter of the participants received incident reports for rules violations. Of those who did receive incident reports, the great majority received only one report (see Table 60). The most common reason for receiving an incident report was for a rules violation, such as a curfew violation or not cleaning one's room. Number of received incident reports was not related to return for follow-up (r = -.03).

COTS records revealed that just over half (56.5%) of the participants had been formally discharged from the shelter. The remaining 43.5% had been terminated because they had not returned for curfew, they had violated shelter rules, etc. (see Table 61). Participants who lad been discharged were somewhat more likely to return for follow-up than were those who had been terminated (r = .20, $p < .05$).

A minority of the participants in the study (12.0%) had been yellow-tagged after their stay, and consequently were forbidden from

Table 60

Incident Reports While at Shelter

Total number of incident reports received	% of sample
None	78.9
1	17.9
2 to 3	3.2

Reasons for receiving incident reports	
Reason	% of all Incident reports
Rules violations (e.g. curfew violation, not cleaning room)	74.3
Verbally abusive behavior (e.g. shouting)	22.5
Physical abuse	0.0
Substance abuse	0.0
Other	3.2

Table 61

Reasons for Termination

(n = 54)

Curfew violation	75.4
Violent, disruptive behavior	14.0
Substance abuse	5.3
General behavior problems, uncooperative	5.3

Table 62

Reasons for Being Yellow-Tagged

(n = 16)

	% of sample
Behavior (e.g. fighting)	60.0
Curfew violations	26.7
Three total shelter stays	6.7
Substance abuse	6.7

returning to the shelter. As noted in Table 62 the most frequently cited reasons for yellow-tagging were behavioral violations (60.0%). The correlation between having been yellow-tagged and returning for follow-up was not significant (r = .10).

In sum, evidence for Hypothesis Three was mixed. While there were no apparent relationships between return for follow-up and attitudes toward the shelter or toward the interview, a moderate relationship was revealed between exit status and return for follow-up.

Initial versus Follow-Up Comparisons

Comparisons were made between subjective quality of life scale scores obtained at the first and second interviews (n = 41).[11] As can be seen in Table 63, participants reported greater satisfaction at follow-up in their Global Quality of Life, as well as in all measured life domains.

Similar comparisons were made between initial and follow-up scores on the SCL-10 (see Table 64). While the mean scores on this measure were lower at follow-up (reflecting fewer problems), these differences were not statistically significant.

Experiences After Leaving the Shelter

A variety of experiential data were gathered or what happened to participants between the time they left the shelter and their second (follow-up) interview. This included information on the types of places where participants had lived or stayed since leaving the shelter and or their financial situations.

Table 63

Comparisons Between Initial and Follow-Up QOL Scale Scores

Scale	Initial	Follow-Up	t
Global QOL	4.20	4.73	2.26 *
Self QOL	4.51	5.01	3.23 **
Work and Finances QOL	2.54	3.77	5.41 ***
Safety QOL	3.88	4.59	2.87 **
Leisure and Independence QOL	4.39	4.98	3.19 **
Family QOL	3.99	4.68	2.63 *
Social Support QOL	4.53	5.01	2.77 **
Housing QOL	3.80	4.92	4.26 ***

Note. The number of cases included in the above comparisons ranged from 35 to 41.

* $p < .05$
** $p < .01$
*** $p < .001$

Table 64

Comparisons Between Initial and Follow-Up SCL-10 Scores

Scale	Initial	Follow-Up	t
SCL-10 (total)	2.39	2.17	-1.93
Depression Subscale	2.71	2.40	-1.95
Phobic Anxiety Subscale	2.10	1.74	-1.83
Somatization Subscale	1.88	1.96	- .49

Note. The number of cases included in the above comparisons ranged from 39 to 41.

The majority of participants were living in a house or apartment six weeks after the initial interview (see Table 65). Nearly a third (31.7%) reported that they had stayed in more than one residence since leaving the shelter. A substantial minority (24.4%) reported that they had spent time in another shelter and/or on the street in the first six weeks after the initial interview.

Participants reported a variety of sources of income during the six week period preceding their second interview (see Table 66). Public assistance was most frequently reported to be the main source of income during the previous month (see Table 67). For the most part, respondents continued to have low levels of income after leaving the shelter (see Table 68).

Table 65

Residence Six Weeks After Initial Interview

(N = 41)

	% of sample
House or apartment	68.3
Room or hotel	24.4
Shelter	4.9
Jail	2.4

Table 66

Sources of Income During Six Weeks Prior to Second Interview

(N = 41)

	% of sample
Public Assistance	63.4
Friends	43.9
Work	41.5
Family	36.6
Plasma center	19.5
Panhandling	14.6
Social Security Income (e.g. SSDI)	12.2
Returning bottles	12.2
Illegal sources	12.2
Savings	9.8
Unemployment Compensation	2.4

Note. Percentages total to greater than 100 because respondents could cite more than one source of income.

Table 67

Largest Source of Income During Month Prior to Second Interview

(N = 41)

	% of sample
Public Assistance	48.8
Work	19.5
Social Security Income (e.g. SSDI)	12.2
Plasma center	4.9
Returning bottles	4.9
Family	2.4
Savings	2.4
Unemployment Compensation	2.4
Friends	0.0
Panhandling	0.0
Illegal sources	0.0
No income past month	2.4

Table 68

Amount of Income During Month Prior to Second Interview

(N = 41)

	% of sample
None	7.3
$1 to $166	24.4
$167 to $250	19.5
$251 to $416	26.8
$417 to $666	7.3
$667 to $833	7.3
$834 and above	7.3

CHAPTER VI

DISCUSSION

This study had two major goals. The first was to gather descriptive information about a group of homeless shelter guests. To achieve this goal, participants were interviewed on a variety of background and demographic characteristics, psychiatric morbidity, their social support systems, and their perceptions about their quality of life. The second goal of the study was to systematically examine the effects of different research procedures on whether or not participants returned for scheduled follow-up appointments.

Quality of Life

Objective Quality of Life

It was anticipated that this group of homeless persons would have a poor quality of life overall. To a certain extent, these expectations were substantiated. In general, participants were frequent victims of crime, suffered extreme financial hardship, were unemployed, and had frequent contacts with doctors. Obviously, the current residential situation of all participants was less than ideal. Many also had a history of residential instability.

While the results certainly indicate that this group of homeless suffered from a multitude of problems, it is useful to make comparisons with the general population to understand the extent of these problems.

Comparisons are made below in the areas of work and finances, residential mobility, health, criminal victimization, and demographic variables with statistics on the general population reported by the U.S. Bureau of the Census (U.S. Bureau of the Census, 1983, 1985) and in the National Crime Survey (McGarrell & Flanagan, 1985).

Not surprisingly, low annual household incomes were reported. Nearly three-quarters of the sample reported incomes of less than $5,000, compared to only 18.9% of households and 24.6% of individuals in Michigan central cities. In addition, a higher proportion of respondents reported that they received public assistance income. Half of these participants received this type of support compared to 10.2% of White and 28.1% of Black households in Michigan central cities. Finally, while urban unemployment rates of 11.8% are reported for Detroit (where this study was conducted), 65.5% of these participants had not worked during the previous six months at a job that lasted at least two weeks.

While little comparable information is available on residential stability, U.S. Census statistics indicate that 55.7% of residents in Michigan central cities were living in the same house that they were living in five years previously. In this study, 87.8% of the respondents had stayed in at least two places during the previous six months. Thus, the homeless in this study were much more residentially mobile than Americans in general.

The U.S. Bureau of the Census (1986) reports that 88.2% of adults over the age of 25 have used alcohol, and that about half of all adults who drink alcohol do so once a week or more. Similar figures were reported in this study. Nearly identical percentages were reported by

this sample. Most reported that they had used alcohol at some time (89.6%), with about half of those reporting that they had consumed alcohol at least weekly during the previous month (47.8%). Thus, for the sample overall, use of alcohol appears to be quite similar to that by the general population. Use of illegal drugs, however, was much higher in this sample. Over three-quarters reported that they had used marijuana, with 62.2% of the sample reporting use in the last month. Reported rates for the general population are much lower, with 64.1% of young adults (18-25 years old) and 23.0% of older adults (26 years old and over) reporting that they had ever used marijuana. A quarter of younger adults and less than ten percent of older adults reported that they had used marijuana in the past month. In summary, while the homeless in this study also often used alcohol, marijuana was the substance of choice much more often than is reported by the general population.

Participants reported quite high rates of criminal victimization. Comparisons were made with data on criminal victimization data gathered in the National Crime Survey from residents of core cities within SMSA's (Standard Metropolitan Statistical Areas) (McGarrell & Flanagan, 1985). These comparisons reveal that participants experienced much higher rates of victimization for robbery, assault, and burglary/theft. For example, while 1.3% of respondents in the National Crime Survey reported that they had been robbed during the previous six months, and 3.2% reported that they had been assaulted, 21.4% of the homeless in this study said that they had been robbed, and 19.2% reported that they had recently been assaulted. Similar comparisons for property offenses reveal that they also reported higher rates of victimization for these crimes.

Because these comparisons were made with data gathered on rates of victimization in urban areas, it appears that the high rates reported in this study were not due simply to the fact that respondents were inner-city "residents."

Comparisons can also be made on a number of demographic variables. The percentages of participants with a high school degree were quite similar to those reported for residents of Michigan central cities (65.1% for Whites; 51.5% for Blacks). However, these rates are much lower than those reported for the nation (85.9%). A greater proportion of males was found in the sample than in the general population; while nearly two-thirds of these homeless were males, only half of the population in Detroit is male. This sample was also disproportionally Black. Over three-quarters of the sample was Black, compared to only 20.8% of Detroit residents. Thus, as has been reported in past studies, it appears that homelessness disproportionally affected certain groups; that is, mean and minorities.

In summary, comparisons with general population statistics indicate that this homeless sample suffered higher rates of criminal victimization, were financially impoverished, and used marijuana much more frequently. In addition, the population was disproportionally Black and male.

Subjective Quality of Life

Participants were most satisfied with themselves and with their social support. They were also moderately satisfied with their leisure time and independence. Even in these areas, however, they generally did not express high levels of satisfaction.

Comparisons with general population assessments of quality of life reported by Andrews and Withey (1976) indicate that these homeless generally assessed their satisfaction with their quality of life as lower in all areas. This was particularly true in the area of work and finances. While general population respondents reported that they felt between "mixed" and "mostly satisfied" with their financial situation, these respondents felt between "unhappy" and "mostly dissatisfied." Participants were also much less satisfied with their housing over the past year ("mostly dissatisfied" to "mixed" versus "mostly satisfied" to "pleased"), and with their global quality of life, reporting that they felt "mixed" compared to "mostly satisfied" for general population respondents.

Thus, while subjective assessments of quality of life indicated that participants were somewhat satisfied with some areas of their lives, they also reflected some of the many problems that these individuals were experiencing such as financial hardship, problems with housing, and lack of safety.

Social Support

Existence of Social Support

In this study, participants generally had small social networks ($\underline{M}$ = 6 members). Substantially higher rates are reported for general population samples. In a study of university employees, Norbeck et al. (1983) reported that respondents had an average of approximately twelve supporters. Studies using undergraduate samples report similarly high figures (e.g., Stokes, 1983; Stokes & Wilson, 1984).

While the majority of those surveyed had children, only a very small minority were living with a romantic partner. Virtually none were married and living with their spouse. Thus, most were deprived of this potentially important source of social support. In contrast, nearly eighty percent of adults in the general population have been married, with 63.2% being currently married (U.S. Department of Commerce, 1986).

Participants appeared to have less contact with relatives than the general population. While 37.6% reported that they had no contact during the previous month with a relative, Fischer (1984) reported for a general population sample that less than ten percent did not maintain regular contact with relatives.

A large minority of the participants reported that they had attended church during the previous month. While church involvement is a good potential source of social support, it is difficult to say how involved these repondents were in the activities of their church. During the period when they were staying at the shelter, it would have been particularly difficult for them to continue church attendance, particularly if their church was not within walking distance. Although few participants indicated that they were involved in some type of club or group, it was observed during the time of the study that a number of people became involved in a Vietnam Veterans organization located around the corner from COTS. Thus, it appeared that many of the shelter guests used groups (including church) as a source of social support and interaction.

Structure of Social Support

Participants in this study most frequently cited relatives as sources of social support. In particular, nuclear family members were

most often named as the most important person in the social support network. Friends were also frequently named as social supporters. More rarely, professionals such as counselors or caseworkers were named, and in a few cases, the interviewer was even named as a social supporter. In a study with college undergraduates, Norbeck et al. (1983) also gathered information on the relationship of individuals named to social networks. In her study, friends made up a larger proportion of networks and relatives made up a lesser portion of networks than reported in this study. In addition, a much higher proportion of respondents named spouses as providing support. While their sample was quite limited in its generalizability, these results indicate that there may be some differences between this sample and the general population in the structure of their social networks. Perhaps because of higher mobility and lower levels of employment, these homeless respondents had fewer opportunities to develop stable friendships. In addition, high levels of mental illness may make it particularly difficult to develop these relationships.

Generally, participants had known their social supporters for at least a year. Given the high proportion of supporters who were relatives, this was not surprising. It had been expected that transient lifestyles might result in social support networks composed of individuals who had been known only a short time. Overall, however, this did not appear to be true.

While participants indicated that equal amounts of support were provided in nearly half of their social support relationships, they were over twice as likely to report that they provided more support in a

relationship than they were to report that more support was provided to them. Some information on the reciprocity of relationships for a general population sample is available from McFarlane et al. (1981) who reported that 85.6% of support relationships for their sample were reciprocal. In comparison, participants in this study felt that they received support from an average of 62.6% of their relationships.

Similarly, approximately half of the respondents reported that there were individuals who made their lives difficult, that is, individuals who were sources of social stress. Thus, for many of the participants, individuals in their social support network were sources of social stress or provided a lesser amount of support to the respondent. It is possible that some of these ratings would be different at a time when respondents were not in crisis. That they were in a shelter signified to a certain extent that their social support networks had failed. In fact, disagreements with family members or friends was a common reason for leaving the last residence. During interviews, some expressed frustration and dissapointment that family members had not helped them to the expected degree.

Functional Content of Social Support

Overall, participants indicated that they felt between "mixed" and "mostly satisfied" their social support and social relationships. Some comparisons can be made with similar data gathered from general population samples. In the Andrews and Withey (1976) studies of the quality of life of Americans, samples reported higher levels of satisfaction with their families and with their leisure and independence than did the homeless in this study ($\underline{M}$ = "mostly satisfied" to "pleased"). Additional reports from Sarason et al. (1983) on the satisfaction with

social networks reported by college undergraduates suggests that they were more satisfied with their networks than was this sample ($\underline{M}$ = 5.4 on a 6-point scale). Thus, while participants were somewhat satisfied with their social support, apparently their networks were not meeting their support needs to the extent usually reported by the general population.

Past research has indicated that the homeless have very deficient social support networks. While the results of this study are generally supportive of the contention that the homeless lack social supports, they also suggest that many of those in the study had significant resources available to them for social support. In particular, many participants in this study were able to identify family members as providers of support.

In her discussion of the impact of poverty on social networks and supports, Belle (1983) notes that poverty is one of the most potent stressors known to social scientists. In particular, she observes that poverty appears to threaten marriages, a potential source of great social support. This study, which found that almost none of the participants had intact marriages, tends to lend support to this contention. The extent to which poverty leads to marital breakdown or marital breakdown leads to poverty is, however, unclear. Belle also points out the importance of recognizing that not all social ties provide social support. Some members of networks may actually constitute a drain on emotional and material resources. In this study, many relationships appeared to have some negative aspects, either by making the lives of the respondents more difficult in some way, or by providing an unequal exchange of support.

Inasmuch as they showed that this meaningful social support networks existed for this homeless group, the results of this study are certainly less dreary than the findings of Bassuk et al. (1984) who reported that three-quarters of their participants had no family relationships or friends to provide support; or those of Fischer (1984) who reported that one-third of those in her study had no contacts with relatives and that 45 percent had no contacts with friends. Nonetheless, the support networks of the individuals in this study were smaller and less satisfying than those of Americans in general, and were clearly not strong enough to prevent participants from resorting to staying in a temporary shelter. Evidently, even though social support was provided or available for most, a lack of more tangible resources, such as money, or enough room to accommodate another person, overcame any positive effects which social support may have had in helping people to maintain themselves in the community under stressful conditions.

Mental Health Status

A common conception of the homeless population is that it is composed primarily of former mental patients, or others who are victims of deinstitutionalization policies. Some studies have reported that as many as ninety percent of shelter guests need mental health treatment (Bassuk et al., 1984). In this study, one third of the participants had been hospitalized at some time for emotional problems. These rates are substantially higher than those reported for the general population (U.S. Bureau of the Census, 1986; Taube & Barrett, 1985). While a sizeable and meaningful minority of these homeless had histories of psychiatric hospitalization, they by no means represent the bulk of

the participants. Fewer than fifteen percent had received prescriptions for psychotropic medications during the previous six months, with most of those having a prior history of hospitalization. In addition, very few of those approached to be interviewed exhibited overt signs of mental illness. (Note that several of these individuals became non-participants.) Thus while those with a history of psychiatric hospitalization represent a significant subgroup of the shelter population, it would be erroneous to assume that the majority of shelter users exhibit such serious mental health histories.

While only a minority of participants had a history of psychiatric hospitalization, many indicated through their scores on the SCL-10 that they had been bothered recently by feelings of depression. Certainly, this was not surprising given their current situational crisis. For most of the participants, the shelter was used as an option of last resort for dealing with their residential crisis. Many were depressed about being forced to use these facilities, sometimes keeping their shelter stay a secret from family members. Others became discouraged by the difficulty of finding appropriate housing and the institutional nature of the shelter setting.

The scores on the SCL-10 of the participants in this study may be compared with those reported by Nguyen et al. (1983). In their study, data were gathered from mental health clients in a variety of settings (inpatient, residential, partial day, and outpatient). The average scores of these individuals were nearly identical with those found in this study. Thus, the individuals in this study reported that they had been bothered by the psychological symptoms assessed by the SCL-10 to a

degree similar to that reported by clients of mental health services. Unfortunately, normative data based on a non-patient group are not available. Consequently, it is difficult to determine the degree to which the participants in this study differed in their recent experience of psychological symptoms from a "normal" sample. However, it may be inferred that they were experiencing a greater number of problems, given the similarity of their scores to current users of mental health facilities.

Typological Analysis

The O-Typing analysis clearly revealed a number of distinct subgroups among the individuals participating in this study. O-Types varied along dimensions of criminality, transiency, psychiatric morbidity, and criminal victimization. Aggregating across O-Types, 20.2% of participants fell into high psychiatric morbidity O-Type groups, 17.7% into high transiency groups, 14.5% cent into high criminality groups, and 10.5% into a high criminal victimization group. The largest O-Type group (46.0% of participants) consisted of individuals who did not score high on any of these dimensions.

O-Type groups were compared on a number of dimensions. These comparisons revealed a number of additional differences between these groups. The large "lower deviancy" group tended to be most satisfied with their lives. They produced the highest mean ratings in global quality of life and in the life domains of housing, safety, self, leisure and independence, and social support. They were also least likely to say that they had been homeless in the past, and reported the fewest number of residences during the past six months. Thus, this large group

appeared to be relatively adept at dealing with the world. However, comparisons with the general population statistics cited earlier reveals that even this group was substantially poorer, had moved many more times in the recent past, had been criminally victimized more often, and used illegal drugs much more frequently. In addition, although they were nearly as satisfied as general population samples were with themselves and with their safety, they also reported much less satisfaction in other life domains. Nonetheless, while they were also in crisis, they generally less likely than those in other O-types to be experiencing some other types of serious problems. General social and economic conditions were likely great contributors to their residential crisis. It is anticipated that for many of these individuals, the current experience of homelessness will be their last.

The presence of identifiable subgroups among the homeless presents a number of implications for service provision. For example, it may be easier to place individuals with generally stable residential histories in acceptable housing, while individuals with psychiatric histories may have a need for more specialized placements. In addition, those with stronger social support systems may have greater external resources upon which they may rely than do those with few social contacts. This information can also be useful in planning resource appropriations and expansions. For example, those in the "lower deviancy" group could potentially be dealt with and serviced through the shelter with more minimal resources, while those in the high psychiatric groups may require the addition of or coordination with some specialized services.

The structure of the obtained O-Types was determined in part by the selection of variables measured in this study and by the researcher's decisions about what dimensions might be important in defining the homeless. Future research may indicate additional important dimensions for evaluating this population. Particularly useful results may be obtained from longitudinal studies.

Follow-Up Interview Results

One aim of this study was to examine the effects of different research procedures on participants' return for a scheduled follow-up appointment. While the obtained results were in the hypothesized direction, differences between groups were not statistically significant. Thus, the results indicated that there were no differences in follow-up rates between the two types of appointment cards (regular versus permanent) or between the two methods of payment (cash versus material goods). Referring back to the rationale for the hypothesis, it appears that there were no differences in the reward value of cash versus material goods of equal worth. Likewise, permanent cards did not increase the intangible rewards for the participant, and/or were not easier to retain than the regular card. As the return rates for all conditions were relatively low, this study (N = 120) may not have had sufficient power to detect real differences between conditions. In any event, the type of appointment card or the method of payment made little difference on follow-up rates with a sample of this size.

For the most part, participants appeared to prefer receiving their payment in cash. However, this preference was not universal. Some smokers, for example, preferred to receive cigarettes at the time of the

interview. Many of those in the material goods condition appeared to enjoy choosing the items which they would receive upon their return (with watches being particularly popular selections), and those who did return for their follow-up interview generally seemed quite pleased with the items that they received.

As with the type of payment, participants showed no clear preferences for which type of appointment card they received. Some men commented that the permanent card was difficult to place in their billfold, and thus was hard to keep. Women, on the other hand, sometimes found it convenient to attach the permanent card to their purse. The permanent card also was easier for them to locate in their purse or bag. While the majority of participants expressed no preference for the type of appointment card they received, some clearly preferred the permanent cards. For example, one gentleman who had been living in abandoned buildings prior to his stay at the shelter was very excited about receiving the permanent card. He said that it would show people that he was important.

A number of obstacles were encountered in this study in obtaining returns for follow-up. Because the goal of this research was to test the hypotheses related to follow-up procedures rather than to obtain the highest possible number of returns, more assertive follow-up procedures were not employed. However, the research does suggest a variety of strategies for increasing the numbers of individuals contacted at follow-up.

Improving Follow-Up Through the Interview Process

Initially, it is important to provide the research participants with a good interview experience. The homeless (in this case, shelter residents) may be particularly wary of interacting with strangers and may have histories of bad experiences with service providers. Therefore, extra efforts should be taken to establish the rapport necessary to effectively complete the research interviews. In order to establish this rapport, the researcher may need to spend time simply becoming familiar to the population. This can be faciliated by interacting in an undemanding manner with potential participants in settings where they are comfortable (e.g. shelter lobby, walk-in center, soup line, or wherever the sample is being obtained). While some individuals will readily agree to participate in an interview (particularly when there is some compensation offered), many will not do so until the researcher has made an effort to establish a personal relationship. While there was not enough data in this study to corroborate this quantitatively, there was some anecdotal evidence for the importance of establishing initial rapport. For example, one woman who initially refused to participate in the study later asked to be included after spending time talking with the researcher in the lobby of the shelter.

In conducting this research it was found that as the project progressed, the researcher earned a reputation among the shelter guests as someone who was "all right" and who could be trusted. However, because respondents almost universally reported their satisfaction with the interview and the interviewer to be quite high, there may not have been adequate variance in satisfaction scores to evaluate whether this variable was related to return for follow-up. While a good interview

experience in no way guarantees a return for follow-up, a bad experience may reduce the likelihood that a research participant returns for a subsequent meeting. Certainly anthropologists emphasize the importance of establishing a good relationship with study participants (Agar, 1980).

Improving Follow-Up Through the Choice of a Research Site

In this project, both initial and follow-up interviews were conducted at the shelter. This was an ideal site for conducting the initial interviews. Because guests were required to be on the premises periodically (e.g. for meals, in time for curfew, for appointments with social service staff), it provided a convenient location for contacting participants. Conducting follow-up interviews at the shelter, however, presented several problems. First, it was found that participants who had been terminated from the shelter were less likely to return for their follow-up interview. Some of these individuals were terminated when they left after finding a new residence. Not going through the discharge process, they were subsequently terminated when they did not make curfew. Others, however, were terminated because of behavioral infractions or disagreements with shelter staff. These individuals may have been more reluctant to return for follow-up because they believed they could not return to the shelter after their termination. In fact, some former guests were told by shelter staff that they could not return to the shelter. Others may not have wanted to return to the shelter simply because they did not wish to be reminded of the difficult circumstances that surrounded their shelter stay. Thus, it is suggested that in some cases where initial interviews take place in a service site

such as a shelter, follow-up interviews take place in a different location. This location should be easily accessible, familiar, and in the same general area as the original interview site.

In this study, conducting interviews involved a one-way commute of ninety miles for the research staff. Therefore, the research staff was unable to have daily scheduled hours at the shelter. Thus, staff could not conduct interviews with individuals who returned for an appointment on a day other than that for which they had been scheduled, or respond to individuals who had questions about their upcoming appointment. It is therefore suggested that researchers establish a follow-up interview site which has regular posted hours. This can help to maximize the opportunity that research participants have of making contact with the research staff if they have questions or miss their scheduled meeting.

Improving Follow-Up Through Tracking Procedures

Finally, several follow-up procedures may increase the chances of making contact with research participants. At the time of the initial interview, names, addresses, and phone numbers of at least two individuals likely to know the location of participants should be obtained. These names may include friends and relatives as well as caseworkers or other social service personnel. If the participant receives general assistance or other public support payments, efforts should also be made to obtain the mailing address for their checks. If the research project samples participants at a service site which may keep records of subsequent addresses of clients (e.g. a shelter), the researcher should be careful to negotiate access to client records, and to obtain signed releases to this information from participants. These

sources of information may be extremely useful in tracking individuals who do not return for scheduled appointments. In this study, follow-up letters were suprisingly effective in obtaining interviews with individuals who had not returned for their scheduled appointments.

Another potentially useful source of information that should not be overlooked is other participants in the project. In this study, respondents were an invaluable source of information about each other. While some shelter users did not develop friendships with other residents, or did not continue associations after leaving the shelter, others became part of well-developed networks of former guests. During their own interviews, some were able to provide addresses of individuals for whom no information was available. In other cases, they were able to provide information on the residential status of other participants.

Finally, in order to contact non-returning research participants, the researcher may wish to do outreach at sites where the very poor and/or transient are likely to congregate. These sites might include the local plasma center, soup lines, and drop-in centers. This outreach may take several forms. First, the researcher may post signs reminding research participants that they may return for a follow-up interview. Second, research staff may visit these sites in hopes of making direct contact with participants. These strategies involve a lot of effort with a potentially low payoff. They may be quite effective, however, particularly in studies with a large number of subjects. They also assume that the research staffperson remembers and is able to recognize the individuals who participated in the research. Clearly this requires that a fairly intensive level of interaction took place at the intitial

interview. Finally, the researcher may visit the "last known address" of participants and see if they are still residing there. Some participants do not return for interviews because they cannot obtain or cannot afford transportation to the interview site. If the researcher contacts individuals directly, interviews may then be conducted at the residences of these non-returning participants.

The homeless are a difficult group with which to conduct longitudinal research. At the point of contact they have no fixed address, and many continue to be mobile after leaving the shelter setting. In addition to the difficulties inherent in tracking people who have no permanent residence, some may be mentally ill, and thus have greater difficulty remembering appointments and meeting obligations. Furthermore, a lack of economic resources may make it difficult to obtain transportation to follow-up appointments, particularly if the individual has relocated to a different area of the city. Finally, the struggle to meet basic survival needs in the urban outdoors makes it especially difficult for the homeless to keep scheduled appointments.

Based on the results of this research, a number of suggestions have been made for increasing follow-up rates. While a certain percentage of research participants can be expected to return for scheduled appointments on their own, an increase in these rates requires more active involvement from the researcher. However, it is unlikely that one hundred percent of participants can be located, even when assertive follow-up procedures are used. In a study of Massachusetts' homeless published after this study was conducted (HSRI, 1985), psychiatric inpatients were followed up three months after their discharge from the facility. Even

using very extensive tracking methods, the researchers were able to locate only half of the participants. As a number of those contacted refused to complete a second interview, follow-up interviews were completed with only 43 percent of the participants who had originally agreed to a second meeting.

Generalizability of Results

As in most studies of the homeless, participants in this study were guests of a temporary shelter. Caution should be used before generalizing results based on this population to the homeless as a whole. Shelter users are likely not representative of all homeless, particularly those who make a deliberate choice not to use these types of facilities. For example, those who accept shelter services may be willing to accept certain types of support which those who stay on the street will not. Those who remain on the street may be more likely to rely on alternatives which do not require social interactions. Shelter users are a much more accessible group for study, and certainly constitute a sizeable and important portion of the homeless: however, future research is encouraged using homeless populations who are more difficult to access.

Another possible limitation in generalizing the results of this study to all shelter users is that participants were sampled from only one shelter. COTS shelter was selected for this study because previous research on the homeless in Detroit (Solarz & Mowbray, 1985a, 1985b) indicated that this shelter had a very diverse clientele. In addition, many of those sampled for this study had received shelter services at other facilities previous to their stay at COTS, and consequently were also representative of users of these other facilities. Thus, while

other shelters in the area may typically have had different types of clients than those at COTS (e.g., some only serve women, some serve only men), those who used COTS can be considered to be fairly typical shelter users.

Finally, some caution should be used in generalizing this information about shelter users in Detroit to shelter users in other cities. While some characteristics of the homeless appear to be quite consistent across geographic areas, many are not. For example, while the mean age of shelter users is generally reported to be in the early to mid-thirties, other characteristics may vary. Shelters in cities with military bases may have higher proportions of .pa veterans, cities with higher numbers of minorities may also have greater proportions of homeless minorities, etc.

Conclusions

Both the lay and professional literature present a variety of pictures of the homeless. The homeless are alternately portrayed as deinstitutionalized mental patients, alcoholics or drug users, criminals, bums, and eccentrics. In this study, extensive data were gathered from a group of homeless shelter guests on the quality of their lives. The results present a much more diverse picture of the homeless than is often shown, and the O-Type analysis indicated that the largest group of shelter users were <u>not</u> former mental patients, criminals, or transients.

Clearly, the homeless are a multi-problem group. While there are some universal problems (such as the lack of immediate housing), it is

also clear that this is a very heterogeneous population. As a group, they suffer from significant health problems which are compounded by limited access to adequate and/or affordable health care (Solarz & Mowbray, 1985a; 1985b). Many have significant histories of psychiatric problems or may be experiencing current psychological distress due to the situational crisis of homelessness. Both mental and physical health problems may be exacerbated by alcohol and/or drug dependencies. In addition, many become victims of personal or property crimes.

In addition to these problems, many lack the available social supports or resources which might have provided a "safety net" and prevented their becoming homeless. Some may be alienated from their families because of their history of institutionalization in the mental health or penal system (or in some cases, both systems). For others, friends and family also have severely limited resources at their disposal and are simply unable to take in one more person.

Future research can provide important information for understanding the problem of homelessness and the needs of the homeless. In particular, there is a need for research (especially longitudinal studies) using broader populations, particularly those homeless who do not use shelter services. Researchers have tended to be quite near-sighted in their focus of research with the homeless. It is important that study of this group moves away from an almost exclusive focus on mental illness among the homeless. While the homeless mentally ill are clearly a significant subgroup with significant service needs, there are also other important subgroups among this population. An exclusive focus on the homeless mentally ill reduces homelessness to being an issue of deinstitutionalization policies. Clearly, this is not the case. In

addition, this tends to ignore that a greater number of homeless with mental health service needs may only require very short term crisis intervention rather than entrenchment in the mental health system.

The alarming numbers of homeless in this country represent a tragic waste of human resources. While generating additional data about these people will hopefully lead to a better understanding of them, this information will be most meaningful if it leads to the development of more humane national economic and social service polices and important interventions aimed at prevention of homelessness.

FOOTNOTES

[1] One response to the problem of homelessness has been the growth of temporary or emergency shelters. These shelters provide housing to individuals for short periods of time, and range in size from fewer than ten beds to hundreds of beds. Shelters generally have a number of restrictions. For example, some serve only men, some only women, and many do not shelter families. In addition, the length of stay is generally restricted, as are the number of visits within a certain period of time. In some cases, shelters also provide meals for guests. For the most part, however, shelters are limited to meeting the basic needs of housing, and do not have the resources to provide a wide range of needed social services.

Shelters and missions have been a part of Detroit's history since the Civil War. Blumberg et al. (1978) report that the Mission Lodging house served 381 meals and supplied lodging to 180 persons during the week of January 22, 1868. They further note that the McGregor mission helped in 6,736 men in 1894, and dealt with an average of 23,508 men annually from 1910 to 1915.

[2] The total N for the follow-up study was 120. After these 120 interviews were conducted, interviews were conducted with additional randomly sampled individuals (n = 5) as time permitted. These individuals were not asked to return for a follow-up interview.

[3] There were some problems involved in assessing highest level of attained education. The interview question did not distinguish between a high school diploma and a G.E.D. certificate. Consequently, it is believed that some participants with a G.E.D. certificate reported that they had a high school diploma while others did not.

[4] Additional data were collected on military history. All of the 18 individuals with a history of military service were males. Thus, a total of 22.8% of the men had been in the military. Of those, 38.9% (n = 7) had been in active comat. Of those who had been in active combat, 71.4% (n = 5) had served in Vietnam, 14.3% (n = 1) had served in Korea, and 14.3% (n = 1) had served in Europe or the Pacific in World War II.

[5] First, the names on the client roster were consecutively numbered. Next, a random numbers table was used to determine the order in which individuals would be approached for participation in the study. For example, if the first two-digit number to come up on the random numbers table was a "19," then the individual who had been numbered "19" would be the first to be called. Once the order was determined, names were called until the number of individuals necessary to provide each

available interviewer with an interviewee had been located. Inevitably, this involved calling several extra names, as individuals were frequently not in the shelter when their name was initially called. Only one member of each "family" unit, such as a husband and wife or a boyfriend and girlfriend living together, was sampled. This was necessary to preserve the independence of experimental conditions in the follow-up study.

When additional participants were needed; that is, when an earlier interview was completed, names would be called again. First, the names of individuals with the highest order (excluding those who had already been approached) would be called, even if they had been called earlier. This helped to maximize the probability that each person who had been sampled would eventually be approached to participate in the sample, and that individuals would not be excluded from the study simply because they did not remain in the shelter.

Before the next interviewing session (i.e., the next day when interviews were conducted), a current roster of names was again obtained, and the order of names was once again determined. However, a slightly different method was used. First, the names of individuals who had been called at the previous interviewing session, but who had not been located, were identified. These names were not included in the new numbering of names. Instead, they were given "top" priority as potential participants, and their names were called first when soliciting participants. Once again, this was done to maximize the probability that an individual would be approached for participation once his or her name was sampled. Thus, the names to be ordered at subsequent sessions included the names of all individuals who had come to the shelter since the last session, as well as the names of individuals who had been at the shelter during the previous visit, but who had not been called to participate in the study (i.e. because a full complement of participants had already been obtained before their name was called). Once sampled, an individual's name was called whenever asking for participants, until he or she was approached for participation or was no longer staying at the shelter.

[6] These hours were scheduled for a number of reasons. In general, greater numbers of shelter guests were on the premises in the late afternoon and evening hours than in the early afternoon or morning. Guests frequently engaged in activities related to obtaining housing, financial entitlement, etc. during the day when business offices were open. The majority returned to the shelter by dinner time at 5:00 p.m. Consequently, interviews were scheduled in the evening to increase the likelihood of contacting all sampled individuals. Guests who had been absent during the day were frequently contacted during this time. The curfew for shelter guests was 8:00 p.m. Thus, late hours helped to ensure that all sampled guests could be contacted at some time during the day. While very early morning hours might have increased the likelihood that guests could be contacted before they left the shelter for the day, a two-hour commute to the interview site by the interviewers precluded scheduling interviews at that time.

[7] Interviewers received extensive classroom and applied training before beginning actual interviews. Classroom instruction involved training in interview techniques (including probing for information), review of the research methods, and introduction to the issue of homelessness. During training, interviewers conducted a minimum of two practice interviews with peers, and one interview with a shelter resident. Each of these interviews was carefully reviewed and evaluated by the researcher. Once the actual interview process began, taped interviews were reviewed periodically by the researcher and feedback provided to interviewers. In addition to the training to conduct interviews, interviewers (who were receiving psychology or social work class credit for participating in the research project) were required to write two papers on their beliefs and expectations about the homeless. The majority also kept journals of their experiences.

[7a] In addition to this assessment of overall quality of life, two other questions were asked about global QOL. First, the same question was asked, but with different response categories. Instead of the delighted-terrible scale, a graphic representation of seven faces was used. The expressions on the faces ranged from very happy (smiling) to very sad (frowning). Responses on this item correlated .42 ($p < .001$) with the delighted-terrible global QOL scale. However, its inclusion in the scale slightly lowered internal consistency reliability (Cronbach's alpha), and it was consequently not included in the final scale.

The last measure of global quality of life consisted of an assessment of how the respondent's life was most of the time during the past year. Participants responded on a graphic nine rung ladder scale with the top of the ladder representing the best life one could expect, and the bottom of the ladder representing the worst. Thus, while the Delighted-Terrible Global QOL Scale represented current perceptions of overall quality of life, the Ladder Scale represented how life was most of the time within a longer period of time. This item correlated .40 ($p < .001$) with the Delighted Terrible Global QOL measure. However, because it's removal from the scale improved the obtained alpha, it was subsequently dropped from the scale.

[8] It should be noted that participants were not simply asked whether or not they had been a victim of a crime during the previous six months. Instead, they were asked whether or not they had experienced each of the four index offenses, even if they asserted that they had not been a victim of a crime. Respondents who stated that they had not been a victim of a crime when the items were introduced frequently responded, after direct questioning, that they had indeed experienced one or more of these offenses. Often, they had not classified the event as a victimization. For example, an assault may be considered a "fight" instead, particularly in the case of domestic assault where the assailant was a boyfriend or husband. In addition, participants often did not recall victimization incidents until they were prompted by the questions. This was particularly true in the case of less salient offenses such as minor property theft.

[9] Results indicated that the most complete source of information about psychiatric history was obtained from the respondents themselves. Overall, 82.5% of the participants who were assessed as having a history of psychiatric hospitalization from a combination of self-report and archival sources (interview self-reports, shelter records, DMH records), reported that they did indeed have a history of hospitalization. On the other hand, Department of Mental Health hospitalization records revealed only 60.0% of the total number of those determined to have a history of psychiatric hospitalization. Information gathered from shelter records was even less complete. Only half (52.5%) of the respondents revealed their past psychiatric hospitalizations during the intake interview at the shelter.

Other comparisons were made using just those cases where respondents indicated that their last hospitalization was in Michigan. Review of DMH records uncovered 61.5% of these hospitalizations. Conversely, for those cases where DMH records were indicated, 70.8% of the respondents indicated that they had a history of psychiatric hospitalization.

There are several reasons for discrepancies between self-report and archival data sources. In a few cases, respondents may deliberately fail to disclose information about their mental health histories. In others, they may not identify a hospitalization as being for emotional problems even though it was in a psychiatric hospital, or they may in fact not know that a hospitalization was for emotional problems. Instead, individuals may identify a hospitalization as being primarily for alcohol or drug problems, or feel that it occurred because they had nowhere to stay, because they got into a disagreement with a household member, or other such reasons. In this study, it was found that some of these kinds of problems could be overcome with skillful probing and careful wording of questions in a way which elicited the most information. Department of Mental Health records, on the the other hand, under-report hospitalizations because they only include hospitalizations in state hospitals. Thus, hospitalizations in private or out-of-state hospitals are not captured. The least reliable source of information was the shelter intake records. Respondents may have been more reluctant to reveal this information to shelter staff because they were not sure how the information would be used, and may have feared that it would in some way affect their access to certain services or their treatment within the shelter setting.

As with the information obtained about psychiatric history, results indicated that the most complete source of information about criminal history was obtained from the respondents themselves. Overall, 95.5% of the participants who were assessed as having an arrest history from a combination of self-report and archival sources, reported that they did indeed have a history of arrest. On the other hand, archival data (i.e., State Police conviction registers and Department of Corrections prison records) revealed only 46.3% of the total number of those determined to have a history of arrest.

The obtained self-report information on jail histories was less accurate, with 66.7% of the respondents with jail histories (as calculated from a combination of official and self-report information) indicating that they had been to jail. It is believed that this discrepancy was due primarily to confusion on the part of some of the interviewers in differentiating between a jail "term" and time spent in jail awaiting disposition or sentencing. Thus, in some cases the participants reported having spent time in jail, but this information was not coded because the interviewer incorrectly determined that the incarceration did not meet the criteria of a "jail term." It is believed that criminal history information was problematic only with respect to jail data. Reviews of official records revealed 78.8% of the total jail histories.

Review of Department of Corrections prison records indicated that all Michigan prison histories had been reported by the respondents. However, because a number of respondents had served prison terms only in other states, review of Department of Corrections files revealed only 88.2% of the total reported prison histories.
criminal histories.

[9a] It is quite likely that those with high numbers of previous hospitalizations, because of their very complicated hospitalization histories, were unable to accurately recall the actual number. For the individual who claimed 100 hospitalizations, Michigan Department of Mental Health records revealed 17 actual hospitalizations. As all of his periods of hospitalizations may not have been in Michigan state hospitals, his actual number of hospitalizations may have been substantially higher, although probably not as high the estimate he made during the interview.)

[10] Both self-report and Department of Mental Health archival records were used to determine the age of first psychiatric hospitalization. Where there were discrepancies between these two sources of information, the younger indicated age was used.

[11] In order to increase the amount of information available about people after they left the shelter, additional efforts were implemented to make contacts with participants who had not returned for their follow-up appointment.

Non-returning participants were contacted in a number of ways. First, some were contacted when they were observed in the vicinity of the shelter. Second, follow-up letters were sent to a subset of non-returning participants for whom addresses were available. Addresses were obtained in several ways. For some, forwarding addresses had been given to the researcher before the participant left the shelter. For others, addresses were obtained from the client files at COTS shelter. For a small number, addresses or residence locations were obtained from other former shelter guests with whom they had had some contact after leaving the shelter. The follow-up letters asked that the participant return to the shelter on one of several days in the near future when the interviewers were scheduled to be at the shelter. The letter stated

that they would be paid five dollars in cash if they returned, and emphasized that they would be allowed to return to COTS even if they had been "kicked out" after their stay. Letters were personalized to each participant. A paper appointment card was included in each letter as a reminder of the project and to provide them with the phone number of the shelter. This appointment card could also be used by them to record their next "appointment."

A total of 19 follow-up letters were mailed. Of those, two were returned because the addressee was no longer at that address. Of the remaining 17 persons, six returned on scheduled interview days and completed interviews. Another participant returned to the shelter after receiving a letter, but did not return on a day when an interviewer was present, and could not subsequently be contacted. Thus, from the 17 letters which were not returned in the mail (and therefore may have reached the addressee), 41.1% obtained a response, and 35.3% led to a completed interview.

Follow-up interviews were completed with two additional non-returning participants. The first had told the researcher that he would be attending a state university in the fall. He was eventually contacted at college, and an interview was completed at his dormitory. The second non-returning participant was in jail at the time of his scheduled follow-up interview. After successfully completing negotiations with the jail administration, an interview was conducted with the participant/inmate.

Using this variety of procedures, interviews were completed with thirteen non-returning participants. Note that all of these individuals were coded as <u>non-returns</u> for the purposes of the experimental manipulation.

APPENDICES

APPENDIX A

CRIMINAL BEHAVIOR AMONG THE HOMELESS

AN EXAMINATION OF CRIMINAL BEHAVIOR AMONG THE HOMELESS

by

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INTRODUCTION

In the 1980's, homelessness has emerged as a significant social problem, and it has been estimated that there may be as many as 2.5 million homeless in this country today (Bassuk, 1984). The traditional picture of the homeless may be that of the older "skid row" alcoholic male who is socially isolated from family or friends. During the last ten to fifteen years, however, the characteristics of the homeless have changed. The often romanticized hobos and boxcar adventurers of yesteryear have been replaced by a different picture today; that of the homeless "new poor," deinstitutionalized mental patients, and "street people," The homeless today are younger, are more likely to be experiencing psychiatric problems, and are more likely to be women (often with their children) than were their earlier counterparts.

The homeless are significantly disenfranchised from the centers of power, from economic resources, and from housing. For some, criminal activity may become a means for obtaining resources needed for basic survival. Little is known, however, about the level of criminal activity among the homeless, or about the types of criminal activity in which the homeless engage.

Assessing Criminal Behavior of the Homeless

There are a number of ways in which the criminal behavior of the homeless may be assessed, each with certain methodological problems. For the most part, researchers have relied exclusively on self-reported information obtained from limited or restricted homeless groups (e.g. from shelter guests). That most researchers use these limited samples simply reflects the great difficulties inherent in identifying homeless individuals. The homeless can be found in many different settings. For example, some are on the street, some are in shelters, and some live in condemned buildings or in cars. The numbers of individuals in different subgroups among the homeless are unknown and nearly impossible to determine. Thus, representative sampling

of the population as a whole is a difficult, if not impossible task. It is very important to keep this limitation in mind, however, when generalizing research results about the homeless.

In addition to the sampling problems associated with most studies of the homeless, there may be problems associated with the reliability of the obtained self-report information. Little information is available on the reliability of self-report information obtained from this group, as few researchers have compared self-report information with other official data on criminal history. Robertson, et al. (1985) have reported, however, that a limited sample of 25 homeless women provided more complete information regarding arrest history to the researchers than they did to intake personnel at the shelter where they were staying.

The dynamic nature of this population creates another methodological problem. Those who are homeless generally move in and out of that state; living in a cycle of hotel rooms, shelters, etc. In addition, for a great number, a period of homelessness represents a single lifetime incidence. Once individuals have been identified by researchers as homeless, information on their criminal history is generally retrospective, covering both periods when they were homeless as well as periods when they were domiciled. Thus, it is very difficult to determine from published reports what the level of criminal behavior is during true periods of homelessness versus other periods of time. This is a difficult methodological problem to overcome. One approach is to take identified criminal populations and then determine whether they were homeless or domiciled at the time of their last involvement in the criminal justice system. While this approach makes it possible to assess the incidence of homelessness among certain populations, it excludes individuals whose criminal behavior has not been detected by the system.

Previous Research on Criminal Behavior Among the Homeless

For the most part, criminal behavior of the homeless has received little attention from contemporary researchers. Generally, data have been limited to self-reports of the presence or absence of involvement with the criminal justice system as indicators of past and current criminal activity. While self-report information is often obtained on the use of illegal drugs, data are rarely obtained on involvement in other types of illegal activities. In the next sections, research on criminal history, as well as on current illegal behavior of the homeless will be described.

Criminal History

Typically, researchers studying the homeless limit accounts of criminal behavior of the homeless to reports of whether or not respondents have had contact with the criminal justice system. Research describing arrest and incarceration histories of the homeless is presented below.

Arrests of the Homeless. Several methods have been used to examine arrest histories among the homeless. The first, and most common, is simply to ask interview respondents whether or not they have ever been arrested. A second method is to examine the incidence of homelessness among identified criminal populations, and then to draw some conclusions about criminal behavior of the homeless in general from that sample.

In interview studies, researchers generally report high rates of arrest among the homeless. For example, Robertson, et al. (1985) reported that 52% of a sample of 217 respondents had a history of arrest. Similarly, Fischer (1984) reported an arrest rate of 58% for 51 homeless persons sampled from Baltimore missions.

In an important study examining an identified criminal population, Fischer (1985), reviewed 50,524 adult arrests reported for the city of

Baltimore during 1983. After determining that 634 of the arrests (representing 275 individuals) had been of homeless persons, she made comparisons between homeless and other arrests on a number of factors. It was found that, compared to the entire sample of arrests, fewer of the homeless arrests were for serious offenses. Most arrests of homeless individuals were for relatively trivial offenses and victimless crimes (e.g. violation of park rules, disorderly conduct, etc.). Demographically, the homeless arrestees were generally older, more likely to be white, and more likely to be men than were those in the general population of arrestees.

In another study which focused on the mentally ill in a county jail, Lamb and Grant (1983) examined 101 female jail inmates who had been identified by staff as having psychiatric problems. They reported that 42% of these women had been homeless or living in cheap hotels at the time of their arrest. In a similar study with male inmates, Lamb and Grant (1982) reported that at the time of arrest more than one third of the participants (36%) were living as transients; 25% were living on the streets, on the beach, in their cars, or in missions; and 11% were living in cheap hotels. It was also determined that over half (51%) of those charged with misdemeanors had been homeless or living in cheap hotels at the time of their arrest, as compared to 23% of those who had been charged with felonies.

History of Incarceration. High rates of incarceration have also been reported for homeless persons. In the Robertson, et al. (1985) study, a large majority of a limited sample of 51 homeless persons reported that they had served time in jail (84%), and approximately 15% of this sample indicated that they had served a prison term. Using intake data reported on 8,051 individuals using New York City shelters, Crystal (1984) reported that 21% of the women in the sample, and 44% of the men in the sample revealed that they had served time in prison. In another large study conducted in various urban

and rural sites in Ohio, Roth, et al. (1985) found that 58.5% of the 979 participants reported a history of incarceration in jail and/or prison. Finally, Solarz and Mowbray (1985) reported that 27.8% of a sample of 75 Detroit shelter users said that they had been incarcerated in jail or prison at some time during that previous five years. None of the women in the study reported being incarcerated within this period, compared to 38.8% of the men in the sample.

Current Illegal Behavior

As noted earlier, self-report of current illegal behavior has primarily been restricted to information regarding the use of illegal drugs. Generally, high rates of use have been reported. Solarz and Mowbray (1985) found that 31% of a sample of 75 Detroit shelter users had used marijuana within the past month. Drugs other than marijuana had been used by 11% of all participants during the previous month. In addition, 15% of those in the study reported that they had received treatment for drug problems at some time. For a sample of 202 homeless men and women sampled from Los Angeles missions, soup lines, and outdoor areas, Robertson, et al. (1985) reported that 55% of the respondents indicated that they had used at least one illegal drug more than five times in their lifetime.

In summary, existing research indicates that substantial numbers of the homeless have a history of involvement in the criminal justice system, and that the homeless may be overrepresented among certain identified criminal groups. Little attention has been paid, however, to actual current illegal behavior with the exception of the use of illegal drugs. In this study, information was obtained from a sample of homeless shelter users on their criminal history, as well as on their current illegal activity. In the

sections below, the research methods will be described, followed by a presentation and discussion of the results.

METHOD

Participants

Participants were 125 individuals residing at a temporary shelter in a large midwestern city.

The sample consisted of 79 males and 46 females. They had a mean age of 33.4 years, with a range in age of 17 to 72 years. Approximately twenty percent were under the age of 25, while fewer than three percent were over the age of 60. Nearly 80 percent of the participants were Black, with the remaining being White (20.8%) or of another ethnic background (0.8%). The demographic characteristics of the sample are summarized in Table 1.

Participants were randomly sampled from a roster of guests staying at the shelter on interview days. Subjects were paid $2.00 for their participation in the interview. Participation was voluntary.

Measures

Information on criminal behavior and history was gathered both through self report and from archival data sources. Interview data were gathered on number of prior arrests, history of incarceration, use of illegal drugs, and current illegal sources of support. Interview information was also gathered on a number of background and demographic variables including psychiatric history, residential history, and work history.

Self-reported criminal history information was augmented with conviction criminal history information data obtained from the State Police. It should be noted that while this data source appeared to be relatively complete with respect to convictions for felonies which resulted in incarceration, it was deficient in its overall reporting of arrests and misdemeanor conviction data.

Table 1

Summary of Demographic Characteristics

Gender

Males - - - 63.2%
Females - - 36.8%

Race

Black - - - 78.4%
White - - - 20.8%
Other - - - 0.8%

Age

$\bar{X}$ = 33.4 years old (total)

$\bar{X}$ = 33.6 years old (men)
$\bar{X}$ = 33.0 years old (women)

Education

8th grade or less - - 7.3%
Some high school - - 38.7%
High school grad - - 31.5%
Some college - - - - 22.6%

Data on past criminal histories were also obtained through reviews of State Department of Corrections records. For those participants with Michigan prison histories, complete files (i.e. presentence reports, past criminal histories, institutional behavior, etc.) were available on all former inmates who had been on "active" status within the past five years.

RESULTS

In the following sections, information will be presented on past criminal behavior of the participants, followed by a discussion of current illegal activity. Where group comparisons are presented, mean differences were calculated using two-tailed t-tests.

Criminal History

Information will be presented in this section on arrest history, jail history, and prison history. A summary of this information is presented in Table 2.

Arrest History

Information on arrest history was generally obtained from self-report data. Self-report data were supplemented by archival data where archival data indicated additional arrests.

Results indicate that just over half (53.6%) of all participants had a history of prior arrest. A significantly greater proportion of men (67.1%) than women (30.4%) had a history of arrest ($p < .01$). This compares to estimated individual arrest histories of approximately 22% for men and six percent for women nationally (McGarrell and Flanagan, 1985). The average age of first adult arrest (age 17 or older in this state) was 22 years old, with a range in age from 17 to 41. The majority of those with adult arrest histories had their first arrest before the age of 21 (57.8%). Those with arrest histories reported a mean of 5.3 prior arrests, with 60.9% reporting three or fewer

Table 2

Summary of Official Criminal Histories

Arrest History - - - - - - - - - - - - - - 53.6%

Males - - - - - - - - 67.1%
Females - - - - - - - 30.4%

Jail History - - - - - - - - - - - - - - - 26.4%

Males - - - - - - - - 40.5%
Females - - - - - - - 4.3%

Prison History - - - - - - - - - - - - - - 13.6%

Males - - - - - - - - 21.5%
Females - - - - - - - 0.0%

prior arrests. Of those with an arrest history, 45.9% reported that they had been arrested within the past year. This represents 18.4% of the total sample, or 19.0% of men and 17.4% of women.

Jail History

Data on jail history were obtained both from self report and from official records.

Over a quarter (26.4%) of all participants in the study had served a jail sentence. (This did not include time spent in jail awaiting trial or sentencing.) Nearly all (97.0%) of these individuals were men; in fact, only two of the women in the study had served time in jail. Thus, a total of 40.5% of the men had served time in jail, compared to only 4.3% of the women in the study (difference statistically significant at $p < .001$). Those with prior jail histories had served an average of two prior terms, with a range from one to nine prior jail terms. Nearly half (48.5%) of those with a jail history had served only one jail term, and only 15.1% had served more than two terms.

The majority of offenses for which respondents had received jail sentences were non-assaultive or property crimes. Fewer than twenty percent of those with a jail history (or 4.8% of all of the participants) had been convicted of violent or assaultive offenses such as assault, armed robbery, or weapons offenses. The largest number of jail sentences were for property theft. Over half (51.5%) of those with a jail history (or 13.6% of the total sample) had received a sentence for breaking and entering, larceny in a building, receiving and concealing stolen property, or other such offenses. A summary of conviction offenses for which respondents received jail sentences is presented in Table 3.

While the majority of those with jail histories (54.8%) had served those terms five or more years previously, 12.1% had been released from jail within

Table 3

Percentages of Participants with Jail History Who Served Jail Terms for Specified Offenses

(n = 33)

Burglary offenses (breaking and entering, larceny in building, receiving and concealing, auto theft, etc.)	51.5%
Assaultive offenses (assault, A&B, Armed robbery, weapons, etc.)	18.2%
Drug offenses	15.2%
Forgery (includes uttering and publishing, false pretenses, etc.)	15.2%
Destruction of property	6.1%
Miscellaneous offenses (contempt of court, disorderly conduct, driving under the influence, non-payment of child support, etc.)	39.4%

the past year. Most (69.7%) had served a total of six months or less in jail aggregated across all jail terms. Approximately twelve percent of those who had served jail terms had spent more than a total of a year serving their jail sentences.

Prison History

A total of 13.6% of the participants in the study had a prior history of incarceration in prison. All of these individuals were men. Thus, a total of 21.5% of the men in the study had a prison history. Those with a prison history had received prison sentences for an average of 2.2 offenses, and had been to prison an average of 1.8 times. Nearly half (47.1%) had been in prison more than once, with a range of one to four incarcerations.

A surprisingly high number of those with a prison history had been convicted of murder (23.5%). This represents 5.1% of the men in the sample, or 3.2% of the entire sample. Approximately half of those with a prison history (52.9%) had served prison terms for property theft convictions (breaking and entering, UDAA, receiving and concealing stolen property, etc.). A summary of the offenses for which participants received prison sentences is presented in Table 4.

Nearly a third of those with prison histories (31.3%) had been released from prison within the past year. Half had been released between five and ten years previously, and 18.8% had been released from prison between ten and twenty years previously. A quarter of those with a prison history were on parole at the time they were contacted. It was subsequently learned after reviewing prison files that another participant had escaped from a corrections center, and was actually on inmate status at the time he was interviewed. Thus, a total of 29.4% of those with a prison history were on parolee or inmate status at the time of the study. This represents four percent of the total sample, or 6.3% of the men in the study.

Table 4

Percentages of Participants with Prison History Who Served Prison Terms for Specified Offenses

(n = 17)

Burglary (breaking and entering, larceny in building, receiving and concealing, auto theft, etc.)	52.9%
Murder	23.5%
Assault, rape	17.6%
Robbery (armed robbery, larceny from person, etc.)	17.6%
Drug offenses	17.6%
Miscellaneous (violation of probation, possession stolen mail, CCW, etc.)	23.5%

Just over half of those with a prison history (52.9%) had served a total of five or fewer years in prison. However, 29.4% had served ten or more years, with 11.8% having served more than fifteen years in prison.

Current Criminal Behavior

Substance Abuse

A substantial majority of participants (78.4%) in the study admitted to using marijuana at some time. Of those, 62.2% (or 49.6% of the sample) had smoked marijuana during the previous month. Nearly a third (32.7%) of those who had used marijuana reported that they had smoked it at least weekly during the previous month. Thus, a quarter of all participants (25.6%) had used marijuana at least weekly during the last month.

A large minority of the participants (42.7%) reported that they had at some time used illegal drugs other than marijuana, such as heroin, cocaine, or LSD. However, fewer than a quarter of those (22.6%) indicated that they had used any of these types of drugs within the past month. Thus, only 9.6% of the respondents claimed that they had used illegal drugs other than marijuana during the previous month.

Overall, 79.2% of the respondents reported that they had used illegal drugs at some time. Men were statistically significantly more likely to report having a history of illegal drug use than were women (83.6% versus 71.7%; $p < .01$)

Illegal Income

Sixteen percent of the respondents indicated that they had some source of illegal income during the previous six months. Over twenty percent of the men (20.3%) compared to less than ten percent of the women (8.7%) reported some illegal income. (This difference was not, however, statistically significant.) While participants were not asked directly the source of their illegal income, many of the respondents volunteered this information. Illegal sources

of income included selling controlled substances (including prescribed medicines), shoplifting for personal needs, stealing items in order to sell them, and leaving restaurants without paying for meals. Drug trafficking was the most commonly mentioned source of illegal income.

For 8.8% of the participants, their main source of income during the past month was illegal. Over ten percent of the men in the sample (11.4%) reported that their main source of income during the previous month was illegal, compared to 4.3% of the women (not statistically significant).

Panhandling, illegal in some jurisdictions, was reported as a source of income during the past six months by 11.2% of the participants. While panhandling was a source of income for 17.7% of the men, no women reported that they had panhandled during the past six months (difference significant at $p < .001$). Few of the men (3.8%), however, indicated that panhandling had been their primary source of income during the previous month.

In total, over a third of the men in the sample (35.4%) reported earning money during the past six months from panhandling and/or illegal income. This represents 25.6% of the entire sample.

Welfare Abuse

Nearly half (45.6%) of the participants in the study reported that they had received money from public assistance (i.e welfare or AFDC) during the previous six months. According to regulations, there are substantial restrictions on the amount of income that one may earn if receiving public assistance, and it is required that earned monies be reported to the appropriate agency in order that subsequent benefit adjustments may be made. In the state where the study was conducted, welfare payments for single persons generally consist of a shelter allowance of approximately $150.00 to $170.00, $70.00 worth of food stamps, and less than $20.00 for personal needs and all

other expenses. Because of the low level of public assistance payments, some recipients resort to earning income through other means in order to supplement these funds. This income is generally not subsequently reported to social service agencies.

The numbers of respondents in this study reporting that they received income during the past six months both through public assistance and from working gives a rough estimate of the maximum percentages who may have "abused" welfare. In this study, 35.5% of those who received public assistance during the previous six months also indicated that they had earned money from working during that time. This represents 17.6% of all those in the study.

Reliability of Information

A concern sometimes voiced by those providing services to the homeless, as well as by researchers, is whether or not information obtained from homeless persons is reliable. In order to assess the reliability of self-report information obtained in this study, comparisons were made between self-report responses and archival data.

Results indicate that the most complete source of information about criminal history was obtained from the respondents themselves. Overall, 95.5% of the participants who were determined to have an arrest history from a combination of self-report and archival sources, reported that they did indeed have a history of arrest. On the other hand, archival data (i.e., State Police conviction registers and Department of Corrections prison records) revealed only 46.3% of the total number of those determined to have a history of arrest.

The obtained self-report information on jail histories was less accurate, with 66.7% of the respondents with jail histories (as calculated from a combination of official and self-report information) indicating that they had

been to jail. It is believed that this discrepancy is due primarily to confusion on the part of some of the interviewers in differentiating between a jail "term" and time spent in jail awaiting disposition or sentencing. Thus, in some cases the participants reported having spent time in jail, but this information was not coded because the interviewer incorrectly determined that the incarceration did not meet the criteria of a "jail term." It is believed that criminal history information was problematic only with respect to jail data. Reviews of official records revealed 78.8% of the total jail histories.

Review of Department of Corrections prison records indicated that all Michigan prison histories had been reported by the respondents. However, because a number of respondents had served prison terms only in other states, review of Department of Corrections files revealed only 88.2% of the total reported prison histories.

In summary, this self-report information appears to be a reliable indicator of the presence or absence of arrest and incarceration histories. Information was likely less accurate with respect to the total number of involvements in the criminal justice system (e.g. total number of arrests or jail terms), particularly for those with very extensive or complicated criminal histories.

DISCUSSION

This study is limited to the extent that complete data were generally not available on arrests and convictions for minor offenses. Nonetheless, the participants in this study exhibited a wide range of past and current criminal behavior. As many as 62.4% had been arrested in the past for illegal behavior, or admitted to earning current illegal income, and close to half (44.3%) of the men in the sample had a history of incarceration in jail or prison. A perfunctory analysis of these data might indicate that the homeless

are primarily chronic criminals who participate in extensive illegal behavior. However, examination of the criminal behavior of the participants in this study reveals a number of different relationships between homelessness and criminal behavior.

For some of the homeless in this study, engagement in illegal behavior was closely related to a state of poverty and limited access to resources. For example, while living on the streets after eviction from a shelter, one man reported that he had been leaving restaurants without paying for his meals. He added, however, that he was keeping a list of these establishments, along with the dates when he had eaten there, so that he might pay for those meals at a later time. Another older gentleman had spent six months living in abandoned buildings, moving on to another whenever his presence was detected. Finally, he came to a shelter for help. Several participants in the study reported that they had spent time living in wooded areas within the city, sometimes shoplifting food in order to eat. Another young man had been breaking into cars on a used car lot in order to have a place to sleep off of the street.

For a smaller group of the participants, criminal activity appeared to reflect a deviant lifestyle of which a state of homelessness may simply have been an incidental aspect. Prison files revealed that some of the participants had long term transient and unstable lifestyles; moving between periods of incarceration and domiciliation in cheap hotels and rooming houses. One former inmate reported that during a period while he was on escapee status he "lived some of everywhere but nowhere in particular." Several participants were also known to have warrants out for their arrest at the time they were interviewed, or within a short time thereafter. The reasons for the issuance of warrants were varied. For example, one participant had escaped from a

correctional center, one parolee had not reported a change of residence to his parole officer, another individual had been charged with assault of his mother, and another had been charged with breaking and entering.

For some five percent of the participants in this study, release from incarceration appears to have precipitated their homelessness. For example, one gentleman became homeless after his seventeen year old first degree murder conviction was overturned upon appeal, and he was released outright from prison. Another young man became homeless after his parole officer determined that the hotel room in which he was living was problematic because of a high level of drug traffic and other illegal activity in the building. After a short stay with his mother did not work out, this young man went to a shelter. Others simply had no established housing upon their release from incarceration, or the housing situation to which they were released was inadequate or did not work out because of interpersonal conflicts.

Thus, criminal behavior appears to serve a number of functions among the homeless. In general, the homeless who engage in illegal behavior may be grouped into the following categories:

1. **Chronic criminals** - These individuals may have an extensive history of arrests and convictions for illegal behavior. Their current illegal activity may consist, for example, of selling drugs on a large scale, armed robberies, extensive assaultive behavior, or repeated burglaries. For example, one participant in the study said that he had stolen over $500 worth of silk dresses which he planned to sell to his regular "fence." Another man had an extensive incarceration history consisting of three terms in prison and nine jail terms (in fact he was an escapee at the time of his interview). Nearly all of his convictions were for larcenies. Illegal behavior is generally the main source of support for these individuals, and may in fact be

thought of as "employment" by them. Very few of the participants in this study can be placed in this category.

2. **Supplementing criminals** - For many of those in the study, illegal behavior was used to supplement existing sources of income. The meager income provided by public assistance, or by part-time or sporadic employment, is often not adequate to provide for shelter, food, and personal needs. Thus, some resort to low levels of criminal behavior to provide small amounts of additional income or resources. Included in this group are those who illegally supplement welfare payments with work income, those who deal in small amounts of drugs or who sell some of their own prescription medicines, and those who occasionally supplement existing resources by shoplifting food or personal use items. Most of the criminal behavior of those in this study likely falls into this category.

3. **Criminals out of necessity** - For those who are truly homeless or who find themselves temporarily without shelter or any source of income, criminal activity may become an adaptive behavior necessary for survival. For this group, engaging in illegal behavior is directly related to their state of homelessness. In this study, participants reported breaking into cars in order to obtain shelter for the night, eating in restaurants and then leaving without paying for their meal, living in abandoned buildings (i.e., trespassing or breaking and entering), shoplifting food, and living out-of-doors in public parks or wooded areas. For those who spend significant amounts of time on the streets or going from shelter to shelter, this type of behavior is likely quite common. Over a quarter of those in this study (28.0%) had spent the night before coming to the shelter on the street (includes in the woods or in a car) or in another shelter. Most of them reported engaging in these kinds of behaviors.

4. **Substance abusers** - A significant portion of those in the study reported current use of illegal drugs. This was likely the most common type of illegal behavior reported by respondents. Within the inner city milieu, this may not be considered deviant behavior, and it is certainly not restricted to the homeless. Those whose criminal behavior is related to alcohol abuse (e.g., public drunkenness or drinking in public) may also be included among this group of offenders.

5. **Mentally ill** - As Fischer (1985) notes, for some of the homeless, bizarre behavior symptomatic of psychological problems may result in intervention by law enforcement officials leading to incarceration instead of to sometimes more appropriate social services or treatment. This may include psychotic behavior (sometimes including assaultive behavior), or other disorderly conduct. In this study, 32.0% of the participants had a prior history of psychiatric institutionalization. For the most part, they did not exhibit overtly bizarre behavior during the period that they were in the shelter. However, several did indicate that behavior related to their mental illness had occasionally led to intervention from the police. Overall, this probably does not represent a significant portion of illegal behavior among the homeless. Note that for the participants in this study, history of psychiatric hospitalization was <u>not</u> statistically related to having arrest, jail, or prison histories.

The above categories are not necessarily independent. Individuals may move among the first three categories of criminal behavior as their circumstances change. Illegal behavior related to substance abuse and mental illness clearly may overlap with all other categories. In addition, these categories may not be completely inclusive; for example some assaultive behaviors do not fit neatly into any one group. However, these categories do

encompass the great majority of illegal behaviors that may be more specific to the homeless than to other groups.

Clearly, there are many patterns of illegal behavior among the homeless. This has implications for how criminal behavior among this population may be dealt with and effectively controlled. For many of the homeless, participation in illegal activity serves as an alternative avenue of access to basic resources. Criminal behavior may thus be used to meet needs which existing social services are not adequately addressing. In order to reduce this type of behavior, system level changes may be necessary to create accessible alternatives for meeting basic needs.

The homeless are a heterogeneous group with a varied set of problems. Consequently, there is no single point from which their problems may be addressed. It appears therefore that multi-disciplinary approaches to dealing with the social problem of homelessness have the greatest likelihood of achieving some success. The importance of input from mental health, public health, and social service agencies in addressing problems of the homeless is evident. It should also be recognized, however, that the criminal justice system encounters the homeless at a number of levels. Special attention should be paid to the homeless at the levels of the police, courts, and penal institutions. Particularly in urban areas where homelessness is most acute, police may frequently be faced with decisions on how to deal most effectively with homeless individuals, many of whom also suffer from substance addiction or mental illness. Dealing with these individuals on the street requires an awareness of the special problems of the homeless, and a thorough knowledge of available social services. At the court level, diversion into vocational rehabilitation or substance abuse treatment programs, along with the provision of aid in obtaining stable housing, may be appropriate alternatives to incarceration for certain offenders. Finally, at the institutional level, it is

important that appropriate housing be established and confirmed at the point of release, particularly for those with an unstable residential history. Release of individuals without financial resources from incarceration to shelters or other unstable living settings may greatly increase the likelihood that they will recidivate.

In summary, while the homeless as a whole engage in relatively high levels of illegal activity, for many this is an adaptive response to dealing with severely limited resources. It is suggested that particular attention be paid by the criminal justice system to addressing the needs of this quickly growing group.

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APPENDIX B

PARTICIPANT AGREEMENT

Participation Agreement
Shelter Guest Interview

Researchers at Michigan State University are doing a study to learn about people who stay at temporary shelters such as COTS.

People who participate in this study will be paid. If you decide to participate in this study, you will be put in one of two groups by a lottery. In one group, you will be paid in cash for your participation in this study. In the other group, we will pay you by giving you some items, such as toilet articles. Either way, the value of your payment will be the same. For example, if one person is paid $2.00 in cash, another person will get $2.00 worth of items.

You do not have to participate in this study. If you do want to participate, you are asked to sign this form stating that you agree to the following:

---

1. I understand that my participation in this study is voluntary. My participation will in no way affect my eligibility for services here at the shelter.

2. I understand that I will be interviewed twice; once right now, and again 6 weeks from now. Each of these interviews will take about an hour. Both of these interviews will take place here at COTS.

3. I understand that I will be paid for my participation in this study. My payment for the first interview will be worth $2.00, and my payment for the second interview will be worth $5.00.

4. I agree to be assigned by lottery to one of two groups;

    a. Group 1 will receive cash payments for their participation in the interviews.

    b. Group 2 will be given material goods as payment for their participation in the study.

5. I understand that all of the information from the interview will be handled <u>confidentially</u> by the research staff and that this information will only be released anonymously (without names attached).

<u>However</u>, I understand that anything I say or do during the interview which may indicate that I may harm myself or others, will be reported to shelter staff for my own protection.

6. I understand that the following kinds of information will be gathered during the interviews:

a. Background information, such as information about my education, income, employment history, housing history, contacts with the criminal justice system, psychiatric history, etc.

b. Information about how I feel about such things as my housing situation, social relations, my friends and family, finances, health, this shelter, etc.

7. I understand that I can skip any questions I don't want to answer, and that I can withdraw from the interview at any time without penalty.

8. In addition, I give permission for the research staff to examine, through December 1987, Michigan Department of Mental Health records about dates and places of any psychiatric hospitalizations I have had.

9. I also give permission for the research staff to examine, through December 1987, police, court, and Michigan Department of Corrections records about my possible criminal history; including information on arrests, convictions, and periods of incarceration.

10. I understand that there may be no direct benefits to me as a result of my participation other than the cash or material goods payment received. However, other people may benefit in the long run because of the information which is gathered.

11. At my request, a summary of the results will be given to me when they are available.

12. I understand that I have had the opportunity to ask any questions about the research study and have them answered. If I have additional questions about the study, I may contact Andrea Solarz, Department of Psychology, Michigan State University (517) 353-5015.

13. I AGREE THAT I HAVE BEEN GIVEN THE CHANCE TO TALK ABOUT THE RESEARCH STUDY AND TO ASK QUESTIONS, AND HEREBY CONSENT TO PARTICIPATE IN THE PROJECT AS DESCRIBED. I UNDERSTAND THAT I AM FREE TO WITHDRAW AT ANY TIME WITHOUT PENALTY.

_____ _____

Signature (Print full name on this line including middle name, if any)

_____

Date

I further understand that my signature below indicates my consent to have this interview tape-recorded.

_____

Signature

APPENDIX C

MATERIAL GOOD CHECKLIST

MATERIAL GOODS CHECKLIST

$1.00 Items

__ tube socks

__ tooth paste

__ pack of cigarettes

__ handkerchiefs (2)

__ box of tissues

__ Handi-Wipes paper towels

__ playing cards

__ shaving cream

__ disposable razors (5)

__ bar soap (2)

__ disposable cigarette lighters

__ shoe laces

- __ light blue
- __ dark purple
- __ red
- __ pink

$1.00 Items

__ infant formula

__ Gerber baby cereal

__ box of raisins

__ crackers and cheese (4 packs)

__ fruit drink in cartons

- __ Hawaiian Punch
- __ grape drink
- __ apple juice

__ Spaghetti O's (2 cans)

__ instant soup

- __ tomato
- __ chicken noodle

__ granola bars (5)

__ vienna sausage in cans

$2.00 Items

__ band-aids

__ aspirin

__ wash cloth

__ cookies

- __ Oreo's
- __ Fig Newtons

__ roasted peanuts

__ toilet paper (6 pack)

__ baby powder

__ baby oil

3.00 Items

__ wet wipes (for babies)

__ disposable diapers (Huggies)

- __ newborn to 14 months
- __ 12 to 24 pounds
- __ 23 pounds and over

$4.00 Items

__ towel

__ digital watch

- __ men's
- __ women's

$5.00 Items

__ pillow

APPENDIX D

INTERVIEW MEASUREMENT INSTRUMENTS

Participant I

Cover Sheet

Start time: _____

Data

1. Participant ID# ____

2. Date of interview _____/_____/_____ ____

3. Interviewer

   1 = Kelley Blodger
   2 = Judy Fleissner
   3 = Lydia Galuppi
   4 = Katrina James
   5 = Sheila Smoot
   6 = Andrea Solarz _

4. Sex of Participant

   1 = Male
   2 = Female _

5. Race of Participant

   1 = White
   2 = Black
   3 = Other (specify) _____ _

Blank

Participant ID __

Quality of Life Questionnaire

(Participant ID#)

IN THE NEXT SECTION OF THE INTERVIEW, I WANT TO FIND OUT HOW YOU FEEL ABOUT VARIOUS PARTS OF YOUR LIFE. PLEASE TELL ME THE FEELINGS YOU HAVE NOW - TAKING INTO ACCOUNT WHAT HAS HAPPENED IN THE PAST YEAR, AND WHAT YOU EXPECT IN THE NEAR FUTURE.

Hand participant Card # 1

1. ON THIS CARD ARE 7 FACES. WHICH FACE COMES CLOSEST TO SHOWING HOW YOU FEEL ABOUT YOU LIFE AS A WHOLE?

   (Codes: 9=won't answer)

Hand participant Card # 2

2. NOW, HERE IS A PICTURE OF A LADDER. AT THE BOTTOM OF THE LADDER IS THE WORST LIFE THAT YOU MIGHT REASONABLY EXPECT TO HAVE. AT THE TOP IS THE BEST LIFE YOU MIGHT EXPECT TO HAVE. OF COURSE, LIFE FROM WEEK TO WEEK FALLS SOMEWHERE IN BETWEEN. WHERE WAS YOUR LIFE MOST OF THE TIME DURING THE PAST YEAR?

   (Codes: 99=no answer)

Hand participant Card # 3

NOW I AM GOING TO ASK YOU ABOUT A LONG LIST OF THINGS.

ON THIS CARD ARE THE ANSWERS THAT I WANT YOU TO GIVE ME. AFTER I ASK YOU EACH QUESTION, TELL ME WHAT PHRASE ON THIS CARD GIVES THE BEST SUMMARY OF HOW YOU FEEL; EITHER "DELIGHTED OR EXTREMELY PLEASED", "PLEASED," "MOSTLY SATISFIED," "EQUALLY DISSATISFIED AND SATISFIED" "MOSTLY DISSATISFIED," "UNHAPPY," OR "TERRIBLE," DEPENDING ON HOW YOU FEEL ABOUT THAT PART OF YOUR LIFE.

IF YOU FEEL THAT A QUESTION DOESN'T APPLY TO YOU, JUST TELL ME THAT.

Participant ID _

1 = Delighted or extremely pleased
2 = Pleased
3 = Mostly satisfied
4 = Mixed (about equally satisfied and dissatisfied)
5 = Mostly dissatisfed
6 = Unhappy
7 = Terrible
9 = (no answer - explain why!)

3. FIRST, A VERY GENERAL QUESTION. HOW DO YOU FEEL ABOUT YOUR LIFE AS A WHOLE? . . . . . _

   (Confirm answer by saying, for example, "So you feel pleased about your life as a whole?" Make sure that they understand how to complete the task and are completing it correctly!)

4. HOW DO YOU FEEL ABOUT THE PLACE WHERE YOU STAYED BEFORE COMING HERE TO THE SHELTER? . . . . . _

5. OVERALL, HOW DO YOU FEEL ABOUT THE PLACES YOU HAVE LIVED OVER THE LAST YEAR? . . . . . _

6. IN GENERAL, HOW DO YOU FEEL ABOUT YOURSELF? . . . . . _

7. HOW DO YOU FEEL ABOUT YOUR EMPLOYMENT SITUATION? . . . . . _

8. HOW DO YOU FEEL ABOUT YOUR HEALTH AND PHYSICAL CONDITION? . . . . _

9. HOW DO YOU FEEL ABOUT HOW SECURE YOU ARE FINANCIALLY? . . . . . _

10. HOW DO YOU FEEL ABOUT THE PRIVACY YOU HAVE - THAT IS, BEING ALONE WHEN YOU WANT TO? . . . . . _

11. HOW DO YOU FEEL ABOUT HOW SECURE YOU ARE FROM PEOPLE WHO MIGHT STEAL OR DESTROY YOUR PROPERTY? . . . . . _

12. HOW DO YOU FEEL ABOUT THE AMOUNT OF FUN AND ENJOYMENT YOU HAVE? . . . . . _

13. HOW DO YOU FEEL ABOUT YOUR CHANCE OF GETTING A GOOD JOB IF YOU WENT LOOKING FOR ONE? . . . . . _

14. HOW DO YOU FEEL ABOUT THE RESPONSIBILITIES YOU HAVE FOR MEMBERS OF YOUR FAMILY? . . . . . _

    (Coding: 8 = n/a no family)

15. HOW DO YOU FEEL ABOUT WHAT YOU ARE ACCOMPLISHING IN YOUR LIFE? . . . . . _

16. HOW DO YOU FEEL ABOUT THE INCOME YOU HAVE (the amount of money you make or get)? [answer even if has no income!] . . . . . _

Participant ID _

1 = Delighted or extremely pleased
2 = Pleased
3 = Mostly satisfied
4 = Mixed (about equally satisfied and dissatisfied)
5 = Mostly dissatisfed
6 = Unhappy
7 = Terrible
9 = (no answer - explain why!)

17. HOW DO YOU FEEL ABOUT THE THINGS YOU DO AND THE TIMES YOU HAVE WITH YOUR FRIENDS? . . . . . .

(Coding: 8 = n/a claims no friends)

18. HOW DO YOUR FEEL ABOUT YOUR INDEPENDENCE OR FREEDOM - THAT IS, HOW FREE YOU FEEL TO LIVE THE KIND OF LIFE YOU WANT TO? . . .

19. HOW DO YOU FEEL ABOUT YOUR STANDARD OF LIVING - THAT IS, THE THINGS YOU HAVE LIKE HOUSING, FURNITURE, RECREATION, AND THE LIKE? . . . . . .

20. HOW DO YOU FEEL ABOUT YOUR CLOSE ADULT RELATIVES - THAT IS PEOPLE LIKE YOUR PARENTS, IN-LAWS, BROTHERS AND SISTERS, GRANDPARENTS? . . . . . .
(Coding: 8=n/a no relatives)

21. HOW DO YOU FEEL ABOUT YOUR EMOTIONAL AND PSYCHOLOGICAL WELL-BEING? . . . . . .

22. HOW DO YOU FEEL ABOUT YOUR PERSONAL SAFETY? . . . . . .

23. HOW DO YOU FEEL ABOUT THE WAY YOU HANDLE PROBLEMS THAT COME UP FOR YOU? . . . . . .

24. HOW DO YOU FEEL ABOUT THE DEALINGS YOU HAVE WITH SOCIAL SERVICE AGENCIES, FOR EXAMPLE IN ORDER TO GET FOOD STAMPS OR PUBLIC ASSISTANCE, OR TO GET OTHER KINDS OF HELP? . . . . . .
(Coding: 8=n/a no contact)

25. HOW DO YOU FEEL ABOUT YOUR FAMILY LIFE - THAT IS, THE TIME YOU SPEND AND THE THINGS YOU DO WITH MEMBERS OF YOUR FAMILY? . . .
(Coding: 8=n/a no family)

26. HOW DO YOUR FEEL ABOUT HOW MUCH YOU ARE ACCEPTED AND INCLUDED BY OTHERS? . . . . . .

27. HOW DO YOU FEEL ABOUT THE WAY YOU SPEND YOUR SPARE TIME? . . . . .

Participant I

NOW I'M GOING TO ASK YOU A FEW MORE QUESTIONS ABOUT THE THINGS WE HAVE BEEN TALKING ABOUT.

(Hand participant Card # 4)

I WANT TO KNOW HOW IMPORTANT EACH OF THESE THINGS IS TO YOU. ON THIS CARD ARE THE ANSWERS THAT I WANT YOU TO GIVE ME.

AFTER I ASK YOU EACH QUESTION, TELL ME WHAT PHRASE BEST DESCRIBES HOW IMPORTANT EACH THING IS TO YOU; EITHER "NOT AT ALL IMPORTANT," "NOT VERY IMPORTANT," "SOMEWHAT UNIMPORTANT," "MIXED OR EQUALLY IMPORTANT AND UNIMPORTANT," "SOMEWHAT IMPORTANT," "VERY IMPORTANT," OR "EXTREMELY IMPORTANT," DEPENDING ON HOW YOU FEEL.

DO YOU HAVE ANY QUESTIONS?

(Confirm first couple of answers to make sure respondent understands task!)

1 = not at all important
2 = not very important
3 = somewhat unimportant
4 = mixed (equally important and unimportant)
5 = somewhat important
6 = very important
7 = extremely important

28. HOW IMPORTANT TO YOU IS HAVING A HOUSE OR APARTMENT THAT YOU LIKE TO LIVE IN? . . . . . .

29. HOW IMPORTANT TO YOU IS HAVING A JOB? . . . . . .

30. HOW IMPORTANT IS IT TO YOU THAT YOU BE FREE FROM HAVING TO BOTHER WITH GOVERNMENT RULES AND REGULATIONS? . . . . . .

31. HOW IMPORTANT TO YOU IS HAVING ENOUGH MONEY, SO THAT YOU DON'T HAVE TO WORRY ABOUT MONEY? . . . . . .

32. HOW IMPORTANT IS IT TO YOU THAT YOU BE ABLE TO SUPPORT YOURSELF FINANCIALLY, WITHOUT HELP FROM OTHERS OR FROM THE GOVERNMENT? . . . . . .

33. HOW IMPORTANT IS HAVING A GOOD FAMILY LIFE - HAVING FAMILY MEMBERS YOU CAN ENJOY BEING WITH? . . . . . .

34. HOW IMPORTANT TO YOU IS HAVING GOOD FRIENDS, AND THE RIGHT NUMBER OF FRIENDS? . . . . . .

35. HOW IMPORTANT IS BEING IN GOOD HEALTH AND IN GOOD PHYSICAL CONDITION? . . . . . .

Participant

1 = not at all important
2 = not very important
3 = somewhat unimportant
4 = mixed (equally important and unimportant)
5 = somewhat important
6 = very important
7 = extremely important

36. HOW IMPORTANT TO YOU IS YOUR INDEPENDENCE - THAT IS HAVING THE FREEDOM TO RUN YOUR LIFE THE WAY YOU WANT TO?. . . . . .

37. HOW IMPORTANT TO YOU IS BEING ABLE TO LIVE IN A NEIGHBORHOOD WHERE YOU FEEL SAFE?. . . . . .

38. HOW IMPORTANT IS BEING ABLE TO DO THE THINGS YOU WISH TO DO IN YOUR SPARE TIME?. . . . . .

SCL-10

I'M GOING TO READ YOU A LIST OF PROBLEMS AND COMPLAINTS THAT PEOPLE SOMETIMES HAVE. I WANT YOU TO TELL ME HOW MUCH DISCOMFORT EACH PROBLEM HAS CAUSED YOU DURING THE PAST WEEK, INCLUDING TODAY.

(Note! Read responses in the order presented for each item - response order varies - take extra care when recording responses.)

Hand participant Card # 5

1. DURING THE PAST WEEK, HOW MUCH WERE YOU DISTRESSED OR BOTHERED BY FEELING LONELY? WERE YOU BOTHERED:

   1 = NOT AT ALL
   2 = A LITTLE BIT
   3 = MODERATELY
   4 = QUITE A BIT
   5 = EXTREMELY

2. HOW MUCH WERE YOU DISTRESSED BY FEELING NO INTEREST IN THINGS?

   5 = EXTREMELY
   4 = QUITE A BIT
   3 = MODERATELY
   2 = A LITTLE BIT
   1 = NOT AT ALL

3. DURING THE PAST WEEK, HOW MUCH WERE YOU DISTRESSED OR BOTHERED BY FEELING AFRAID IN OPEN SPACES OR ON THE STREETS?

   1 = NOT AT ALL
   2 = A LITTLE BIT
   3 = MODERATELY
   4 = QUITE A BIT
   5 = EXTREMELY

4. HOW MUCH WERE YOU DISTRESSED OR BOTHERED BY FEELING WEAK IN PART OF YOUR BODY?

   1 = NOT AT ALL
   2 = A LITTLE BIT
   3 = MODERATELY
   4 = QUITE A BIT
   5 = EXTREMELY

5. DURING THE PAST WEEK, HOW MUCH WERE YOU DISTRESSED BY FEELING BLUE?

   5 = EXTREMELY
   4 = QUITE A BIT
   3 = MODERATELY
   2 = A LITTLE BIT
   1 = NOT AT ALL

6. HOW MUCH WERE YOU DISTRESSED OR BOTHERED BY HEAVY FEELINGS IN YOUR ARMS OR LEGS?

   5 = EXTREMELY
   4 = QUITE A BIT
   3 = MODERATELY
   2 = A LITTLE BIT
   1 = NOT AT ALL

7. HOW MUCH WERE YOU DISTRESSED BY FEELING AFRAID TO GO OUT OF YOUR HOUSE ALONE?

   1 = NOT AT ALL
   2 = A LITTLE BIT
   3 = MODERATELY
   4 = QUITE A BIT
   5 = EXTREMELY

8. DURING THE PAST WEEK, HOW MUCH WERE YOU DISTRESSED OR BOTHERED BY FEELING TENSE OR KEYED UP?

   5 = EXTREMELY
   4 = QUITE A BIT
   3 = MODERATELY
   2 = A LITTLE BIT
   1 = NOT AT ALL

9. HOW MUCH WERE YOU DISTRESSED BY FEELINGS OF WORTHLESSNESS?

   5 = EXTREMELY
   4 = QUITE A BIT
   3 = MODERATELY
   2 = A LITTLE BIT
   1 = NOT AT ALL

10. DURING THE PAST WEEK, HOW MUCH WERE YOU DISTRESSED OR BOTHERED BY FEELING LONELY EVEN WHEN YOU WERE WITH PEOPLE?

    1 = NOT AT ALL
    2 = A LITTLE BIT
    3 = MODERATELY
    4 = QUITE A BIT
    5 = EXTREMELY

Participant ID . Participant ID

Social Support Questionnaire - Part 1

(Participant ID#)

THIS SET OF QUESTIONS HAS TO DO WITH YOUR FRIENDS AND FAMILY.

1. WHEN YOU WERE GROWING UP, DID YOU ALWAYS LIVE WITH BOTH YOUR MOTHER AND FATHER UNTIL YOU WERE 16 YEARS OLD?

   (Don't count interruptions of less than one year)

   1 = yes (go to Q 4)
   2 = no

2. WHY DIDN'T YOU LIVE WITH BOTH OF YOUR PARENTS (at the same time)?
   Describe briefly, then code below: _____

   _____

   01 = mother died
   02 = father died
   03 = parental separation ----- ┐
   04 = parental divorce --------- ┘ WHO DID YOU LIVE WITH? _____

   05 = respondent left home (specify reason _____)

   06 = parents never lived together or ------- ┐
   never knew father ------- ┘ go to Q 4
   09 = other (specify) _____
   98 = not applicable/parents lived together

3. HOW OLD WERE YOU WHEN THAT FIRST HAPPENED?

   Age: _____ years old

   98 = not applicable/lived with parents/never knew father

4. DO YOU HAVE RELATIVES WHO LIVE IN THE DETROIT AREA?

   1 = yes
   2 = no (go to Q 6)

5. THINK OF THE RELATIVE IN THE DETROIT AREA WHO YOU SEE OR TALK TO THE MOST. HOW OFTEN HAVE YOU HAD CONTACT WITH THIS PERSON DURING THE PAST MONTH? INCLUDE TIMES YOU MAY HAVE TALKED ON THE PHONE.

   1 = every day
   2 = more than once a week
   3 = once a week
   4 = 2 or 3 times in past month
   5 = once in past month
   6 = not at all in past month
   8 = not applicable (no relatives in area)

Participant ID

Participant ID ____

6. WHAT IS YOUR MARITAL STATUS (Are you married)?

1 = single, never married (Remember to verify!)
2 = divorced
3 = widowed
4 = married, separated
5 = married (go to Q 8)

7. DO YOU HAVE A STEADY ROMANTIC RELATIONSHIP WITH SOMEONE NOW?

1 = yes
2 = no (go to Q 9)
8 = n/a (lives w/spouse)

8. DO YOU LIVE TOGETHER?

1 = yes
2 = no
8 = n/a (no spouse or girl/boyfriend)

9. DO YOU HAVE ANY CHILDREN?

1 = yes
2 = no (go to Q 13)

10. HOW MANY CHILDREN DO YOU HAVE?

Number of children _____
(If "none," code as "00.")

11. WHAT ARE THEIR AGES?
(Indicate number in each age range)

___ under 5 years old . . . . . .
___ 5 to 12 years . . . . . .
___ >12 to 18 years . . . . . .
___ over 18 years . . . . . .

12. (If have children aged 12 or younger)
WHERE DO YOUR CHILDREN (aged 12 or younger) LIVE?

(Indicate number in each category - 1-6 = code actual number
7 = 7 and above
8 = not applicable no kids

___ with respondent . . . . . .
___ with spouse/other parent . . .
___ with other relative . . . . .
___ foster care . . . . . .
___ doesn't know . . . . . .
___ other (specify) _____

Participant ID _

THE NEXT QUESTIONS HAVE TO DO WITH WHAT YOU DO IN THE COMMUNITY.

13. HAVE YOU ATTENDED RELIGIOUS SERVICES VOLUNTARILY DURING THE PAST MONTH? (because you wanted to)

    1 = yes
    2 = no (go to Q 15)

14. HOW OFTEN HAVE YOU ATTENDED SERVICES DURING THE PAST MONTH?

    (Include voluntary attendance only!)

    1 = every day
    2 = more than once a week
    3 = once a week
    4 = 2 or 3 times in past month
    5 = once in past month
    8 = n/a hasn't attended services in past month

15. DO YOU BELONG NOW TO ANY VOLUNTARY GROUPS OR ORGANIZATIONS - LIKE CHURCH GROUPS, SOCIAL CLUBS, PARENT GROUPS, AND THE LIKE? ("Voluntary" means because you want to.)

    1 = yes ----¶
    ¶---HOW MANY? _____ (do not code this response)
    2 = no (go to next measure)

16. TO WHAT GROUPS DO YOU BELONG? (If more than 3 groups, list groups in which respondent is most active.)

    (Gather following information on each group)

Name of Organization	WHAT TYPE OF ORGANIZATION IS THAT? (i.e. social, church, type of club, etc.)	How active?* (see below)
1._____	_____	_____
2._____	_____	_____
3._____	_____	_____

    * HOW ACTIVE ARE YOU IN THE AFFAIRS OF (group)? WOULD YOU SAY THAT YOU ARE:

    1 = VERY ACTIVE OR ATTEND MOST MEETINGS
    2 = FAIRLY ACTIVE OR ATTEND MEETINGS FAIRLY OFTEN, OR
    3 = NOT ACTIVE, THAT IS YOU BELONG BUT HARDLY EVER GO TO MEETINGS (or group has no meetings)

Bla

Participant ID

Social Support Questionnaire - Part 2

NOW I'M GOING TO ASK YOU SOME QUESTIONS ABOUT PEOPLE WHO ARE PART OF YOUR LIF WHO PROVIDE YOU WITH HELP OR SUPPORT. AS I ASK EACH QUESTION, I WANT YOU TO NAME ONLY THOSE PEOPLE WHO COME TO MIND QUICKLY.

To Interviewer: Do not list more than 10 names per question. Be sure to record the the first initial of the person's last name, even if that person's name comes up more than once! If respondent indicates "nobody," be sure to indicate that on line "a.")

If respondent provides a name of an organization, see if there is a key person within that organization. If not, record name of organization.)

If respondent does not know person's last name, indicate that next to the name. Do this even though you have arbitrarily assigned a last initial to that person.

Participant

1. THE FIRST COUPLE OF QUESTIONS HAVE TO DO WITH "COMPANIONSHIP."

   WHO DO YOU USUALLY SPEND TIME WITH?
   (If participant needs a reference period, say "recently," or "the way things are going now.")

   a) _____ f) _____

   b) _____ g) _____

   c) _____ h) _____

   d) _____ i) _____

   e) _____ j) _____

2. IN AN AVERAGE WEEK, WHO DO YOU ENJOY CHATTING WITH?

   a) _____ f) _____

   b) _____ g) _____

   c) _____ h) _____

   d) _____ i) _____

   e) _____ j) _____

Hand participant Card #3)

3. IN GENERAL, HOW DO YOU FEEL ABOUT THE AMOUNT OF COMPANIONSHIP THAT YOU HAVE; DO YOU FEEL:

   1 = DELIGHTED (EXTREMELY PLEASED)
   2 = PLEASED
   3 = MOSTLY SATISFIED
   4 = MIXED (ABOUT EQUALLY SATISFIED AND DISSATISFIED)
   5 = MOSTLY DISSATISFIED
   6 = UNHAPPY
   7 = TERRIBLE

4. IN GENERAL, HOW DO YOU FEEL ABOUT THE QUALITY OF COMPANIONSHIP THAT YOU HAVE; DO YOU FEEL:

   7 = TERRIBLE
   6 = UNHAPPY
   5 = MOSTLY DISSATISFIED
   4 = MIXED (ABOUT EQUALLY SATISFIED AND DISSATISFIED)
   3 = MOSTLY SATISFIED
   2 = PLEASED
   1 = DELIGHTED (EXTREMELY PLEASED)

Participant ID ___

5. NOW I'M GOING TO ASK YOU ABOUT A DIFFERENT KIND OF HELP THAT YOU MAY RECEIVE FROM OTHERS CALLED "ADVICE AND INFORMATION."

   WHO CAN YOU COUNT ON FOR ADVICE OR INFORMATION ABOUT PERSONAL MATTERS (FOR EXAMPLE, PROBLEMS WITH YOUR CHILDREN, FRIENDS, OR SPOUSE; DEALING WITH A PERSONAL SITUATION, THINGS LIKE THAT)?

   a) _____ f) _____
   b) _____ g) _____
   c) _____ h) _____
   d) _____ i) _____
   e) _____ j) _____ __ *

6. WHO CAN YOU RELY ON FOR ADVICE OR INFORMATION YOU NEED ABOUT RESOURCES; FOR EXAMPLE, ABOUT FINDING A JOB OR A PLACE TO STAY, ABOUT WHERE TO APPLY FOR WELFARE/FOOD STAMPS, THINGS LIKE THAT?

   a) _____ f) _____
   b) _____ g) _____
   c) _____ h) _____
   d) _____ i) _____
   e) _____ j) _____ __ *

7. IN GENERAL, HOW DO YOU FEEL ABOUT THE AMOUNT OF ADVICE AND INFORMATION THAT YOU RECEIVE; DO YOU FEEL:

   7 = TERRIBLE
   6 = UNHAPPY
   5 = MOSTLY DISSATISFIED
   4 = MIXED (ABOUT EQUALLY SATISFIED AND DISSATISFIED)
   3 = MOSTLY SATISFIED
   2 = PLEASED
   1 = DELIGHTED (EXTREMELY PLEASED) _

8. IN GENERAL, HOW DO YOU FEEL ABOUT THE QUALITY OF ADVICE AND INFORMATION THAT YOU RECEIVE; DO YOU FEEL:

   1 = DELIGHTED (EXTREMELY PLEASED)
   2 = PLEASED
   3 = MOSTLY SATISFIED
   4 = MIXED (ABOUT EQUALLY SATISFIED AND DISSATISFIED)
   5 = MOSTLY DISSATISFIED
   6 = UNHAPPY
   7 = TERRIBLE _

Participant

9. THE NEXT COUPLE OF QUESTIONS HAVE TO DO WITH ANOTHER TYPE OF SUPPORT CALLED "PRACTICAL ASSISTANCE."

   WHO CAN YOU COUNT ON TO BE DEPENDABLE WHEN YOU NEED HELP?

   a) _____ f) _____

   b) _____ g) _____

   c) _____ h) _____

   d) _____ i) _____

   e) _____ j) _____

10. WHO CAN YOU COUNT ON TO DO A FAVOR FOR YOU (FOR EXAMPLE, TAKING YOU SOMEPLACE YOU NEED TO GO, LOANING OR GIVING YOU A SMALL AMOUNT OF MONEY, WATCHING YOUR KIDS, LOANING YOU SOMETHING YOU NEED, ETC.)?

   a) _____ f) _____

   b) _____ g) _____

   c) _____ h) _____

   d) _____ i) _____

   e) _____ j) _____

11. IN GENERAL, HOW DO YOU FEEL ABOUT THE AMOUNT OF PRACTICAL ASSISTANCE THAT YOU RECEIVE; DO YOU FEEL:

   1 = DELIGHTED (EXTREMELY PLEASED)
   2 = PLEASED
   3 = MOSTLY SATISFIED
   4 = MIXED (ABOUT EQUALLY SATISFIED AND DISSATISFIED)
   5 = MOSTLY DISSATISFIED
   6 = UNHAPPY
   7 = TERRIBLE

12. IN GENERAL, HOW DO YOU FEEL ABOUT THE QUALITY OF PRACTICAL ASSISTANCE THAT YOU RECEIVE; DO YOU FEEL:

   7 = TERRIBLE
   6 = UNHAPPY
   5 = MOSTLY DISSATISFIED
   4 = MIXED (ABOUT EQUALLY SATISFIED AND DISSATISFIED)
   3 = MOSTLY SATISFIED
   2 = PLEASED
   1 = DELIGHTED (EXTREMELY PLEASED)

Participant ID

13. NOW I'M GOING TO ASK YOU A COUPLE OF QUESTIONS ABOUT "EMOTIONAL SUPPORT."

WHO CAN YOU COUNT ON TO LISTEN TO YOU WHEN YOU WANT TO TALK ABOUT SOMETHING PERSONAL?

a) _____ f) _____

b) _____ g) _____

c) _____ h) _____

d) _____ i) _____

e) _____ j) _____

14. WHO REALLY CARES ABOUT YOU?

a) _____ f) _____

b) _____ g) _____

c) _____ h) _____

d) _____ i) _____

e) _____ j) _____

15. IN GENERAL, HOW DO YOU FEEL ABOUT THE AMOUNT OF EMOTIONAL SUPPORT THAT YOU RECEIVE; DO YOU FEEL:

7 = TERRIBLE
6 = UNHAPPY
5 = MOSTLY DISSATISFIED
4 = MIXED (ABOUT EQUALLY SATISFIED AND DISSATISFIED)
3 = MOSTLY SATISFIED
2 = PLEASED
1 = DELIGHTED (EXTREMELY PLEASED)

16. IN GENERAL, HOW DO YOU FEEL ABOUT THE QUALITY OF EMOTIONAL SUPPORT THAT YOU RECEIVE; DO YOU FEEL:

1 = DELIGHTED (EXTREMELY PLEASED)
2 = PLEASED
3 = MOSTLY SATISFIED
4 = MIXED (ABOUT EQUALLY SATISFIED AND DISSATISFIED)
5 = MOSTLY DISSATISFIED
6 = UNHAPPY
7 = TERRIBLE

Participant ID ____

17. WHO MAKES YOUR LIFE DIFFICULT; SUCH AS SOMEONE WHO EXPECTS TOO MUCH FROM YOU OR MAKES TOO MANY DEMANDS ON YOU, SOMEONE WHO YOU WISH WOULD LEAVE YOU ALONE OR SOMEONE WHO YOU WOULD LIKE TO AVOID?

a) _____ f) _____

b) _____ g) _____

c) _____ h) _____

d) _____ i) _____

e) _____ j) _____ __ __ * (

18. IN ALL, ABOUT HOW MANY CLOSE FRIENDS WOULD YOU SAY YOU HAVE?

(people you feel at ease with and can talk with about what is on your mind)

_____ close friends __ __ (

19. NOW, FOR THE LAST QUESTION, HOW DO YOU FEEL OVERALL ABOUT THE AMOUNT AND QUALITY OF THE SOCIAL SUPPORT THAT YOU RECEIVE?

1 = DELIGHTED (EXTREMELY PLEASED)
2 = PLEASED
3 = MOSTLY SATISFIED
4 = MIXED (ABOUT EQUALLY SATISFIED AND DISSATISFIED)
5 = MOSTLY DISSATISFIED
6 = UNHAPPY
7 = TERRIBLE

_ (

(# companionship) __ __ *

(# advice and info) __ __ *

(# practical assist) __ __ *

(# emotional) __ __ *

(# negative) __ __ *

(# total positve) __ __ *

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Social Support Questionnaire #3 - Follow up Interview

Participant ID _ _ _ _ (1-4)
Page __ (5) (leave blank)

Name of person (include initial of last name)	IS (name): 1 = MALE 2 = FEMALE (Ask only if gender is not clear)	HOW LONG HAVE YOU KNOWN (name)? 1 = 1 week or less 2 = >1 week to 1 month 3 = >1 month to 6 months 4 = >6 months to 1 year 5 = >1 yr to 5 years 6 = more than 5 years	WHAT IS YOUR MAIN RELATIONSHIP WITH THIS PERSON? (Circle one) 01 = romantic (not married) 02 = spouse 03 = other relative (specify below!!) 04 = professional (specify doctor, therapist, social worker, etc.) 05 = CDTS staff person 06 = friend: 07 = person living nearby 08 = co-worker 09 = member of group to which part. belongs 10 = acquaintance only 11 = other (specify below!)	THINK ABOUT THE SOCIAL SUPPORT THAT (name) PROVIDES YOU, WOULD YOU SAY THAT: 1 = (name) PROVIDES MORE SUPPORT FOR YOU THAN YOU PROVIDE FOR (him/her). 2 = YOU PROVIDE THE SAME AMOUNT OF SUPPORT FOR EACH OTHER, OR 3 = YOU PROVIDE MORE SUPPORT FOR (name) THAN S/HE PROVIDES FOR YOU?	¶Hand participant ¶ ¶Card #A - explain ¶ ¶scale carefully ¶ THINK ABOUT HOW IMPORTANT YOUR RELATIONSHIP WITH (name) IS TO YOU. ON A SCALE FROM 1 TO 7, HOW IMPORTANT WOULD YOU SAY YOUR RELATIONSHIP IS IF "1" IS "NOT IMPORTANT TO YOU AT ALL," AND "7" IS "EXTREMELY IMPORTANT?"
1. _____(6-7)	1 2 (8)	1 2 3 4 5 6 (9)	1 2 3 4 5 6 7 8 9 10 11 spec. (10-11)	Oth-more 1 2 3 u-more (12)	1 2 3 4 5 6 7 (13)
2. _____(14-15)	1 2 (16)	1 2 3 4 5 6 (17)	1 2 3 4 5 6 7 8 9 10 11 spec. (18-19)	1 2 3 (20)	1 2 3 4 5 6 7 (21)
3. _____(22-23)	1 2 (24)	1 2 3 4 5 6 (25)	1 2 3 4 5 6 7 8 9 10 11 spec. (26-27)	1 2 3 (28)	1 2 3 4 5 6 7 (29)
4. _____(30-31)	1 2 (32)	1 2 3 4 5 6 (33)	1 2 3 4 5 6 7 8 9 10 11 spec. (34-35)	1 2 3 (36)	1 2 3 4 5 6 7 (37)
5. _____(38-39)	1 2 (40)	1 2 3 4 5 6 (41)	1 2 3 4 5 6 7 8 9 10 11 spec. (42-43)	1 2 3 (44)	1 2 3 4 5 6 7 (45)
6. _____(46-47)	1 2 (48)	1 2 3 4 5 6 (49)	1 2 3 4 5 6 7 8 9 10 11 spec. (50-51)	1 2 3 (52)	1 2 3 4 5 6 7 (53)
7. _____(54-55)	1 2 (56)	1 2 3 4 5 6 (57)	1 2 3 4 5 6 7 8 9 10 11 spec. (58-59)	1 2 3 (60)	1 2 3 4 5 6 7 (61)
8. _____(62-63)	1 2 (64)	1 2 3 4 5 6 (65)	1 2 3 4 5 6 7 8 9 10 11	1 2 3 (68)	1 2 3 4 5 6 7 (69)

Participant ID _____

Social Support Questionnaire - Part 4

(Participant ID) _ _ _ _

If no names were provided, proceed to Demographic and Background Information.

(To interviewer: If participant named a total of three or fewer people on the last set of social support questions, ask the following questions about each of those individuals. Do not ask them to provide the names of the 3 most important people in the network.)

OF (ALL) THE PEOPLE WHO WE HAVE TALKED ABOUT (repeat names), WHICH THREE ARE MOST IMPORTANT TO YOU?

(Remember to include first initial of last name!)

1. _____ __ * (6-
2. _____ __ * (8-
3. _____ __ * (10

WHICH OF THESE PEOPLE IS THE MOST IMPORTANT TO YOU?

Name: _____ __ * (12

DURING THE PAST MONTH, HOW OFTEN HAVE YOU HAD CONTACT WITH (name 1, name2, or name3). INCLUDE TIMES YOU MAY HAVE TALKED ON THE PHONE.

(Confirm answer by repeating coded response. For example, you can say, "So you saw him about once a week in the past month.")

1. Person #1 1 2 3 4 5 6 - 8 . . . . . __ (14
2. Person #2 1 2 3 4 5 6 - 8 . . . . . __ (15
3. Person #3 1 2 3 4 5 6 - 8 . . . . . __ (16

(Use the following categories to code these items. If necessary, probe for answers or confirm responses with following categories.)

1 = every day
2 = several days a week
3 = about once a week
4 = 2 or 3 times in past month
5 = once in past month
6 = not at all in past month
8 = not applicable (no friend named)

Blank (17

Participant ID _____

Demographic and Background Information

NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR BACKGROUND.

1. WHAT IS YOUR DATE OF BIRTH?

   _____/_____/_____
   month day year

NOW I'M GOING TO ASK YOU SOME QUESTIONS ABOUT SCHOOL AND WORK.

2. WHAT IS THE HIGHEST GRADE OR YEAR OF SCHOOL YOU COMPLETED?

   1-11 = code actual grade
   12 = High School grad/GED
   13 = Vocational training
   14 = Some college
   15 = College graduate
   16 = Other (specify) _____
   98 = Never attended school
   99 = Doesn't know/missing

3. WHEN DID YOU LAST WORK FOR PAY AT A JOB LASTING TWO WEEKS IN A ROW OR LONGER? [code most recent]

   1 = currently working
   2 = within last month
   3 = >1 to 6 months ago
   4 = >6 to 12 months ago
   5 = >1 to 2 years ago
   6 = >2 to 3 years ago
   7 = more than 3 years ago
   9 = never worked for pay [go to Q 5]

4. [If worked] WHEN YOU WORK, WHAT TYPE OF WORK DO YOU USUALLY DO? [Be as specific as possible.]

   _____

NOW I'M GOING TO ASK YOU SOME QUESTIONS ABOUT YOUR HEALTH.

5. IN GENERAL, HOW WOULD YOU RATE YOUR HEALTH? IS IT:

   1 = EXCELLENT
   2 = GOOD
   3 = FAIR
   4 = POOR
   5 = don't know (do not read this response)

Participant ID _____

6. HOW DOES YOUR HEALTH NOW COMPARE TO YOUR HEALTH TWO YEARS AGO? IS IT:

   1 = BETTER
   2 = THE SAME
   3 = WORSE _____ (

NOW I'M GOING TO ASK SOME QUESTIONS ABOUT YOUR CONTACTS WITH DOCTORS AND HOSPITALS.

7. IN THE PAST YEAR, HOW MANY TIMES HAVE YOU GONE TO SEE A DOCTOR, FOR ANY REASON?

   Number of times: _____ (If none, code "00") _____ (

8. HAVE YOU EVER BEEN HOSPITALIZED FOR EMOTIONAL PROBLEMS OR MENTAL ILLNESS?

   1 = yes 2 = no (go to Q 14) _____ (

9. [If yes] WHAT HOSPITAL WERE YOU IN DURING YOUR MOST RECENT HOSPITALIZATION FOR EMOTIONAL PROBLEMS OR MENTAL ILLNESS?

   1 = Northville
   2 = Detroit Receiving
   3 = Kingswood
   4 = Kirwood
   5 = Sinai
   7 = other (specify) _____
   8 = not applicable - hasn't been in hospital _____ * (

10. WHAT STATE IS THAT HOSPITAL IN?

    1 = Michigan
    2 = other state (specify) _____
    8 = not applicable - hasn't been in hospital _____ * (

11. WHEN WAS THE LAST TIME YOU WERE HOSPITALIZED FOR EMOTIONAL PROBLEMS OR MENTAL ILLNESS? (Do not include hospitalizations for alcoholism)

    (Code date entered hospital)

    Date _____/_____ 9998 = n/a - hasn't been in hosp. _____
    month year

12. HOW OLD WERE YOU AT THE TIME OF YOUR FIRST PSYCHIATRIC HOSPITALIZATION?

    Age: ____ 98 = n/a - hasn't been hospitalized _____ (

Participant ID _____

13. HOW MANY TIMES IN ALL HAVE YOU BEEN HOSPITALIZED FOR PSYCHIATRIC PROBLEMS?

    Number of times: _____ __ __ (42
    (If hasn't been hospitalized, code as "00")

THE NEXT QUESTIONS HAVE TO DO WITH MEDICATION YOU MIGHT BE TAKING.

14. DURING THE LAST SIX MONTHS, HAVE ANY MEDICINES BEEN PRESCRIBED FOR YOU BY A DOCTOR?

    1 = yes 2 = no (go to Q 18) _ (44

15. WHAT MEDICINES HAVE BEEN PRESCRIBED FOR YOU?

    (If says "psychotropics," find out which ones)

    Med. 1 _____ Med. 4 _____

    Med. 2 _____ Med. 5 _____

    Med. 3 _____ Med. 6 _____

16. ARE YOU TAKING YOUR MEDICINE(S) WHEN YOU ARE SUPPOSED TO; THAT IS, ACCORDING TO THE DOCTOR'S INSTRUCTIONS?

    1 = yes (go to Q 18)
    2 = no (indicate which one(s) next to names above)
    8 = n/a - no prescription _ (45

17. [If no] WHAT IS THE MAIN REASON YOU AREN'T FOLLOWING YOUR PRESCRIPTION?

    1 = ran out of medications
    2 = don't like side-effects
    3 = don't have Medicaid card
    4 = doesn't help
    5 = no longer required (e.g. illness over)
    6 = other (specify) _____
    8 = not applicable - no prescription _ (46

NOW I'M GOING TO ASK YOU ABOUT YOUR USE OF ALCOHOL.

18a. HAVE YOU EVER HAD ALCOHOLIC BEVERAGES, SUCH AS BEER, WINE, OR LIQUOR?

    1 = yes
    2 = no (go to Q 19) _ (47

18b. HOW OFTEN DID YOU DRINK ALCOHOLIC BEVERAGES, SUCH AS BEER, WINE, OR LIQUOR IN THE LAST MONTH?

1 = every day
2 = more than once a week
3 = once a week
4 = 2 or 3 times in past month
5 = once in past month
6 = not at all in past month
8 = n/a - doesn't drink
9 = can't determine, doesn't know

18c. NOW I'M GOING TO READ YOU A LIST OF PROGRAMS THAT SOMETIMES HELP PEOPLE WITH DRINKING PROBLEMS. TELL ME WHETHER OR NOT YOU HAVE EVER PARTICIPATED IN EACH OF THESE TYPES OF PROGRAMS.

(Read each program and indicate number of times received help/admissions.) (Do not include drug treatment programs)

(Coding: 0 = no help received)
1-6 = code actual number
7 = 7 and above)

a. DETOX PROGRAM . . . . . .
b. INPATIENT REHABILITATION PROGRAM . . . . . .
c. OUTPATIENT PROGRAM . . . . . .
d. HALFWAY HOUSE . . . . . .
e. ANY OTHER ALCOHOL TREATMENT PROGRAM?
(i.e. in correctional setting) (Specify)_____

18d. (If has been in one of above programs) WHEN WAS THE LAST TIME YOU WERE IN AN ALCOHOL TREATMENT PROGRAM?

1 = currently under treatment
2 = under treatment within last 6 months, but no longer under treatment
3 = >6 months to 1 year ago
4 = more than a year ago
8 = not applicable/never in program

18e. HAVE YOU EVER BEEN IN AA (Alcoholics Anonymous)?

1 = yes, currently involved
2 = yes, no longer participating
3 = no

Participant I

NOW I'M GOING TO ASK YOU A FEW QUESTIONS ABOUT DRUGS.

19. HAVE YOU EVER SMOKED MARIJUANA?

1 = yes
2 = no (go to Q 21)

20. IN THE PAST MONTH, HOW MANY TIMES HAVE YOU SMOKED MARIJUANA?

1 = every day
2 = more than once a week
3 = once a week
4 = 2 or 3 times in past month
5 = once in past month
6 = not at all in past month
8 = n/a - has never smoked marijuana
9 = can't determine, doesn't know

21. HAVE YOU EVER USED ANY OTHER DRUGS OR NARCOTICS, SUCH AS COCAINE, HEROIN, LSD, SPEED, OR OTHER THINGS LIKE THAT? (Do not include drugs prescribed by physician)

1 = yes
2 = no (go to Q 24)

22. IN THE PAST MONTH, HAVE YOU USED ANY OTHER DRUGS OR NARCOTICS?

1 = yes 2 = no (go to Q 23b)

23. WHAT DRUGS HAVE YOU USED IN THE PAST MONTH?	HOW OFTEN HAVE YOU USED (drug) IN THE PAST MONTH? (use categories below)
_____	_____
_____	_____
_____	_____

1 = every day
2 = more than once a week
3 = once a week
4 = 2 or 3 times in past month
5 = once in past month
6 = not at all in past month
9 = can't determine, doesn't know

23b. HAVE YOU EVER BEEN IN A DRUG TREATMENT PROGRAM?

1 = yes
2 = no (go to Q 24)

Participant ID _____

23c. WHEN WAS THE LAST TIME YOU WERE IN A DRUG TREATMENT PROGRAM?

1 = currently under treatment
2 = under treatment within last 6 months, but no longer under treatment
3 = >6 months to 1 year ago
4 = more than a year ago
8 = not applicable/never in program _ (61)

NOW I'M GOING TO ASK YOU QUESTIONS ABOUT TIMES WHEN YOU MAY HAVE BEEN A VICTIM OF A CRIME DURING THE LAST SIX MONTHS; THAT IS, BETWEEN _____ 1, 198_ AND TODAY.

24a. BETWEEN _____ 1, 19__ AND TODAY, DID ANYONE TAKE SOMETHING, OR TRY TO TAKE SOMETHING DIRECTLY FROM YOU BY USING FORCE, SUCH AS BY A STICKUP, MUGGING OR THREAT?

1 = yes---¶
¶-- HOW MANY TIMES? ____ *
2 = no (go to Q 25) _ (62)

24b. (THINK ABOUT THE LAST TIME THAT THIS HAPPENED.) WHERE WERE YOU WHEN YOU WERE ROBBED? WHAT HAPPENED?

(Describe what happened): _____

01 = at or in own dwelling
02 = near own home (sidewalk, driveway, on street immediately adjacent to home, apartment hall or laundry room - not parking lots)
03 = at, in, or near a friend/relative/neighbor's home (see #2 above)
04 = on the street (other than immediately adjacent to own/friend/relative/neighbor's home)
05 = on public transportation
06 = parking lot
07 = temporary shelter
08 = other (specify) _____
98 = not applicable/not attacked __ (63

24c. WAS THE PERSON WHO ROBBED YOU SOMEONE YOU KNEW, OR A STRANGER YOU HAD NEVER SEEN BEFORE?

1 = stranger
2 = known: WHAT WAS THEIR RELATIONSHIP TO YOU? (ie spouse, friend, etc.) (specify) _____ *
8 = not applicable/not attacked _ (65

Participant

25. (other than any incidents already mentioned)

DID ANYONE BEAT YOU UP, ATTACK YOU WITH A WEAPON OR HIT YOU WITH SOMETHING, SUCH AS A ROCK OR BOTTLE?

1 = yes----¶
¶-- HOW MANY TIMES? _____ *
2 = no (go to Q 28)

26a. THINK ABOUT THE LAST TIME THAT THIS HAPPENED. HOW DID THE PERSON ATTACK YOU? (probe: ANY OTHER WAY?)

(Describe): _____

_____

(Coding: 1 = yes
2 = no
8 = n/a - not attacked)

raped . . . . . .
tried to rape . . . . . .
shot . . . . . .
knifed . . . . . .
hit with object held in hand or thrown object . . . . . .
hit, punched, slapped, knocked down, grabbed, held, etc. . . .
other (specify) _____ . . . . . .

26b. WHERE WERE YOU WHEN YOU WERE ATTACKED?

(Describe): _____

01 = at or in own dwelling
02 = near own home (sidewalk, driveway, on street immediately adjacent to home, apartment hall or laundry room - not parking lots)
03 = at, in, or near a friend/relative/neighbor's home (see #2 above)
04 = on the street (other than immediately adjacent to own/friend/relative/neighbor's home)
05 = on public transportation
06 = parking lot
07 = temporary shelter
08 = other (specify) _____
98 = not applicable/not attacked

27. WAS THE PERSON WHO ATTACKED YOU SOMEONE YOU KNEW, OR A STRANGER YOU HAD NEVER SEEN BEFORE?

1 = stranger
2 = known: WHAT WAS THEIR RELATIONSHIP TO YOU? (ie spouse, friend, etc.)
(specify) _____ *
8 = not applicable/not attacked

Participant ID _____

28. (Other than any incidents already mentioned)

DURING THE LAST SIX MONTHS, DID ANYONE THREATEN TO BEAT YOU UP OR THREATEN YOU WITH A KNIFE, GUN, OR SOME OTHER WEAPON, NOT INCLUDING THREATS OVER THE TELEPHONE?

1 = yes ---¶
¶--HOW MANY TIMES? ___*
2 = no

(Describe most recent time):_____

_____

29. SINCE _____1, 198__, DID ANYONE STEAL THINGS THAT BELONGED TO YOU FROM INSIDE YOUR HOME OR THE PLACE WHERE YOU WERE STAYING?

1 = yes---¶
¶--HOW MANY TIMES? ___ *
2 = no (go to Q 31)

30. THINK ABOUT THE LAST TIME THIS HAPPENED. WHAT TYPE OF PLACE WERE THESE THINGS STOLEN FROM? WAS IT FROM YOUR OWN HOUSE OR APARTMENT, FROM A FRIEND'S PLACE, OR FROM SOME OTHER PLACE?

(Describe what happened): _____

_____

1 = own house/apartment
2 = friend or relatives house/apartment
3 = temporary shelter
4 = on street
5 = other (specify) _____
8 = not applicable/nothing stolen

_____

_____
(Participant ID)

NOW I'M GOING TO ASK YOU SOME QUESTIONS ABOUT PLACES WHERE YOU HAVE LIVED OR STAYED.

31. WHEN WAS THE FIRST TIME YOU STAYED IN A SHELTER OR MISSION? (e.g. COTS, Detroit Rescue Mission, Harbor Light, Day House)

Date: _____/_____ (If this is first shelter stay, code current date)
month year

32a. HOW MANY TIMES HAVE YOU STAYED IN A SHELTER OR MISSION DURING THE PAST YEAR, INCLUDING THIS TIME?

Number of times _____
(If this is the first shelter stay, code as "01")

32. ABOUT HOW MANY TIMES IN ALL HAVE YOU STAYED IN A SHELTER, INCLUDING THIS TIME?

Number of times (estimate if necessary) _____
(If this is the first shelter stay, code as "01")

33. DID YOU SLEEP HERE AT COTS LAST NIGHT?

1 = yes 2 = no (go to Q 33)

34. [If yes] HOW MANY NIGHTS HAVE YOU SLEPT HERE AT THE SHELTER DURING YOUR PRESENT STAY?

Number of nights: _____

1-97 = code actual number
98 = not applicable, didn't sleep at shelter last night

NOW I'M GOING TO ASK YOU SOME QUESTIONS ABOUT THIS SHELTER.

35. HOW SAFE DO YOU FEEL IN THIS SHELTER? DO YOU FEEL:

1 = VERY SAFE
2 = SOMEWHAT SAFE
3 = SOMEWHAT UNSAFE
4 = VERY UNSAFE

36. HOW SATISFIED ARE YOU WITH THE AMOUNT OF HELP YOU HAVE RECEIVED HERE FROM THE STAFF AT COTS? ARE YOU:

1 = QUITE DISSATISFIED
2 = MILDLY DISSATISFIED OR INDIFFERENT
3 = MOSTLY SATISFIED
4 = VERY SATISFIED

37. DO YOU FEEL THAT THE OTHER PEOPLE WHO STAY HERE AT THE SHELTER ARE:

1 = A LOT LIKE YOU
2 = PRETTY MUCH LIKE YOU
3 = NOT MUCH LIKE YOU
4 = NOT LIKE YOU AT ALL

38. WHAT DO YOU THINK THE CHANCES ARE THAT YOU WILL EVER STAY AT A SHELTER LIKE THIS AGAIN? DO YOU THINK THAT YOU:

1 = DEFINITELY WILL
2 = PROBABLY WILL
3 = PROBABLY WON'T
4 = DEFINITELY WON'T

Participant ID _____

39. IF YOU DO HAVE TO STAY AT A SHELTER AGAIN SOMETIME, WHAT DO YOU THINK THE CHANCES ARE THAT YOU WILL COME BACK HERE TO COTS? DO YOU THINK THAT YOU:

    1 = DEFINITELY WILL
    2 = PROBABLY WILL
    3 = PROBABLY WON'T
    4 = DEFINITELY WON'T

40. HOW DO YOU FEEL ABOUT THE PEOPLE WHO WORK HERE AT THE SHELTER: DO YOU:

    1 = LIKE ALL OF THE PEOPLE WHO WORK HERE
    2 = LIKE MOST OF THE PEOPLE WHO WORK HERE
    3 = DISLIKE MOST OF THE PEOPLE WHO WORK HERE
    4 = DISLIKE ALL OF THE PEOPLE WHO WORK HERE

41. IN AN OVERALL, GENERAL SENSE, HOW SATISFIED ARE YOU WITH THE SERVICES YOU HAVE RECEIVED HERE AT COTS? ARE YOU:

    1 = VERY SATISFIED
    2 = MOSTLY SATISFIED
    3 = INDIFFERENT OR MILDLY DISSATISFIED
    4 = QUITE DISSATISFIED

42. WHAT DO YOU LIKE BEST ABOUT THIS SHELTER?

    _____

43. WHAT DO YOU LIKE LEAST ABOUT THIS SHELTER?

    _____

NOW I'M GOING TO ASK YOU SOME QUESTIONS ABOUT PLACES YOU HAVE LIVED IN THE LAST YEAR.

44. HOW LONG HAVE YOU LIVED IN DETROIT?

    1 = 0-1 month
    2 = >1-3 months
    3 = >3-6 months
    4 = >6-12 months ----------
    5 = more than 12 months ----} Go to Q 46

45. (If 6 months or less) HOW MANY DIFFERENT CITIES HAVE YOU LIVED IN DURING THE PAST YEAR?

    Number of cities: ___ 98 = not applicable/lived in Detroit over 6 months

Participant ID _____

46. WHAT TYPE OF PLACE HAVE YOU MOSTLY BEEN LIVING IN DURING THE PAST SIX MONTHS?

1 = house, apartment, mobile home
2 = room, hotel
3 = group living (halfway house, AFC home, etc.)
4 = hospital, nursing home
5 = correctional facility
6 = shelters/missions
7 = on street
8 = other (specify) _____ __ (2

47. WHAT TYPE OF PLACE DID YOU STAY AT THE NIGHT BEFORE YOU CAME TO THIS SHELTER?

1 = house, apartment, mobile home
2 = room, hotel
3 = group living (halfway house, AFC home, etc.)
4 = hospital, nursing home
5 = correctional facility
6 = shelters/missions
7 = on street
8 = other (specify) _____

-go to Q 50

__ (2

48. HOW MANY OTHER PEOPLE WERE YOU LIVING WITH?

(Include family members)

Number of people _____ __ __ (2

(If living alone, code as "00")

49. WHO WERE YOU LIVING WITH? (probe: ANYONE ELSE?)

(List number in each category - Make sure adds up to number of people living with)

(Coding: 1 - 6 = code actual number
7 = 7 and above
8 = n/a alone or not in house or apartment

spouse, grown children, or parents . . . . . __ (3

boyfriend/girlfriend . . . . . __ (3

other relatives . . . . . __ (3

friends . . . . . __ (3

other (specify) _____ . . . . . __ (3

Participant ID _

50. HOW LONG DID YOU LIVE OR STAY THERE?

1 = 0-1 month
2 = >1-3 months
3 = >3-6 months
4 = >6-12 months
5 = more than 12 months
8 = not applicable

51. WHY DID YOU LEAVE THE LAST PLACE YOU WERE STAYING?
(probe: ANY OTHER REASONS?)

(Describe reasons - Be clear! - Why couldn't s/he stay at this place any longer? - If stayed at this place only a short time, also get information on why left last permanent type housing situation. Get information on the general circumstances leading to the shelter stay!)

type place who with	how long stayed	Reasons left, etc.

(Get enough information to code following reasons - Use these reasons as probes.)

(Coding: 1 = yes 2 = no)

Economic reasons/couldn't pay rent . . . . . _
Interpersonal conflict with household member(s)
(specify what and with whom) _____
_____ . . . _
Thrown out/eviction by landlord . . . . . _
Disaster (assault, fire) (specify what) _____ . . _
Discharged or released from hospital or jail/prison . . . . _
Program terminated . . . . . _
Had stayed at shelter maximum days allowed . . . . . _
(Name and city of shelter: _____)
On street and needed shelter . . . . . _
Other (specify) _____
_____ . . . _

Participant ID _____

52. BEFORE YOU CAME TO THIS SHELTER, HOW MANY DIFFERENT PLACES HAD YOU LIVED IN OR STAYED AT DURING THE LAST SIX MONTHS? THAT IS, SINCE _____, 198__.

IN OTHER WORDS, HOW MANY TIMES DID YOU GO FROM ONE PLACE WHERE YOU WERE STAYING TO A NEW PLACE? INCLUDE TIMES YOU STAYED IN A SHELTER BEFORE THIS, OR ON THE STREET.

(Do not include present shelter stay])
(Keep in mind what participant has already told you!)

Number of places: _____ __ __
General locations of places (e.g. brother's house in Chicago, etc.): _____

_____

_____

53a. DO YOU CONSIDER YOURSELF TO BE HOMELESS NOW?

1 = yes 2 = no __

53b. HAVE YOU EVER BEEN HOMELESS IN THE PAST? (i.e. before now)

1 = yes
2 = no (go to Q 54)

53c. (If yes) HOW MANY TIMES WOULD YOU SAY YOU HAVE BEEN HOMELESS BEFORE (THIS TIME)?

Number of times: _____

Comments: _____

_____

_____

_____

THE NEXT FEW QUESTIONS HAVE TO DO WITH JAIL OR PRISON, AND TIMES YOU MAY HAVE BEEN ARRESTED.

54. HAVE YOU EVER BEEN ARRESTED AS AN ADULT?
(age 17 or older in Michigan)

(Do not include traffic violations, such as speeding or driving without a permit.)

1 = yes 2 = no (go to Q 74) __
(probe - "So you haven't been in jail or prison or on probation?)

55. ABOUT HOW MANY TIMES IN ALL HAVE YOU BEEN ARRESTED?

Number of times: _____ 98 = n/a never arrested __ __

Participant ID _____

56. HOW OLD WERE YOU THE FIRST TIME YOU WERE ARRESTED AS AN ADULT?

Age: _____ 98 = n/a never arrested __ __ (52-5

57. HOW MANY TIMES WERE YOU ARRESTED DURING THE PAST YEAR?

0 = none/hasn't been arrested in last year
1-6 = code actual number
7 = 7 and above
8 = n/a never arrested __ (54)

58. HAVE YOU EVER BEEN SENTENCED TO SERVE TIME IN A COUNTY JAIL? (do not include time awaiting disposition or sentencing) (Includes Detroit House of Correctons-DEHOCO)

1 = yes 8 = n/a never arrested
2 = no (go to Q 62) __ (55)

59. HOW MANY TIMES IN ALL HAVE YOU SERVED TIME IN COUNTY JAIL?

Number of times: _____ 98 = n/a never in jail __ __ (56-5

60. HOW MANY TIMES HAVE YOU SERVED TIME IN COUNTY JAIL DURING THE LAST YEAR?

0 = none/hasn't been in jail in past year
1 - 6 = code actual number
7 = 7 or more
8 = n/a never in jail __ (58)

61. Obtain the following information for each of the three most recent periods of incarceration in a county jail.

Offense convicted of (be specific)	Length of time served	Date of release (month/year)	Name of Jail
_____ (most recent)	_____	_____	_____
_____ (2nd most recent)	_____	_____	_____
_____ (3rd most recent)	_____	_____	_____

---

62. HAVE YOU EVER BEEN SENTENCED TO A STATE OR FEDERAL PRISON?

1 = yes 8 = n/a never arrested
2 = no (If has been in jail, go to Q 66
(If has not been in jail, go to Q 73) __ (59)

Participant ID _____

63. HOW MANY TIMES IN ALL HAVE YOU BEEN SENTENCED TO PRISON?

1 - 6 = code actual number
7 = 7 and above
8 = n/a never in prison

_ (60

64. Obtain the following information for each of the three most recent periods of incarceration in a state or federal prison.

Offense convicted of (be specific)	Length of sentence (min to max)	Name of prison where began sentence	Date released (month/year)
_____ (most recent)	_____	_____	_____
_____ (2nd most recent)	_____	_____	_____
_____ (3rd most recent)	_____	_____	_____

65. HAVE YOU EVER BEEN ASSIGNED A MICHIGAN PRISON NUMBER?

1 = yes (please indicate number _____)
2 = no
8 = not applicable/never arrested

_ (61

---

66. WHAT TYPE OF PLACE DID YOU FIRST LIVE IN THE LAST TIME YOU WERE RELEASED FROM INCARCERATION? (either jail or prison)

(Record following information for reference):

Offense:
Date of release:
__jail or __prison

01 = house, apartment, mobile home
02 = room, hotel
03 = group living (halfway house, AFC home, etc.)
04 = hospital, nursing home
05 = correctional facility
06 = shelters/missions
07 = on street
08 = other (specify) _____
98 = not applicable/never incarcerated

-go to Q 68

__ (62

67. WHO WERE YOU LIVING WITH?

(probe "Anyone else?")
(Coding: first options take priority over latter)

1 = spouse, grown children, or parents
2 = boyfriend/girlfriend
3 = other relatives or other relatives and friends
4 = friends only
5 = alone
6 = other (specify) _____
8 = n/a no prison; not in house or apartment

68. HOW LONG DID YOU LIVE THERE?

1 = 0-1 month
2 = >1-3 months
3 = >3-6 months
4 = >6-12 months ----------] Go to Q 72
5 = more than 12 months-----]
8 = not applicable

69. (If less than 6 months)

WHY DID YOU LEAVE THE LAST PLACE YOU LIVED?

(Record reason): _____

_____

(Get enough information to code following reasons)

(Coding: 1 = yes
2 = no
8 = not applicable/never incarcerated)

Economic reasons/couldn't pay rent . . . . . .

Interpersonal conflict with household member(s)

(specify what and with whom) _____

_____ . . .

Thrown out/eviction by landlord . . . . . .

Disaster (assault, fire) (specify what) _____ . .

Discharged or released from hospital or jail/prison . . . .

Program terminated . . . . . .

Had stayed maximum number of days at shelter . . . . . .
(Name and city of shelter: _____)

On street and needed shelter . . . . . .

Other (specify) _____

Participant ID _____

70. (If less than 6 months) WHAT TYPE OF PLACE DID YOU LIVE IN NEXT? __

01 = house, apartment, mobile home
02 = group living (halfway house, AFC home, etc.)
03 = room, hotel
04 = hospital, nursing home
05 = correctional facility
06 = shelters/missions
07 = on street
08 = other (specify) _____
98 = not applicable

71. HOW LONG DID YOU LIVE THERE? __

1 = 0-1 month
2 = >1-3 months
3 = >3-6 months
4 = >6-12 months
5 = more than 12 months
8 = not applicable

72. (No Item # 72)

---

73. ARE YOU ON PROBATION OR PAROLE NOW? __

1 = yes, probation:
Offense: _____
Date sentence began: _____
2 = yes, parole:
Offense: _____
Date parole began: _____
3 = no

(Participant ID) _____

NOW I'M GOING TO ASK YOU SOME QUESTIONS ABOUT MILITARY SERVICE.

74. HAVE YOU EVER BEEN IN THE MILITARY SERVICE? __

1 = yes 2 = no (go to Q 79)

75. WHEN DID YOU LEAVE THE SERVICE? _____
[If still in service, code current date]

_____/_____ 9998 = n/a - not in service
month year

Participant ID _____

76. HOW LONG WERE YOU IN THE SERVICE?

1 = 6 months or less
2 = >6 months to 12 months
3 = >12 months to 2 years
4 = 2 years or more
8 = not applicable - not in service __ (11)

77. WERE YOU EVER IN ACTIVE COMBAT?

1 = yes 8 = n/a - not in service
2 = no (go to Q 79) __ (12)

78. WHERE DID YOU SERVE ACTIVE COMBAT?

1 = Korea
2 = Vietnam
3 = Europe/Pacific - WWII
4 = other (specify) _____
8 = not applicable - not in service __ (13)

THE NEXT QUESTIONS HAVE TO DO WITH YOUR SOURCES OF MONEY.

79. DURING THE LAST SIX MONTHS, HAVE YOU GOTTEN MONEY FROM:

(Have participant respond to each response!)
(Coding: 1 = yes 2 = no 8 = refused to answer)

WORK (either yourself or spouse) . . . . . __ (14)

YOUR FAMILY (not counting spouse) . . . . . __ (15)

ALIMONY/CHILD SUPPORT . . . . . __ (16)

PENSION/RETIREMENT . . . . . __ (17)

SSI, SSDI, SOCIAL SECURITY (Circle type received). . . . __ (18)

PUBLIC ASSISTANCE, SUCH AS ADC, FOOD STAMPS, WELFARE, GA, AND THE LIKE (Circle types received). . . __ (19)

VA BENEFITS . . . . . __ (20)

UNEMPLOYMENT COMPENSATION . . . . . __ (21)

PANHANDLING; THAT IS, ASKING STRANGERS FOR MONEY . . . . __ (22)

SAVINGS . . . . . __ (23)

ILLEGAL SOURCES . . . . . __ (24)

ANYTHING ELSE? ANY OTHER WAYS YOU GET MONEY OR SUPPORT? __ (25)
(specify: _____)

Participant ID _____

80. WHICH OF THESE HAS BEEN YOUR LARGEST SOURCE OF MONEY OVER THE PAST MONTH? (Repeat sources cited above)

01 = work (self or spouse)
02 = your family (not counting spouse)
03 = alimony/child support
04 = pension/retirement
05 = SSI, SSDI, social security
06 = Public Assistance (ADC, food stamps, welfare, GA, etc)
07 = VA benefits
08 = unemployment compensation
09 = panhandling
10 = savings
11 = illegal sources
12 = other (specify) _____
98 = refused to answer

__ __ (26-27)

81. COUNTING ALL MONEY YOU GOT FROM (read sources cited in Q 79), WAS YOUR TOTAL FAMILY OR HOUSEHOLD INCOME DURING THE PAST YEAR:

(yourself and other members of your family who you lived with - If respondent lived alone or independently, then just include his or her income from all sources.)

(Read categories)

01 = LESS THAN $1,999 - - (less than $166/month)
02 = $2000 TO $2,999 - - -($166 - $250/month)
03 = $3,000 TO 4,999 - - -($251 - $416/month)
04 = $5,000 TO 7,999 - - -($417 - $666/month)
05 = $8,000 TO $9,999 - -($667 - $833/month)
06 = $10,000 TO 14,999 - -($834 - $1,250/month)
07 = $15,000 TO 19,999 - -($1,251 - $1,666/month)
08 = OVER $20,000 - - - -(over $1,666/month)
98 = (refused to answer)

__ __ (28-29)

82. HOW MUCH OF THIS TOTAL DID YOU YOURSELF ACTUALLY EARN, SUCH AS BY WORKING?

(Do not include money received as gifts or loans, from public assistance, etc. - if has worked, make sure you get amount earned)

01 = NONE
02 = $1 TO $1,999
03 = $2000 TO $2,999
04 = $3,000 TO 4,999
05 = $5,000 TO 7,999
06 = $8,000 TO $9,999
07 = $10,000 TO 14,999
08 = $15,000 TO 19,999
09 = OVER $20,000
98 = (refused to answer)

__ __ (30-31)

Participant ID _____

NOW I'M GOING TO ASK YOU ABOUT WHAT YOU WILL DO WHEN YOU LEAVE THE SHELTER.

83. DO YOU KNOW WHERE YOU WILL STAY AFTER YOU LEAVE THE SHELTER?

1 = yes (must know exactly where will stay) 2 = no (go to Q 86) __ (32)

84. IN WHAT TYPE OF PLACE WILL YOU BE STAYING?

01 = house, apartment, mobile home
02 = room, hotel
03 = group living (halfway house, AFC home, etc.)
04 = hospital, nursing home
05 = correctional facility
06 = shelters/missions
07 = on street
08 = other (specify) _____
98 = not applicable/doesn't know where will stay

-go to Q 86

__ __ (33-34)

85. [If house or apartment] WHO WILL YOU BE LIVING WITH?

(probe "Anyone else?")
(Coding: first options take priority over latter)

1 = spouse, grown children, or parents
2 = boyfriend/girlfriend
3 = other relatives or other relatives and friends
4 = friends only
5 = alone
6 = other (specify) _____
8 = not applicable - doesn't know where will stay, or not house or apartment

__ (35)

86. WILL YOU BE STAYING IN THE DETROIT AREA?

1 = yes 3 = doesn't know
2 = no - WHERE WILL YOU BE STAYING? _____

__ (36)

---

87. NOW ONE LAST QUESTION, HOW DO YOU FEEL ABOUT YOUR LIFE AS A WHOLE. DO YOU FEEL:

1 = DELIGHTED (EXTREMELY PLEASED)
2 = PLEASED
3 = MOSTLY SATISFIED
4 = MIXED (ABOUT EQUALLY SATISFIED AND DISSATISFIED)
5 = MOSTLY DISSATISFIED
6 = UNHAPPY
7 = TERRIBLE

__ (37)

THAT COMPLETES THE QUESTIONS THAT I HAVE FOR YOU. DO YOU HAVE ANY QUESTIONS? THANK YOU VERY MUCH FOR YOUR HELP.

Time interview finished: _____ Blank (38)

Participant ID _____

Surveyors Impressions

1. Rate respondent's grooming

   1 = body and clothes neat and clean
   2 = body clean, but clothes dirty
   3 = clothes clean, but body dirty
   4 = unwashed, unkempt, dirty clothes — (39)

2. Rate respondent's attire

   1 = appropriate to weather and place
   2 = inappropriate (specify _____) — (40)

3. Rate level of attention

   1 = Attentive and responsive
   2 = some lapses of attention
   3 = paid no attention much of the time — (41)

4. Rate manner of speech:

	often	sometimes	never	
talked in digressive or rambling manner	1	2	3	(42)
talked or muttered to self	1	2	3	(43)
refused to answer	1	2	3	(44)
illogical/nonsensical	1	2	3	(45)
disorganized/incoherent	1	2	3	(46)

5. Rate emotional state:

	often	sometimes	never	
flat affect	1	2	3	(47)
angry or hostile	1	2	3	(48)
sad, depressed	1	2	3	(49)
anxious, apprehensive	1	2	3	(50)
hallucinating	1	2	3	(51)

6. Rate attitude toward interviewer

   1 = cooperative
   2 = neutral
   3 = uncooperative — (52)

Participant ID _____

7. Rate attitude toward interview

   1 = interested
   2 = neutral
   3 = bored

   _ (53)

8. How valid do you feel this person's responses are overall?

   1 = valid
   2 = questionable
   3 = not valid

   _ (54)

   Specify problem areas in interview: _____

   _____

9. Was this interview tape-recorded?

   1 = yes 2 = no

   _ (55)

10. If no, why not?

    1 = participant refused
    2 = recorder not working
    3 = supervisor said not necessary
    4 = other (specify) _____
    8 = n/a interview recorded

    _ (56)

11. Did participant state that s/he would be leaving town soon after the shelter stay?

    1 = yes (Specify: _____)
    2 = no

    _ (57)

12. (If in material goods condition) What did participant choose for payment?

    1 = toilet articles
    2 = cigarettes
    8 = not applicable/ received cash

    _ (58)

SUMMARY OF INTERVIEW/DESCRIPTION AND IMPRESSIONS OF PARTICIPANT:

_____

_____

_____

_____

_____

_____

(Length of interview)

___* (30-32)

Participant ID _____

INTERVIEW EVALUATION

1. What did you think about this interview? Was it:

   ___ a. VERY INTERESTING

   ___ b. SOMEWHAT INTERESTING

   ___ c. SOMEWHAT BORING

   ___ d. VERY BORING

2. How satisfied are you with your payment for participating in these interviews?

   Consider both the payment you received now, and the payment you will receive when you return for the next interview in six weeks.

   ___ a. VERY DISSATISFIED

   ___ b. SOMEWHAT DISSATISFIED

   ___ c. SOMEWHAT SATISFIED

   ___ d. VERY SATISFIED

3. How useful do you feel the payments are which you are receiving for your participation in these interviews?

   ___ a. VERY USEFUL

   ___ b. SOMEWHAT USEFUL

   ___ c. A LITTLE BIT USEFUL

   ___ d. NOT AT ALL USEFUL

4. What did you think of the person who interviewed you? Did you:

   ___ a. NOT LIKE HER/HIM AT ALL

   ___ b. LIKE HER/HIM JUST A LITTLE BIT

   ___ c. LIKE HER/HIM PRETTY MUCH

   ___ d. LIKE HER/HIM A LOT

5. How likely is it that you will return in six weeks for your second interview? Do you think that you:

   ___ a. DEFINITELY WILL RETURN

   ___ b. PROBABLY WILL RETURN

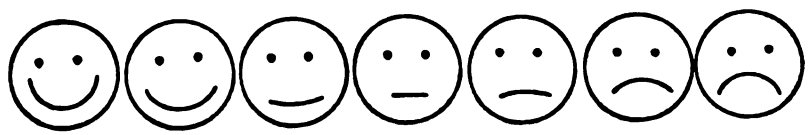
   ___ c. PROBABLY WON'T RETURN

   ___ d. DEFINITELY WON'T RETURN

APPENDIX E

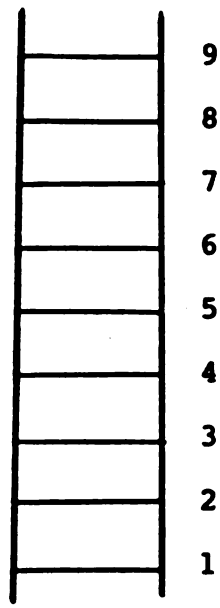
RESPONSE CARDS

CARD 1



1 2 3 4 5 6 7

CARD 2



CARD 3

1	2	3	4	5	6	7
DELIGHTED (EXTREMELY PLEASED)	PLEASED	MOSTLY SATISFIED	MIXED (ABOUT EQUALLY SATISFIED AND DISSATISFIED)	MOSTLY DISSATIS-FIED	UNHAPPY	TERRIBLE

CARD 4

1	2	3	4	5	6	7
NOT IMPORTANT AT ALL	NOT VERY IMPORTANT	SOMEWHAT UNIMPORTANT	MIXED (ABOUT EQUALLY IMPORTANT AND UNIMPORTANT)	SOMEWHAT IMPORTANT	VERY IMPORTANT	EXTREMELY IMPORTANT

Card 5

1	2	3	4	5
NOT AT ALL	A LITTLE BIT	MODERATELY	QUITE A BIT	EXTREMELY

APPENDIX F

COTS' RECORD DATA COLLECTION FORM

COTS' RECORDS DATA

Name: _____ Case ID _____

Date entered COTS: _____/_____/_____
month day year

Date left COTS: _____/_____/_____
month day year

Birthdate: _____/_____/_____
month day year

Race: _____

Marital status: Number of children with guest ____

__ 1 = married
__ 2 = single
__ 3 = widowed
__ 4 = divorced
__ 5 = state custody

Under parole:

__ 1 = yes
__ 2 = no

Past psychiatric hospitalization

__ 1 = yes (Name of hospital _____Date of discharge_____)
__ 2 = no

Reason for leaving last permanent address: _____

_____

_____

Objectives for the client: _____

_____

_____

Was guest:

___ discharged

___ terminated - Why? _____

_____

_____

Forwarding address indicated:

__ 1 = yes
__ 2 = no

What will city of residence be?

__ 1 = Detroit
__ 2 = other (specify _____)
__ 9 = missing/can't determine

What type of housing is indicated?

__ 1 = house, apartment
__ 2 = hospital (specify _____)
__ 3 = other (specify _____)
__ 9 = missing

Record information on all incident reports received during stay:

Date Reason for report (e.g. missed curfew, fighting, etc.)

1._____

2._____

3._____

4._____

Total incident reports this stay: ____

What are client's goals? What does he/she need to get permanently resettled?

_____

_____

_____

Other information/comments: _____

_____

_____

_____

_____

_____

LIST OF REFERENCES

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