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RIVERSIDE COUNTY HOMELESS INDIVIDUALS' PERSPECTIVE ON PRIMARY FACTORS CONTRIBUTING TO HOMELESSNESS

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ON PRIMARY FACTORS CONTRIBUTING TO HOMELESSNESS

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A Project

Presented to the

Faculty of

California State University,

San Bernardino

_____

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

_____

by

Megan Irene Chaney

June 2018

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Approved by:

Dr. Armando Barragán, Faculty Supervisor, Social Work

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ABSTRACT

This research was designed to identify primary contributing factors to homelessness as identified by homeless individuals in Riverside County. This research might assist future researchers as well as help to implement treatment services to decrease homelessness. Qualitative data was analyzed to determine contributing factors leading to homelessness as well as the impact of treatment on overcoming barriers essential to obtaining housing. Demographic data was also analyzed based on the sample of individuals interviewed. The results of this study showed that mental health and substance abuse are two main factors which deter stable placement and lead to prolonged homelessness. This study concludes with a discussion of findings and recommendations for further research.

ACKNOWLEDGEMENTS

I want to thank my family, my friends, and my husband for helping and supporting me throughout this whole process. When I wanted to give up, they did not let me. They encouraged me to keep moving forward. I could not have done it without you all. I want to add a special thanks to my Dad who is no longer here with us and has guided me throughout life. When things got tough I thought of him to help me get through to the end. I love you all and am very thankful to have such amazing friends and family in my life.

I want to dedicate this research to all those who have lost their lives to homelessness, those currently struggling with homelessness, and those who never gave up the fight and have overcome their barriers.

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CHAPTER ONE

INTRODUCTION

Problem Formulation

Homelessness is perhaps one of the largest growing epidemics worldwide, and is one social problem that affects not only the homeless individual but the community in which they live as well. People are being impacted by the rise of homelessness in more ways than ever, at both micro- (e.g., communities and businesses) and macro- (e.g., cities and states) levels. According to the National Alliance to End Homelessness (NAEH), hospitalization, medical treatment, incarceration, police intervention and emergency shelter are all ways homelessness impacts municipalities and taxpayers (NAEH, 2017). Here too, intergenerational effects of homelessness are impacting families and people throughout the world. The Institute for Children, Poverty, and Homelessness (ICPH) states that homeless children, when compared to their housed counterparts, are more likely to suffer from developmental delays, chronic and acute health concerns, and behavioral, emotional, and mental health issues (ICPH, 2015). As more research is completed, it is becoming clearer as to how homelessness affects the communities in which we live. The ICPH notes that homelessness has a financial impact, an environmental impact, and dangerous consequence for those struggling with the issue. Being able to know the effects of stable housing first-hand from Riverside County homeless individuals will

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contribute to the decrease in homelessness and increase in treatment services by report of what is needed. It is important to understand the problem further not only to help alleviate the stress and costly matters with homelessness but to offer support and aid to those struggling with a housing crisis by helping to eliminate those barriers to housing.

Some of the ramifications of homelessness on social work practice in a micro setting are the inability to get homeless individuals invested in their treatment and the inability to maintain consistent contact with them due to not knowing where to find them and their having unreliable phone numbers. Upon reviewing past research, O'Donohue and Levensky (2006) identified barriers with homeless individuals receiving treatment as: limited financial and vocational resources, transportation issues, lack of child care, and difficultly in contacting individuals due to their transient lifestyle which in turn creates issues for the clinician to implement treatment. With supporting facts and information, being able to understand the primary factors that lead to homelessness can help prevent future and ongoing homelessness by treating the problem before it resorts to further issues.

Purpose of the Study

The purpose of this study is to identify barriers to sustaining housing as well as primary factors that contribute to homelessness. It also explores the perspectives of homeless individuals in Riverside County by obtaining their

thoughts on homelessness and how they think they could sustain housing. The participants chosen were drawn from the adult homeless population in Riverside County, CA. This research is exploratory and descriptive. Adding to the existing information and defining what factors lead to homelessness, as well as exploring if housing interventions really work to increase long-term housing, is a crucial factor in creating housing sustainability. It is also helpful to determine which factors stop individuals from receiving housing intervention services and following through with sustaining housing; thus why interviewing homeless individuals can help us to find the root of the problem. Having individual thoughts and/or perspectives on what factors contribute to homelessness, sustaining housing, and utilization of treatment services is be ideal for this study and for progressive housing treatment interventions.

   The research method that was conducted was qualitative. The study employed an in-depth, semi-structured interview that took between 30-60 minutes This research design was selected based on validated previous research that has focused on other points of view and perspectives rather than from the source (homeless individuals' perspectives on homelessness and housing).This type of study has provided authentic and genuine answers and guidance to the idea behind housing first and treatment services.

Significance of the Project for Social Work

The need to conduct this study arose from my desire to learn the primary factors contributing to homelessness, as well as a desire to explore the effectiveness of housing-first methods as interventions for homeless and co-occurring disorders. Knowledge of these factors may help agencies build treatment services that can decrease homelessness, crime rates, unemployment rates, and may also lead to an overall increase in the utilization of treatment services. Assisting in decreasing homelessness will begin to minimize the effects of this significant social problem in everyday society as well as create ways for individuals to regain confidence and seek the necessary support. Additionally, homelessness can lead to physical health issues, continued mental health concerns, increased substance abuse, and risky life situations- all of which can lead to increased incarcerations and hospitalizations, which put communities in hardship. Having knowledge and education to assist in decreasing homelessness will be an overall benefit to society, specifically in Riverside County. Mental health and substance abuse programs alike may use these findings to create services tailored to the individual needs of the homeless population.

This research study has identified and used two stages of the generalist model intervention process. First, it has used the assessing phase in which Riverside County homeless individuals were assessed to identify their needs, wants, and thoughts on homelessness and housing interventions. Secondly, the evaluating stage was used as research, data, and findings required certain

treatment services and housing intervention models to be evaluated for success in utilization of treatment services and decrease in homelessness.

This research seeks to answer the question: What do homeless individuals in Riverside County believe are factors which contribute to homelessness as well as barriers to sustaining long-term housing?

The finding of this study can lead to or might initiate change in social work practice by helping social workers "think outside of the box" and use non-traditional methods to help treat or guide individuals struggling with addiction or mental health disorders. By identifying the problem at the root, providing exact supports, and meeting homeless individuals' needs, we can both develop the strengths of the individual and create goals to eliminate barriers to sustaining permanent, long-term housing.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter consists of an examination of the research relevant to the

topic of homeless, specifically focusing on the perspectives of homeless

individuals on factors leading to homelessness. It will also explore how homeless

individuals feel about the sustainment of long-term housing. The subsections

include discussing the *housing first model*, co-occurring disorders, and factors

that lead to loss of long-term housing placement. The final subsection examines

Glasser's *choice theory* and Wegsheider's theory regarding chemical

dependency.

Housing First Model

According to the United States Interagency Council on Homelessness

(USICH), the housing first model offers permanent, affordable housing as quickly

as possible for individuals and families experiencing co-occurring disorders and

homelessness with few to no treatment preconditions, behavioral contingencies,

or barriers (USICH, 2017). This housing intervention model then provides a

bridge to the supportive services as well as connections to the community-based

supports that are essentially designed to keep people in their housing and

circumvent recurring homelessness. Housing provides a stable foundation from

which a person or family can access needed services and supports to begin the

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recovery process and pursue personal goals. The thought is that since they have stable housing, the ability to address those barriers and issues will be more feasible. The housing first method is often described as an intervention to dissolve homelessness and increase service utilization (USICH). Asking the homeless population for their own perspectives (on both homelessness in general and the housing first model) can be effective in that authentic answers can help tell us if the intervention model actually increases the utilization of services and reduces the barriers that contribute to homelessness. Many studies on housing first models have been conducted to evaluate the pros and cons of housing first interventions. North, Eyrich-Garg, Pollio, and Thirthalli, J. (2010) found that for a majority of people placed into stable housing who had comorbid substance abuse disorders (and did not receive treatment), the housing first intervention was not successful and did not last long-term. A majority of individuals failed to maintain stable housing, but continued to abuse substances.

There are many programs to assist with substance abuse and mental health, but not many housing options for those not wanting or needing treatment services. While *housing first* is only offered for individuals with mental illness or other co-occurring diagnoses, many studies show that those who receive services while in housing first model interventions are usually successful in sustaining housing. One such study, conducted over the span of 5 years by Tsemberis and Eisenberg (2000), found that 88% of participants in New York's Pathways to Housing program were able to maintain housing while receiving

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supportive services simultaneously. Likewise, a study conducted by Montgomery, Hill, Lane, and Lulhane (2013) looked at the retention rate of participants (veterans in this case) who received supportive housing through the U.S. Department of Housing and Urban Development- Veterans Affairs Supportive Housing program (HUD-VASH). Here, they found that 98% of participants retained housing 12 months after their initial move-in date. Another such study, conducted by Stergiopoulos, et al., (2015), measured the effectiveness of the housing first model with intensive case management services that focused on reducing barriers. This study found that housing first, paired with intensive case management, community support, and treatment of disorders, was effective in reducing probable negative outcomes and keeping previously homeless individuals people in housing for longer amounts of time.

Co-occurring Disorders

The studies that make this research significant focus on treatment-as-usual combined with providing housing and services to individuals who have mental illness and substance abuse issues. According to Watson and Rollins (2015), substance abuse is one of the most common and significant comorbidities amongst individuals with serious mental illness disorders. This means that generally, substance abuse and mental health go hand-in-hand, which then has an impact on housing stability. Those who suffer from a co-occurring disorder have a higher risk for negative outcomes, such as homelessness. According to Sun (2012), homeless individuals with co-occurring

disorders are more likely to experience homelessness when compared to those without a co-occurring disorder. Bean, Shafer, and Glennon (2013) found that using peer support services, treatment, and harm reduction models in correlation to housing first has been demonstrated to be effective in decreasing substance use and actually increasing quality of life for some people. This suggests that intensive case management, active engagement in treatment services, and support are imperative for housing first to be effective. In a study by Essock et al., (2006), co-occurring individuals who were homeless or unstably housed we shown to have significant decreases in substance use as well as improvment in several mental health domains while participating in co-occurring treatment services. Another study, this one conducted by Grella and Stein (2006), concluded that those with co-occurring disorders had higher rates of integrating in society contingent on the length of time they received services. The study also found that those who did participate in mental health and substance abuse treatment services were more likely to work on additional barriers to improved quality of life.

Many studies have found relationships between homeless individuals who have mental health and substance abuse disorders as well as those who are not actively engaged in treatment (Baker, Elliott, Williams Mitchell, & Thiele, 2016; Bean, et al., 2013; Essock, et al., 2006; Grella & Stein, 2006). These studies identify individuals who avoid public health services, who come from homeless shelters, or who frequent popular homeless sites. These relationships between

homelessness, mental health disorders, and substance abuse disorders have led to findings that each impacts the other and influences continued negative outcomes. Baker, et al. (2016) found that a high number of individuals experiencing chronic, long-term homelessness also come from low economic social statuses and have a co-occurring disorder. This is another pattern amongst the other factors that contribute to homelessness and the need for stable housing.

Theories Guiding Conceptualization

One theoretical perspective that has guided, and continues to guide, research in this area is *choice theory*, developed by Glasser (1998), and based on the assumption that we choose everything we do. According to Gladding (2004), health is based on healthy relationships where one does not feel the need to change those in the relationship. Gladding notes that Glasser assumes that a person's desire to change dysfunctional relationships is the cause of mental health distress. Zastrow and Kirst-Ashman (2016) further argue that when the picture in our mind and the picture of reality are different, we attempt to reduce the difference between the two by behaving in ways that we think will help us obtain the picture we want. This can be done either in a constructive manner, or in an irresponsible/manipulative fashion. These perceptions or pictures are said to be created before birth and as the person continues to grow, he or she

strives to expand these pictures by satisfying five needs: survival, love and belonging, power, freedom, and fun (Zastrow & Kirst-Ashman).

According to Glasser, symptoms of many illnesses are based on unhappiness and unsatisfying relationships, including an unsatisfying relationship with them. The state of one's relationships and how we choose to go about fixing them essentially affects one's satisfaction with life. Overall, choice theory explains why and how we make the choices that affect our lives (Zastrow & Kirst-Ashman).

Another theoretical perspective that guides this study is Wegscheider's (1981) theory regarding chemical dependency, which states that addiction is a family disease that affects everyone, not just the addict (Zastrow & Kirst-Ashman). Wegscheider notes that a family dealing with addiction would naturally assume roles to protect and hide the addiction. The roles are as follows: *the mascot, the hero, the enabler, the lost child,* and *the scapegoat.* She also asserts that there are rules that a family of addiction abide by that maintain the problem and enable the dependent person, thus averting the need for them to take responsibility. When enabling occurs, it not only prevents the chemically dependent person from accepting responsibility, but it also means family members are accepting a responsibility that is not theirs. The attempts to cure or control the addiction of the chemically dependent member only creates greater damage to the family system, such as stable housing. Alford (1998) also acknowledged the roles present within families, linking them to the birth order.

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Viewing the family as a classification of people in related roles, Alford (1998) proposed that parental alcoholism has an influence on the normal role definitions within the family dynamic. Those who provide treatment to adult children of alcoholics (ACOA) have identified the therapeutic issues that arise from family roles which created rigid patterns of behavior from their childhood. These issues have been assumed so that the child can survive emotionally in a family that has been rendered dysfunctional by alcoholism. Assuming these roles to protect themselves within a dysfunctional family can cause a distortion in how a child perceives the world around them into adulthood. According to Alford (1998), these roles can then affect job selection and performance. Adult children of addicts can take the rigidity of the roles assumed as children and carry them into adulthood where they are unable to reconcile past roles to function in adulthood. Again, adulthood is a time of reflection, but the roles that children of addicts are used to assuming and the rigidness of these roles may cause distress when reflecting. Also, one rule that usually accompanies a family of addiction is secrecy and a huge part of that is not talking about the issue outside or even within the family. This rule is often enforced absolutely, by any means necessary. Because of this, many children carry this idea of secrecy into adulthood. This may hinder the reflection process in adulthood because the victim is not able to reconcile what their real source of unhappiness is.

These theories frame the foundation of this study, as many people associate substance use and mental health disorders as one's choice or mishap.

Using choice theory can help researchers discover why individuals make these choices and determine what forms of treatment would be beneficial to each individual. However, sometimes an individual's need should change to satisfy the need being questioned. When this happens, a signal is generated in the mind so that the picture we want to change can become the picture we want to obtain in our minds. This can lead to the willingness to engage in treatment and housing first, or it could do the opposite which could lead to more negative outcomes. Problem solving strategies are implemented in each situation according to the choice theory. This will help individuals find a place and discover what they want in their own lives. Wegscheider's theory proposes that adult children of addicts can take the rigidity of the roles assumed as children into adulthood where they are not able to function in appropriate roles in society. This is evident in the fact that for the most part substance use is generational and mental health disorders have been known to be highly hereditary (Plomin, Owen, & McGuffin, 1994). Those affected as children by substance use tend to take on the addict role as adults. This theory identifies key turning points in people's lives in hopes of helping to decrease the vicious, generational cycle of addiction.

This study's theoretical perspectives go against those that have been used in previous studies (i.e., Baltes,1987), which used developmental life theories to show life-long reasons for why things happen and suggest that decisions are made based on childhood development. These theories will still be able to identify that, but from a different theoretical perspective and more person-

in-environment. There could also be more theories that can be used to guide this study such as Pecks's (1968) theory of psychological development, which focuses on four psychological advances: socializing versus sexualizing in human relationships, valuing wisdom versus valuing physical powers, emotional flexibility versus emotional impoverishment, and mental flexibility versus mental rigidity (Zastrow & Kirst-Ashman). This can be beneficial in order to find the problem at the root and work towards eliminating homelessness and providing support and treatment to overcome barriers. These theories essentially lead to the idea of choice and the effect our choices have on our hierarchy of needs, housing and stability being predominant. Thus, informing readers of the underlying aspects of homelessness including contributing factors, what it will take to keep housing, and likelihood of utilization of treatment services. This research will identify homeless individuals' perspectives on what they think it would take to keep housing or even get housing to begin with. Essentially this study aims to assist in understanding the problems that lead to losing housing as well as a solution to sustaining housing.

Summary

This study will explore factors that contribute to homelessness. It also proposes to gain personal insight from individuals in Riverside County as to how those factors may act as a barrier to both obtaining and maintaining housing long-term. Likewise, the study will examine the individual's thoughts as they

pertain to housing-first interventions in order to identify the importance of treatment utilization. The need to explore factors that contribute to homelessness can be of benefit not only to the social work field but also to local and state funded programs (such as housing-first programs). Through gathering first-hand experience and identifying barriers to success, this research can assist with addressing the continued epidemic of homelessness.

CHAPTER THREE

METHODS

Introduction

This study sought to explore the perspectives of homeless individuals in Riverside County on issues such as homelessness, barriers to housing, and what they think it will take to sustain housing. This chapter contains the details of how this study was carried out. The sections discussed are study design, sampling, data collection and instruments, procedures, protection of human subjects, data analysis.

Study Design

The purpose of this study was to identify barriers to sustained housing as well as primary factors that contribute to homelessness. It also describes the thoughts of homeless individuals in Riverside County on homelessness and how they can sustain housing. This was an exploratory and descriptive research project due to the limited amount of research on actual homeless perspectives and the difficulty of getting detailed descriptive data from those individuals. Since the perspectives of homeless individuals may unveil actual contributing factors to homelessness, this was a qualitative study, and utilized semi-structured, in-depth interviews with select open-ended questions as a tool to collect data.

A strong point with using the interviews with the homeless population for the qualitative study was that the interview would assist in getting detailed information from individuals to help gain access to information pertaining to homelessness and possibly identifiable factors that contribute to homelessness. Participants were free to answer as they wanted and were not restricted to any range of answers. Since the homeless individual perspective has not often been solicited in prior research, this allowed participants to identify contributing factors that lead to homelessness, barriers that keep them from maintaining housing, and how they think they will be able to get or sustain housing. Thee interviews allowed participants to provide rich, detailed explanations, as well as help identify any patterns amongst the homeless population in Riverside County.

A limitation of doing interviews is that by nature, sometimes people get tired of talking or it takes too long to complete. Interviews are more intrusive as each participant much give his or her answers in front of an interviewer(s). This can lead to answers directed towards what the participant thinks the interviewer wants to hear, or they might not feel comfortable sharing more personal things. Also, as people tend to get tired of talking, they might have provided less sincere or less well thought-out answers simply to speed the interview up. The findings of this study were not meant to define any causal relationships between the themes of mental illness and substance use, but more the perspective of homeless individuals.

Sampling

This study used a non-random purposive sample of homeless individuals in Riverside County. Approval was provided by the shelter director. There were a total of 11 participants who participated in an interview that took approximately 30-60 minutes. The selection criteria for this study was based off history of homelessness, age (18 years or older), history of treatment services, and participant status at the shelter. This sample was chosen as these participants are all experiencing homelessness in Riverside County as well as having some sort of interaction with being housed, losing housing, and thus have an authentic perspective on homelessness.

Data Collection and Instruments

Qualitative data was collected via in-depth, semi-structured interviews. Each interview began with an introduction and description of the study and its purpose. Demographic information was collected prior to the start of the interview (see Appendix A). This information consisted of age, gender identification, ethnicity identification, length of homelessness, how many episodes of homelessness, engagement in treatment services (either mental health and/or substance abuse), and marital status.

An interview guide was used to conduct the interviews (see Appendix B). This guide consisted of questions reflecting answers needed to build the theme between homeless individuals in Riverside County and their perspective on

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homelessness and contributing factors to homelessness. This interview guide was developed to tailor the ramifications of this study and purpose.

I employed use of additional stimulus or probing questions to get additional information or further explanation depending on responses given by participants. This interview guide was created specifically for this study. It was flexible and tailored to each participant depending on responses. Some of the questions were directed on or around length of homelessness, perspective on their homelessness, what they believe led to their homelessness, what they think will assist them in sustaining long term housing, and any or prior utilization of treatment services. The strengths of using an interview guide is that it outlines the basic questions individuals may have regarding the purpose of research which can be used to get informative, descriptive answers. The limitation to this instrument are the answers may vary depending on the participant and their ability to be a historian. This tool was also developed due to the fact that answers are genuine and represent that of the participant. This can be addressed by continuous reminders of the purpose of study and importance for authentic answers.

Procedure

For this study, data was gathered at the shelter. Participants were solicited based off the length of time they had been homelessness and age and were offered incentives. These incentives were given to those who participate in the

interview. The guidelines of the interview were outlined beforehand to ensure

consent to participating in the interview. Data was specifically collected outside

of the shelter as I wanted genuine responses and answers, and thought that

participants may not have felt comfortable answering them inside the shelter. I

was the only one collecting data. Interviews were between 30-60 minutes each

and collected between June 2017 and January 2018, allowing time to capture

authentic responses and interviews for 11 participants.

Protection of Human Subjects

The confidentiality and anonymity of the participants in this study was

protected by keeping the interviews and responses completely confidential.

There was also an additional process I attended to within the shelter that

assisted in practicing HIPAA and confidentiality laws before conducting research.

It was explained to the participants that their answers would be confidential and

should remain that way amongst other individuals. Participants were instructed

not to mention other names of homeless individuals as well as not to share what

questions they were asked. Each participant read and signed an informed

consent (see Appendix C) with an X prior to the interview as well as giving

consent to be audio-recorded. The audio recordings were stored on a hard drive

and kept in a locked cabinet. Each participant was assigned a number and color-

code upon transcribing the data. This was done to ensure confidentiality and that

no information could be accessed by others outside of the interview process.

Data Analysis

All data was gathered from the interviews of the 11 participants and was analyzed and transcribed with qualitative practices. First, audio recordings were transcribed into written form. Each participant was given a pseudonym which was used while transcribing for purposes of differentiating each interview. All supporting words or utterances were documented. One or two-word statements such as "uh huh", "umm", "uh", and "hmm" were not counted in the overall theme or pattern identification of homeless individuals, but were transcribed as they may provide transitions into different questions and/or provide insight into findings.

All interviews were sorted into individual fields that were representative of each participant. Under each field, the interviews were categorized by common themes or patterns of contributing factors that lead to homelessness as well as what participants thought it will take to sustain long term housing. The major themes and sub-themes were assigned a code and the codes were logged into the master code list. I then read and re-read transcripts to be sure of themes and sub-themes assigned. Each interview was then assigned under the corresponding category and then entered into a Microsoft Excel document under their assigned code. Finally, frequencies and proportions were determined for all answers relating to the contributing factors leading to homelessness as well as what participants thought it would take to sustain long term housing.

Summary

This study examined the contributing factors that lead to homelessness and what it takes to sustain long term housing based off the perspectives of homeless individuals. The interviews allowed honest and genuine answers from interviewees as well as providing ideas of common patterns and themes among the individuals. The qualitative methods used in this study best facilitated this process.

CHAPTER FOUR

RESULTS

Introduction

This chapter will discuss the relevant descriptive statistics for the sample.

Presentation of the participants' responses to the interview questions are

included. Tables are provided to highlight the presented information. The

chapter will be summarized by a brief conclusion.

Demographic Statistics

The sample consisted of 11 homeless individuals from the county of

Riverside. As shown in Table 1, the majority of participants identified as Male

(54.5%) with the remaining participants identifying as Female (45.5%). None of

the participants identified as Transgender or Other. There were no duplicate

ages reported. The minimum age was 23 years old and the maximum age was

82 years. The average age was 38 years old ($M = 38.82$, $SD = 17.093$) and most

participants identified as Caucasian (45.5%) with the next highest ethnicity being

Hispanic/Latino (27.3%). The remaining participants (36.3%) identified as being

either African American, Native American, or Other. Five participants identified as

being Single (45.5%) and only two participants identified as being Married

(18.2%). Each of the other participants (36.3% inclusive) identified as being

Divorced or Never Married (See Table 1).

Table 1

Demographics

	Frequency	Percent	Mean	Standard Deviation
	N	%		
Gender				
Male	6	54.5		
Female	5	45.5		
Transgender				
Other				
Age			38.82	17.093
Ethnicity				
African American	1	9.1		
Caucasian	5	45.5		
Hispanic or Latino	3	27.3		
Native American	1	9.1		
Other	1	9.1		
Marital Status				
Married	2	18.2		
Divorced	2	18.2		
Single	5	45.5		
Never Married	2	18.2		

As presented in Table 2, participants were asked what year they became homeless. The years ranged from 2010 to 2017 with the longest time homeless being reported as 96 months. The fewest number of months being homeless, reported by two participants, was 10 months. The average number of months homeless was 42 (*M*=42.55, *SD*=31.507). Participants were asked how many times they had been homeless in the last 5 years. The lowest number reported

was one with the highest being eight. The average number of times homeless

was three (*M*=2.90, *SD*=2.234). Over 60% of participants stated that they had

received substance abuse treatment (63.6%) with only 36.4% stating they had

not received substance abuse treatment. Just over half of participants stated that

they had received mental health treatment (54.5%) with the remaining

participants (45.5%) stating they had not received mental health treatment.

Table 2

Homelessness, Substance Use, and Mental Health

	N	Percent	M	SD
Year Homeless				
2010	1	9.1		
2011	2	18.2		
2013	1	9.1		
2014	2	18.2		
2015	1	9.1		
2016	2	18.2		
2017	2	18.2		
Months Homeless			42.55	31.507
Number of Times Homeless			2.90	2.234
Substance Abuse Treatment				
Yes	7	63.6		
No	4	36.4		
Mental Health Treatment				
Yes	6	54.5		
No	5	45.5		

Qualitative Interview Data

Eleven individuals were interviewed to collect the qualitative data. The length of the eleven individual interviews varied from five to twenty-five minutes, with the average being six and a half minutes per interview. The same nine questions were asked in each interview session, aimed at gaining insight into how these participants think on the topic of the contributing factors to their homelessness. The questions that were asked pertained to factors that contributed to each person's homelessness, how they became homeless, long-term housing, and support systems before becoming homeless. The final question asked the participants about what they value. From the responses given by the participants, the themes that emerged included drugs being a primary contributing factor to homelessness, mental health issues being a contributing factor to homelessness, and not having support systems having contributed to their homelessness.

Drug Use as a Contributing Factor to Homelessness

8 out of 11 participants (72.7%) responded that drugs were a contributing factor to their homelessness. 36.3% of those eight participants had similar responses. Participant Glenn answered:

Drug addiction made me homeless. That was one--that was--that was it. That was why. All the money went to the drugs. We didn't have any money to buy--to pay rent, to - to put down on a place, to keep a place when we had a place.

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Participant Jan answered:

"Um, I believe the main contributing factors would be my drug abuse and my, um--it's difficult to get clean. I--all the money I do have goes to my drug abuse."

Participant Ashley answered:

"Drinking, drugs and making terrible decisions."

Finally, of the similar responses, Participant John responded:

Drugs. Um, I went to school up in Humboldt, and I was right about to graduate but I just got into doing like marijuana and stuff. And acid trips. And then after that I can't really depend on anything but marijuana and acid trips. So, I just would rather do that than have anything else.

Mental Health as a Contributing Factor to Homelessness

5 out of 11 participants (45.4%) contributed mental health as a main factor to their homelessness. Each participant identified with having a mental health diagnosis that impaired their ability to function and maintain stable housing. 18% of these participants openly discussed the impact their mental health disorder had. Participant Becka explained:

"I was in a long relationship that was ten years and we split up and I got really depressed and started using drugs and lost everything I had and ended up homeless."

Participant Anna explained:

"For me it was a death that just brought me down. Depression. Being involved with gangs in the neighborhood. The environment takes a toll on your mental health and makes you think and do crazy things."

Having No Support System as a Contributing Factor to Homelessness

6 out of 11 participants (54.5%) attributed their homelessness to not having a support system. 36% of participants shared similar responses when talking about having no support systems. Participant Samantha explained:

Um, no. You know what I mean? Because my mom - my mom she was - she was doing drugs when I became homeless but she is now in recovery. And she wants the best for me now, you know what I mean? But there's not much she can do.

Participant Danial responded stating:

"I lost that support, it was a big factor I think as well to my homelessness. I didn't have anyone to talk to or to reach out to or to even get help from. My wife and my kids were my support, but that stopped."

Lastly of the 36%, Participant Donna explained:

I grew up in the system, foster care and stuff like that. And when you turn eighteen, it's pretty much a wrap, you know. And you're done. I would like to say that was support, but it wasn't support, really.

Summary

This chapter outlined the descriptive statistics for the sample as well as the qualitative interview data for the questions posed to participants. Information was provided on participants' experiences and responses as part of the homeless population as well as their experiences with substance use, mental health treatment, and if they had a support system. Tables were provided for a more detailed presentation of demographic statistics.

CHAPTER FIVE

DISCUSSION

Introduction

In this section a discussion of the findings will be explored. The limitations of the study will be covered, ideas for future research will be presented and recommendations for social work practice and policy will be given. A succinct conclusion of the study will be discussed at the end of this section.

Discussion

The purpose of this study was to identify barriers to sustaining housing, as well as primary factors that contribute to homelessness. It also collected and described the perspectives of homeless individuals in Riverside County- their thoughts on homelessness and how they felt they could sustain housing. In examining the demographic findings of this study, it was surprising to see how similar the results were to that of studies conducted on a national level. When considering gender, in this study, more men were found to be homeless than women (55% to 46%, respectively). According to HUD (2016) in the Annual Homeless Assessment Report (AHAR), men were found to be homeless at a higher rate than women by a margin of 60% to 40%. Here too, and on track with this study's findings, transgendered individuals accounted for less than 1 percent of those who were homeless (this study did not encounter an individual who

identified as transgendered). One item of surprise was finding that the "gender gap" (as it pertains to homelessness) was not much of a gap at all. Recognizing this will allow those assisting in the fight to curb homelessness to create programs that are gender-neutral and all-encompassing.

Given that 20-25% of the homeless population in the United States struggles with some form of mental illness (National Coalition for the Homeless, 2009), it was reaffirming to see that the majority (55%) of this study's sample had sought mental health treatment at one point during their lives. Also, a common theme in the qualitative interview data was that 45% of participants attributed their homelessness to their mental health issues. When it comes to gender, men tend to have higher instances of antisocial behavior, substance use disorders, and schizophrenia (Gender and Health, 2002). Women, on the other hand, appear to struggle with depression and bipolar disorder at higher rates. This is important to understand because seeking treatment and maintaining it are vital to maintaining housing.

The results of this study's sample showed an average age of 39 years. This is also on-par with HUD's 2016 AHAR report. Here, 69% of the participants were over the age of 24. As with gender, 20% of older adults experience some type of mental health concern (Gender and Health, 2002). Given that older adults struggle with mental health at a higher rate than their younger counterparts, it is important to recognize them as a particularly vulnerable population, one at risk of not maintaining stable housing.

Participants of this study identified as 46% Caucasian, 27% Latino, 1% African American, 1% Native American, and 1% Other. This is comparable to the AHAR, which found that most homeless individuals identified as white (48%). In contrast to this study, however, the AHAR found that 39% of their participants were African American and 22% were of Hispanic or Latino heritage. Furthermore, a national study conducted by the Substance Abuse and Mental Health Services Administration (SAMSHA, 2015) from 2008-2012 found that Native Americans identified struggling with *any mental illness* (designated AMI) at a rate of 23% compared to 19% for Caucasians, 17% for African Americans, and 15% among Hispanic persons. Understanding ethnic makeup is important to establishing culturally respectful programs and social activities which can assist in assuring positive outcomes.

Nearly half of participants in this study's sample identified as single (46%) with the next highest demographic, at 18%, who said they were married. Burt, et al. (1999) showed that 48% of those currently homeless identified as being single, with 9% saying they were married. Interestingly, the second highest percentage was homeless individuals identifying as divorced (24%). When looking at the relationship between mental health and marital status, research has shown being married is better for one's mental well-being. According Gove, Hughes, and Style (1983), marriage was found to be the best predictor of happiness. Likewise, Horwitz, White, and Howell White (1996) found that marriage was of great benefit to the mental health of women (less depression)

and men (less occurrences of alcohol abuse). One can point to the vital aspect of having a supportive equal and someone with whom you can vent your frustrations rather than bottling it up inside. Given that support is a key component to positive mental wellness, it goes without saying that building lasting relationships is key to maintaining a life of stability.

The last findings in this study explored length of homelessness and participation in substance use and/or mental treatment programs. The average number of months in which an individual was homeless was 43 and the average number of times a person became homeless was three. The participants were homeless for an average of 3.5 years. Perhaps one reason why these individuals remained homeless for such an extended period of time is the lack of social support. According to Jackson and Shannon (2014), support is protecting and helping other individuals. In this current study, the qualitative interview data showed that 6 of the 11 participants (54.5%) attributed having no support system to their homelessness. One way to receive such support is by participating in mental health and/or substance abuse programs. Nearly 50% of those in this current study had tried treatment at one point or another. A surprising 72% of participants indicated that they had sought substance abuse treatment. This was a surprising but welcomed finding. Each of these findings show that communities are engaging with those of less fortunate means and placing an emphasis on developing a personal commitment to wellness. In doing so, these individuals will

learn vital life skills which will hopefully become helpful in assisting them to maintain housing (once obtained) and live a life of wellness.

Recommendations for Social Work Practice, Policy, and Research

A study such as this could benefit from a research team comprised of individuals with varying backgrounds which would allow for participants to feel more comfortable in sharing. Similarly, a study which examines the longitudinal housing outcomes of homeless participants would be beneficial in showing the impact of substance use and/or mental health treatment. By employing such measures, and with the support of studies such as this, curbing homelessness and increasing positive outcomes could become a greater reality.

Another benefit of further research could allow for more resources for homeless individuals in need of long-term, stable housing. By identifying the barriers to sustaining housing and the factors that contribute to homelessness, this creates an open window for treatment services to be implemented alongside housing opportunities. Homeless individuals would benefit by having access to housing and thus, would be able to work on those barriers that once kept them from that housing.

Conclusion

The purpose of this study was to identify barriers to sustaining housing as well as explore some of the primary factors that contribute to homelessness. It

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also aimed to understand the perspectives of homeless individuals in Riverside County: namely, their thoughts on homelessness and how they believed they could sustain housing. While the demographic data yielded similar results to homogenous studies which came before, the qualitative data showed that a societal emphasis on seeking treatment is working. If this trend continues, a decrease in homelessness should occur. The issue of homelessness is a topic which will be analyzed for many years to come. It is the hope of this author that increased access to programs promoting wellness and further research on long-term outcomes can show that progress is being made.

APPENDIX A

DEMOGRAPHIC SURVEY

Getting to Know You

This is a survey asking identifying information for data collection purposes. This information is solely to identify or outline demographics related to this research study. In order to be an active participant in this study, you must complete this survey. If you should need assistance at any time, please ask and it will be given.

Please circle all that apply in each question.

Thank you!!!

How old are you? _____

1. What gender do you identify with?

Female

Male

Transgender

Other

2. What is your marital status?

Married

Divorced

Single

Never Married

In long term relationship

Other

3. What ethnicity do you identify with?

Hispanic/Latino

African American

Caucasian

Asian/Pacific Islander

Native American

Other

4. When did you become homeless? _____

5. How long have you been homeless? # of Months _____

6. How many times have you been homeless in the last 5 years? # of Times _____

7. Are you currently receiving or have you ever received substance abuse treatment?

     Please Circle One: YES   NO

8. Are you currently receiving or have you ever received mental health treatment?

     Please Circle One: YES   NO

APPENDIX B

INTERVIEW QUESTIONS

Interview Questions for Riverside County Homeless Individuals

As a reminder, you are not required to answer questions you do not feel comfortable answering

1. What do you believe are the main contributing factors to your homelessness? Could you have prevented these factors?

2. How did you become homeless?

3. What do you believe is needed to sustain stable, long term housing?

4. Have you sustained long term housing before? If so, what did it take?
   Probing Questions:
   - Did you make changes to your lifestyle to sustain housing?
   - Did you find it harder to sustain housing or to be homeless?
   - What things kept you from not sustaining long term housing?

5. Do you believe homelessness is a choice? Why or why not?

6. Do you want long term housing? If so, would you be able to work on barriers that contributed to your homelessness?

7. Did you have support before becoming homeless? If not, why? If so, who or what was the support?

8. What is the hardest part about being homeless?

*For the question below, the question is directed towards what things they as an individual value. Being homeless there is a different culture in which values differ amongst individuals. I'd like to see what specific values they have whether it be family, hope, their freedom, integrity, etc.

9. What is the most valuable thing to you?

APPENDIX C

INFORMED CONSENT

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is to help identify barriers to sustaining housing as well as primary factors that contribute to homelessness as described by you. I, Megan Gomez, a graduate student, under the supervision of Dr. Armando Barragán, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB) will be conducting this research. The study has been approved by the Institutional Review Board at CSUSB. The Institutional Review Board is a committee that ensures your rights and welfare are protected in your participation.

PURPOSE: The purpose of this study is to identify barriers to sustaining housing as well as primary factors that contribute to homelessness as described by homeless individuals.

DESCRIPTION: Participants will be asked a series of questions about their homelessness, contributing factors to homelessness, engagement in treatment services, and sustaining long term housing.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential and your interview will be securely stored.

DURATION: It will take approximately 30 to 60 minutes to complete the interview.

RISKS: There might be triggering or discomfort caused by the type of questions asked.

BENEFITS: A sense of empowerment for your experience as well as positive emotional feelings for being heard and knowing someone cares to listen.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Barragán at (909) 537-3501 or abarragan@csusb.edu.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database at California State University, San Bernardino after Julyhttp://scholarworks.lib.csusb.edu/socialwork-etd/) 2018.

This interview will be recorded. I agree to have this interview audio recorded: YES _____ NO* _____

*If you choose not to be audio recorded, written notes will be taken instead.

This is to certify that I read the above and I am 18 years or older.

Sign using an X _____ Date _____

APPENDIX D

INTERNAL REVIEW BOARD APPROVAL

CSUSB INSTITUTIONAL REVIEW BOARD
Full Board Review
IRB# FY2017-171
Status **:** Approved June 06, 2017

Dear Ms. Gomez and Prof. Barragan:

Your application to use human subjects, titled, "Riverside County Homeless Individuals' Perspectives on Primary Factors Contributing to Homelessness," has been reviewed and approved by the Institutional Review Board (IRB). The informed consent document submitted with your IRB application is the official version for use in your study and cannot be changes without prior IRB approval. A change in your informed consent (no matter how minor the change) requires resubmission of your protocol as amended through the Cayuse IRB system protocol change form. **Your application is approved for one year from June 06, 2017 through June 05, 2018. Please note the Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study**

Your responsibilities as the researcher/investigator reporting to the IRB Committee include the following 4 requirements as mandated by the Code of Federal Regulations 45 CFR 46 listed below. Please note that the protocol change form and renewal form are located on the IRB website under the forms menu. Failure to notify the IRB of the above may result in disciplinary action. You are required to keep copies of the informed consent forms and data for at least three years. Please notify the IRB Research Compliance Officer for any of the following:

1) Submit a protocol change form if any changes (no matter how minor) are proposed in your research protocol for review and approval of the IRB before implemented in your research,
2) If any unanticipated/adverse events are experienced by subjects during your research,
3) To apply for renewal and continuing review of your protocol one month prior to the protocols end date,
4) When your project has ended by emailing the IRB Research Compliance Officer.

The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval notice does not replace any departmental or additional approvals which may be required. If you have any questions regarding the IRB decision, please contact Michael Gillespie, the IRB Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval identification number (listed at the top) in all correspondence.

Best of luck with your research.

Sincerely,

Caroline Vickers

Caroline Vickers, Ph.D., IRB Chair
CSUSB Institutional Review Board

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