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## Examining the Obstacles in Rehoming the Homeless with Substance Use Addiction

Denise Ortuno

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EXAMINING THE OBSTACLES IN REHOMING THE HOMELESS WITH  
SUBSTANCE ADDICTION

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Denise Ortuno

May 2023

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Denise Ortuno  
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Approved by:

Laurie Smith PH.D., M.S.W. Faculty Supervisor, Social Work

Yawen Li PH.D., M.S.W. Research Coordinator

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## ABSTRACT

This qualitative study examined the obstacles in re-homing the homeless with substance use to provide an understanding of the issues and possible solutions through the lens of social work caseworkers. The method of research was interviewing caseworkers from a homeless shelter that works with the homeless population with substance use. The caseworkers were interviewed via Zoom by the researcher who provided them with questions pertaining to their work with said population. The caseworker's answers were then coded for themes, and categorized. The results indicated that there is a need to foster trust with the homeless with substance use, in order to facilitate progress for rehoming, as well as reducing biases and increasing understanding about the connection between homelessness and substance use. In conclusion, it was determined that more shelters, lenient substance use treatment centers, and low income housing are essential in overcoming the obstacles in re-homing the homeless with substance use.

Key words: Rehome, Homelessness, Substance Use

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## CHAPTER ONE

### PROBLEM FORMULATION

Somewhere, as this paper is being written, there are people on the streets, or in tents under a bridge, or in fields who are homeless. These people may not be only homeless, but could be suffering from a substance use addiction, sticking needles in their arms, putting a pipe in their mouths, or guzzling pills with alcohol. In 2022, it is estimated that half a million people in the U.S. called a homeless shelter or the streets their home, with over 85,000 of them enduring the circumstance for a year or more, which is categorized as chronic homelessness (Dickson et al., 2020). The Diagnostic and Statistical Manual (DSM) considers substance abuse as a disorder with behavioral, and physiological implications (Flanagan & Briggs, 2016). According to the Substance Abuse and Mental Health Services Administration, 50% of the homeless have substance use disorders that are reoccurring (SAMHSA, 2021).

Substance abuse makes it difficult for a person to sustain employment, and in turn have money to pay rent (Dickson et al., 2020), becoming a catalyst for being homeless. People who are homeless have a greater propensity to not only have mental illness, but to also suffer from substance abuse, much more than people who are not without a home (Salem et al., 2017). Homelessness and substance abuse combined presents a monumental social issue, and it is the purpose of this study to identify what the obstacles standing between re-homing the homeless with substance abuse actually are.



Homeless people could, and should be helped through social services. However, they are not being helped for many reasons and remain on the streets, homeless, and some in despair because of their addiction. There is evidence that there is a level of concern from the homeless population, in which they believe that their needs will not be met by outreach services (Kryda & Compton, 2009). This is especially concerning in the realm of substance abuse treatment programs, as substance abuse can intensify homelessness, which can have social and economic impacts on society, and it has been revealed that substance abusers who are homeless, are predominantly underserved by treatment programs (Slesnick et al., 2012).

To give an example of how the homeless are underserved, New York City has had their fair share of struggles with the homeless population in their city, and it has created policy problems, especially with preventive healthcare, whereby the homeless inundate emergency room visits, instead of having regular care for their ongoing health needs (Lim et al., 2018). These issues can easily go from a micro stance, to a macro, as it impacts those who may need to go to the emergency room themselves, but might have a difficult time finding space. This illustrates how the homeless are underserved in not only substance use treatment program but also in healthcare as a whole.

Helping those suffering from homelessness and substance abuse, is at the cornerstone of social services and social work. It harnesses the core values of social work, to include social justice, to pursue the well-being of those who are

vulnerable, and to promote social change, (NASW, 2008). This study will find noteworthy solutions by identifying the problems that social workers face trying to rehome the homeless with substance use addiction. In order to be more effective, social workers should review the larger scope of their intentions, to ensure that all needs of those they are working to assist are being addressed.

If healthcare was looked at as a basic need as housing is, it would be employed to help those who suffer from substance addiction to get the help that they need to remedy it. There is an underlying problem that needs to be addressed. If social workers, and social services are there to help to re-home the homeless suffering from substance abuse, then there should not be so many still suffering. It is a gap that needs to be answered and filled. What are the obstacles in rehoming the homeless with substance abuse?

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter will focus on past research pertaining to the subject of what obstacles exist in rehoming the homeless who suffer from substance use. The sections will include the homeless crisis, substance use among the homeless, and rehoming barriers with the homeless with substance use. A summary will be provided at the end of this chapter, bringing together all of the sections and aspects of the review, to better understand the posed question, and possible solution.

#### Homeless Crisis

The U.S. homeless crisis is a growing reality for cities across the country, with over 550,000 people going without shelter at least once in a year (Dickson et al., 2020). According to the U.S. Department of Housing and Urban development, there has been a 16% increase of the chronically homeless since 2020 ( HUD, 2022). There are different types of homeless, those who live predominantly on the streets, and those who utilize the social system of shelters (Kryda & Compton, 2009). But regardless of the category, they both live with the same hardship, as living in a shelter does not take the place, or the safety and development of having your own home. In actuality, those who do make a make-shift home out of living in shelters, are considered to be chronically homeless,

meaning they have been without a home of their own for a year or more (Dickson et al., 2020).

According to the U.S. Department of Housing and Urban Development in 2017, for every 10,000 citizens, 17 of them were homeless (Anupama et al., 2020). The misconceptions of why the homeless exist include that they are all impoverished, or suffering from mental illness, or even have criminal backgrounds, the truth being that it may be a collection of reasons including one associated by how society perceives the homeless (Maesele et al., 2014). There is a stigma that hovers over the homeless, and although it has been shown that there is a population of the homeless that may suffer from addiction, there are others who do not, and are on the streets for reasons unrelated to substance use (Conley, 1996). The reasons can actually range from a person escaping domestic violence, being a veteran challenged with no longer being in the military, not having employment to pay for rent, and having a substance use disorder which combined, makes being able to sustain a productive life difficult (Baker et al., 2016).

Despite the reasons, the homeless population has a depleted quality of life, with a higher incident of death at a younger age than the rest of the population (Anupama et al., 2020). The nature of being homeless establishes a normalcy of anonymity, and being hard to locate, as well as track. It is for this reason that the mortality rates of the homeless are not easily accessible, however it is estimated that the rate of homeless mortality is high (Nicholas et al.,

2021). Even when the homeless are rehomed, they have a higher risk of mortality because of the exposure that they endured while being homeless (Henwood et al., 2015).

Social workers have the power to not only provide resources to assist the homeless, but to also change the trajectory of how the homeless are viewed. It has been stated that in fact, those who are homeless have a dynamic level of resiliency, and ability to adapt and survive (Conley, 1996). This would be more solution based in helping the homeless population live lives where they can be healthy, and productive, and a quality of life that they can sustain. It is the approach to homelessness that needs to be addressed, such as the groundbreaking new perspective of the American Academy of Social Work and Social Welfare, who pivot towards policies promoting affordable housing, and a living wage (Anupama et al., 2020). This kind of progressive mindset, and dedication can make an impact on the homeless population, lessening the propensity of people becoming homeless. Continue writing text here after using a second-level heading. Second-level headings are left justified and underlined with text beginning on the next double-spaced line. Titles longer than 5-inches will be single spaced and indented two spaces from left justification.

### Homeless People with Substance Use

The challenging reality of homelessness can be amplified by the addition of having a substance use disorder. There are 40-45% of longtime substance use addiction problems among the chronic homeless (Eyrich et al., 2008).

Homelessness may not be the byproduct of substance use, but a means of coping with it. The substance use could be a coping mechanism for the homeless person to be able to deal with the harsh lifestyle of being homeless, and all that it encompasses (Padilla et al., 2020). The addiction propensity of the homeless does suggest that a deeper problem may have existed in order for the substance use disorder to develop. Many of the homeless suffer from major depression, which can lead them to seek relief in substance use (Padilla et al., 2020). There is also an added reason that the homeless would turn to substance use as a way to ease their physical pain. They may literally be in pain, as the lifestyle of the homeless is strenuous on the body, with sleeping on hard surfaces, and not getting the proper nutrition. The body suffers, and the substances can dull the pain (Flanagan & Briggs, 2016).

Substance use treatment for the homeless suffering from a substance use disorder, can set them on the path to no longer be homeless. However, it is not easy for someone who is homeless to get the help that they need, as there can be many barriers to enter substance use treatment centers. Ironically, those who suffer from substance use, are sometimes neglected by the very treatment providers who are supposed to help (Slesnick et al., 2012). In fact, some treatment centers have high-demands of abstinence, before the person can be treated, so the person would have to be sober in order to seek treatment (Lee & Petersen, 2009). It could be translated as a noble the gesture because the person would be easier to handle, and possibly be more open to treatment if they

are in a sober state of mind. But that is not meeting the one in need where they are, it is meeting them where the system thinks that they should be in order to receive help.

On top of treatment centers making it hard for the homeless with substance use disorder to get the help they need, the treatment centers fall short of helping, even if the substance user does get treatment. Concerns of safety from peril, and unclean surroundings can also be barriers for the homeless entering substance use treatment facilities (Conley, 1996). Unfortunately, some treatment centers do not have the full resource capacity to deliver effective care, or after-care outreach services (Eyrich-Garg et al., 2007). Without treatment programs that stick with the person, and provide follow through care after, the addiction wins over the victim. The substance use will stop the person from progressing in their lives (Flanagan & Briggs, 2016).

### Rehoming the Homeless with Substance Use

To look at rehoming the homeless with substance use, it is necessary to look at rehoming the homeless as a whole. The reasons could stem from the fact that it is hard to find employment, or get public assistance when living on the streets, and especially if there is a substance use disorder added (Conley, 1996). Societal attitudes toward the homeless do not bolster the probability of business owners making it easy to employ the needy, thus making the homeless even more hopeless. The strengths that the homeless population possess, should aid

in the perceptions of them. Such as their resilience to survive, and resourcefulness (Conley, 1996), a skill set that should be added to their resume. Perhaps if society could change the way that they perceive the homeless, it would be easier to get them back on track not only with a home, but with their lives. It is just like those who are seeking treatment for their substance use, if they are treated humanely and with respect, they are more inclined to not only receive treatment, but follow through with it (Lee & Petersen, 2009).

Another barrier in rehoming the homeless with substance use, is that there may be a perception from the homeless, on how they see the people who are trying to help them. If they feel that the outreach worker are not being sincere, or does not show empathy, the person in need may not see them as someone that they can trust (Kydra & Compton, 2009). Nothing could be more insincere than putting restrictions on how a person can get the help they need. Part of the apprehension of the homeless trusting those who are trying to help them is how when providing housing for those in need, they see parameters such as making sure that they are sober, as a reason to be skeptical (Kydra & Compton, 2009). It becomes a scenario of freedom on the streets, or restrictions with a roof.

The system which supports homelessness, can also be seen as a barrier. The very places such as shelters, and government welfare agencies, can become a complacent mechanism for the homeless, thus holding them back from the ability of re-entering society (Conley, 1996). This could lock them into a false sense of security. The homeless are a vulnerable population, constantly in the



open elements of the street, and most likely on guard for the lives. They need to feel secure, to feel those who are helping, are sincere.

### Theories Guiding Conceptualization

There are two theories that are used in conceptualizing the essence of this study. The Capability Deprivation Model, and the De-marginalization Model.

The Capability Deprivation Model is based on Martha Nussbaums Capability Approach. The model posits the question of what homelessness means, in conjunction with a home, and states that people have ten central capabilities, 1. Life. 2. Bodily health. 3. Bodily integrity. 4. Senses, imaginations and thought. 5. Emotions. 6. Practical reason. 7. Affiliation. 8. Other species. 9. Play. 10. Control over ones environment, and that if one of them are taken away, that is a deprivation (Batterham, 2019). The model looks at these capabilities as rights, and that these rights, like our constitutional rights, should be upheld by society and the government. This is an engaging perspective as the model argues that there is more to a home than a roof, and it is the capabilities that need to be in tact to make it a home. If for instance a person has a home, but is living with someone who is abusive towards them in that home, then they truly do not have a home, because part of their capabilities have been lost (Barrterham, 2019).

This model is pertinent for this study, as it looks at why it is so difficult to rehome the homeless. It could be that we as a society are not looking at the crisis through the correct lens. We see the house as being what the homeless

really need, without looking at the capabilities that they need to sustain that house, to make it a home. If for instance a homeless person was given a home to live in, but no way of keeping it, the home would be worthless to them, because they have no capability to sustain it, which would be the tenth capability of Control over one's environment (Barrterham, 2019).

The de-marginalizing of those who suffer from substance abuse model, is also important to this study, as it addresses the need to treat the homeless with substance use disorders in a way that does not push them away from treatment, but allows them to thrive in it (Lee & Petersen, 2009). In order to treat the homeless with substance use disorders, treatment centers must make it easier for them to not only get treatment, but want treatment. Similar to the barriers of re-homing the homeless mentioned earlier, de-marginalizing those with substance use also has to do with meeting them where they are, and not where the agency giving support thinks that they should be as far as sobriety is concerned.

Of course, the aim is to treat the addiction, and it works best if the client comes in with a clear vision. However, in focusing in on the addiction itself, the bigger picture of the need of the person may get lost. This is at the core of the de-marginalization model, where the client can be treated with a sobriety fluid perspective, which will have a two pronged benefit for the client getting the help that they need, and the agency providing it (Lee & Peterson, 2009). It would

reduce the recidivism rate of clients entering a revolving door, and make treatment more sustainable.

### Summary

This study will uncover and highlight the barriers in rehoming the homeless with substance use disorders, and to find ways to overcome those barriers. There is a population of people on the streets, and in shelters who are being deprived of a better life, because they need the help that society does not know how to give. Through policy changes, and attitude changes, there is room for improvement, and this study will find out what is missing. By utilizing some of the findings in this literature review, such as the Capabilities Deprivation Model, and De-marginalization Model, this study will excavate possible solutions to the crisis at hand. Making those who want to help those in need more effective in their pursuits.

## CHAPTER THREE

### METHODS

#### Introduction

The study that was conducted was focused on discovering the obstacles that exist in re-homing the homeless population with substance abuse, and how these obstacles can be addressed in order to be more proficient in helping those in need. The content in this chapter will help to explain how the study took place. It will be divided into seven parts, by study design, sampling, data collection, procedures, and protection of human subjects, data analysis, and summary. The collection of all of the parts of this chapter serves as a clearly planned map of this study.

#### Study Design

There are obstacles in re-homing homeless individuals with substance abuse, which is at the core of this study. This excavation looks and works to pinpoint those obstacles, and the most effective way of doing so is to use a qualitative approach. It is not a numerical answer that this study is seeking, but rather a reasoning by those who encounter the population in which are in need of being rehomed, and struggling with substance use. This study gained an understanding from the caseworkers who work closely with this population. Their experiences with these individuals come from direct interviews with the caseworkers.

A qualitative design helped to ensure that this kind of study brought the results needed to bring change to the dilemma of why obstacles in this arena not only exist, but possibly what can be done to change them. The interviews took place on a one on one basis. This gave the case workers the freedom to speak about their own experience, without having any intrusion of outside parties. Although using a qualitative approach brought forth the best in the personal perspective in working with the homeless population with substance abuse, it also resulted in some limitations. One limitation was be the bias of the interviewer in their own perception of what the caseworker is saying. Another limitation was how the caseworker felt about what they are recounting, and if they were being completely forthright. However, this is the other side of the benefits of a qualitative approach, but one that was worth the risk in order to get a clear perspective from the subject who was interviewed.

The bulk of the questions that were asked to the caseworkers were directed to their specific engagement with the population that they have been serving such as; How do you establish trust with the clients that you serve? How do you approach the homeless with substance abuse? Do you focus on the fact that they are homeless, or their substance abuse disorder, and how do you think that they impact each other? How do you incorporate their past relationships, or environments that aided them to get to their current state? What do you think the solution is to rehousing the homeless with substance abuse, and why do you think these solutions have not been implemented?

These questions served to help to understand the obstacles, by revealing how the case workers approach the population in which they are trying to help. As the feeling that the case workers had towards the population, may be an obstacle within itself.

### Sampling

The caseworkers who took part in the study were caseworkers who work in the Coachella Valley, in Riverside County, at a Southern California agency. The goal was to interview a total of 10 caseworkers combined, individually. The caseworkers did not have to have a college degree to be considered, with the only prerequisite to be in working with the homeless population with substance use. Permission from the organization was granted. No specific age, ethnicity or gender criteria from the caseworkers were required, as the study was open to any caseworker within the Southern California agency of varied age, ethnicity, and gender.

### Data Collection and Instruments

The process of collecting data was done through one on one interviews. Because of the looming continued presence of Covid-19 variants, the interviews were conducted via Zoom from August 2022, through November 2022. Although it took away slightly from the in-person experience, it benefitted the data collection retention, as it was recorded via Zoom. It was important to gather information from who the caseworkers are. This included their age, gender,

ethnicity, level of education, and how long that they have been working as a caseworker. The information gathered about who they have helped as a sample consisted of age, gender, and ethnicity, and how long they were homeless and struggling with substance use.

The participants were asked questions, and their answers reflected a particular case that they managed. This gave the interviewer an exact view to the caseworker's experience, and not just their perspective on a vague scenario, or vignette. The goal was to glean a clear understandings of what the caseworkers think the obstacles are in rehoming their homeless clients with substance abuse, and what they think can be done about it. This line of questioning provided awareness to the caseworker to see how they could better serve their clients in the future, which is part of the data collection in identifying the barriers. This realization will prove beneficial not only to the research, but may also bring to light solutions that the caseworkers have not thought of before.

## Procedures

The organization where the caseworkers were drawn from were utilized to help recruit caseworkers for the study. A formal request and flyer was given to the organization, with contact information for interested caseworkers to respond to by a certain date. After contact was made from the interested parties, a date and time was set with each individual, as well as a clear understanding of what the study entailed and what kind of questions were to be asked. As part of the

inclusion criteria, it was important to make sure that the interested caseworkers understood the study, as they would have needed to have experience with those in the homeless population who are struggling with substance use, and who are in need of being rehomed.

All materials such as informed consent, statements of disclosure, and debriefing, were emailed to the participants, as well as the Zoom link to connect to the interview. Each participant needed to have access to a computer, and space where they felt comfortable in having an interview where discretion was needed. The interview took upwards of a half of an hour, depending on the length of the participant's answers. After the interview took place, the participants were sincerely thanked, and asked if they had any closing questions.

### Protection of Human Subjects

Because the interviews took place on Zoom, there were steps taken to insure security and safety to protect the participants. These steps included attendee consent for recording, participant authentication, encrypting the session and storing the recording on Zoom Cloud. The need for the participants to join the interview in a safe place, helped to protect them. They were also asked not divulge the names of the people that they have helped. To protect the identity of the caseworkers, a confidentiality statement was given to the participants, to ensure that their names were not revealed, and their answers were lumped



together with other participants so as to not stand out. The study was approved by the California State University, San Bernardino IRB.

### Data Analysis

The data received from the study was gathered, and processed in an orderly fashion, by the questions asked. All of the answers to the questions were compared, and registered. The Zoom meetings were transcribed to dismiss any possible misunderstandings. The answers were broken down in three ways. The first was to seek out the personal perspective of the caseworkers, as to their experience as they handled the cases of their clients, and what they think the obstacles were in that regard. The second was how the caseworker thought their clients identified obstacles to getting the help that they needed. The third was how they thought that the obstacles can be broken down and changed, so that change can come about.

These answers built a report that will hopefully bring real probable answers to the research question. The answers served as a roadmap, for the way that caseworkers interact with their clients, and what can be done to better communicate with their clients. In order to expand on the qualitative analysis, the Bottom up Analysis was incorporated which builds from the data by including open coding, axial coding, selective coding, and finally the conditional matrix. In open coding, the interviews that were conducted with the caseworkers, and looked through to summarize what was said. As the interviews were transcribed one by one, it showed how to improve the next interviews to be conducted, and

include questions that may have been missed. This was an important aspect of the data collection, as it is ever changing, and gradual.

The axial coding helped to build on the summarization, and connect the information gained from interviewing the caseworkers. For instance, if they all have instances of their encounters with the homeless, this built consistency in the barriers that they have. The selective coding put together this data, so it tells a story about what is said in the interviews, and details how it fits together, developing a theory. In conclusion, utilizing the conditional matrix, showed at what level the theory fit into the field of social work on a micro, mezzo, or macro level. This aided in understanding how caseworkers and social workers can make the most impact, if it needs to be more about the individual, or perhaps more on a community level. The data revealed that the impact would be on different levels. The goal is for the level to be beneficial, and aid in the practice of social work.

Comparing the data showed similarities between the caseworkers, and the information that they revealed about working with their clients. These similarities compiled a reasonable amount of data, to come to a viable conclusion for the research question.

### Summary

The need to find out what the obstacles are in re-homing the homeless with substance use, is an important question to answer, not only for those who are suffering from it, but also for the caseworkers who are trying their best to break

down those obstacles, and make a difference. This qualitative study helped to decipher what the obstacles are, by in depth interviews of the people who are on the front lines trying to fight them. It is only through this exploratory process, that the answers can be best derived, and a solution found.

## CHAPTER FOUR

### RESULTS

#### Introduction

In this qualitative study, caseworkers were asked to provide information on how they work with clients who are homeless and dealing with substance use addiction and what sort of obstacles the social workers encounter in their efforts to re-home this population in question. The researcher interviewed 5 participants who actively work with a homeless population, most of whom also have substance use issues. The data in this chapter will reflect the social workers thoughts on aiding the homeless population challenged with substance use, their perceptions on why they think the problems are hard to overcome, how they contend with resources to help the population, and additionally what solutions they think that could ultimately be implemented to help the crisis of re-homing the homeless with substance use addiction.

The interviews were held via Zoom, in November of 2022. The option of having the interviews online were done for the convenience of time, and as well as a health precaution for lingering Covid-19 pandemic concerns. The agency utilized for the research where the interviewees were pooled from is a Christian faith based homeless shelter, which provides over 30,000 meals each month for those with food insecurities, overnight shelter, mental health, and long term housing programs which incorporate substance use counseling, that can take up

to 12 months to complete. The organization is a non-profit, and gets funding from private donors, and has separate men's and women's facilities. The shelter's goal is to work with each of their clients to help them get sober from substances if they are in need of that service, and to help them acquire employment, and permanent housing, as well as giving them sustainable life skills.

The intended number of interviewees was 10, however 5 was the actual number obtained. The number of participants proved advantageous, as the consistent themes quickly surfaced. The participants responded via a recruitment email sent by the researcher to the director of the shelter. The participant's time was limited, as the interviews took place during the Thanksgiving season, when the agency in which the interviewees work is the busiest. Despite the time constriction, the participants were very gracious, and eager to be a part of this study. Interviews took between 15 to 30 minutes, depending on the length of the subject's answers. All interviews were recorded through Zoom, and transcribed by the researcher, and are subsequently automatically deleted through the university's Zoom system.

The analysis was done by grouping the participant's answers to each questions and then identifying themes and consistencies, which the researcher color coded for efficiency. Presentation of the results will start with a description of the participant demographics and characteristics of typical clients. Themes that emerged in the data are then presented. There were 6 themes identified that will be covered in the results, including Trust Through Commonality, Approaching

the Clients, Caseworker Biases, Prevailing Focus: Substance Use vs. Homelessness, Leaving the Past Behind, and Suggested Solutions. Quotes will be provided by identifying participants as P1, P2, P3, P4, and P5.

### Interviewee Demographics

The work experience in the field for the case workers ranged from 4 to 12 years, and they were all Caucasian with three women and two men. One of the women and one of the men were in supervisory positions and held the most experience. Although it is not a job requirement at the shelter, all of the participants for this study got their start in casework after being clients at the shelter, and going through the shelters program. The participants stated that this relatability is a driving force for the case workers, as it enables them to connect to their clients in a way which allows trust to build, more than if they had not had personal experiences with homelessness and substance use addiction. This is the text for the test chapter. This is the text for the test chapter. This is the text for the test chapter. This is the text for the test chapter. This is the text for the test chapter. This is the text for the test chapter. This is the text for the test chapter. This is the text for the test chapter.

### Sample of Subject Demographics

During the interview, the researcher asked about specific clients that the caseworkers had worked with, to gauge an understanding of the shelter's population. This sample is meant to describe the varied population, and the answers given in the study do not reflect particular clients. The demographics of

subjects served by the caseworkers were varied, ages from late 20's, to early 70's were referenced, with three women, and two men discussed. The ethnic background represented were mostly Caucasian, with one Hispanic. Most of the subjects referenced had issues with substance use, with the exception of the Hispanic client. Presenting factors included substance use, with one of the subjects discussed being a veteran, and one a victim of domestic violence. All of the subjects referenced were either in the 9-12 month program, or were on their way to graduating from the program.

#### Trust through Commonality

A clear theme that emerged in what is effective in working to rehome clients with substance use problems was trust through commonality. All of the interviewees mentioned that the homeless population can be very wary of the outside world. They do not trust easily, as many have been through trauma in their lives, and hold close to who they know, those mostly being the family that they have cultivated by living on the streets, or in an encampment of other homeless souls. The caseworkers interviewed had personal experiences with homelessness, and substance use makes it easier for them to establish trust with their clients, "Communication, I let them know that I've been through this program, and can relate to everything they've been through (P2)." It is that commonality that brings them together as they know firsthand what they are going through and how hard it is to beat the addiction, and to stay on track. The commonality also strengthens the caseworker's perspective to meet the clients

where they are, to understand the client's needs as they are presented, and to not ask them what they cannot give at the moment. The caseworkers stated that recovery takes time, as they know it all too well.

The caseworkers were firm in stating that building trust is about consistency. The population which the caseworkers serve, although homeless, have routines which gives them comfort, even if that comfort comes from the streets. In order to create a sense of safety and trust, the caseworkers must be consistent in how they interact with their clients, "Be consistent, ask them how their day is, develop a rapport and take notice of them (P5)." They must say what the mean, and do what they say. Because their clients are listening, and they will not stay in the program if they think that the caseworkers are not being honest with them. The clients are essentially giving up their way of life for another, even though that lifestyle may not seem conducive to societal norms, it is their life that they are completely changing, regardless. They are in fact letting themselves be guided by the caseworkers to help them to change their lives, and with consistent actions, trust will build, and change will take place.

#### Approaching the Clients

Another theme that emerged as central to helping rehome clients with substance use issues was how clients are approached. The participants stated that aiding the homeless with substance use is a challenging feat, as the clients have many layers, such as personal trauma, codependency, and mental health, "When somebody comes in, we sit with them to find out what their issues are to



make them homeless (P3)". The caseworkers state that clients may not only have homeless, or substance use issues, but also, and in many cases, mental health needs. The clients are assessed once they come to the shelter by the caseworkers, and if they are in need of mental health, they are provide with care either at the shelter, or referred out if the client needs more intensive care then the shelter can provide, "They have to be evaluated before they enter the program (P1)." The caseworkers employ a high degree of empathy for their clients, and communication to help them to open up. If the client has substance use issues, the caseworkers will connect them with a sponsor, and AA or NA meetings, "If there is a substance use issue, we have AA meetings here, and NA meetings, as well as a chapel, and get them set up with a sponsor so that they can start their first steps (P3)." The shelter has a strict policy of their clients abstaining from any substances, and make it part of the program's criteria. It is a policy that sometimes deters clients from entering, or staying with the program, but the shelter persists with its mandate, and claims that it is a result for their client's success to move through the program. The caseworkers also have their clients in groups and individual counseling at the shelter, to have continued support for the clients through their recovery.

### Caseworker Biases

Even those in the helping profession can have biases against those that they serve, and the need to be aware of those biases is paramount in order to provide the most effective service to the clients. Most of the interviewees stated

that they did not have biases towards the clients in which they serve, and that they do not judge, “I tell you that I came through these doors, and the last thing that they need is for someone to judge them (P4).” This mindset promotes the fact that they have been on the other side of the table at some point, and know what it is like to be stereotyped unjustly, “Everyone is three paychecks away from being homeless, it doesn’t necessarily mean that they are drug addicts (P5).” The caseworker’s state that many of the homeless population have mental illness challenges, which may mimic a drug induced state, and because of that, society tends to misunderstand their plight, and judges too quickly. This sentiment is also in reference to the people seen on the streets holding up signs for money, society deems them as drug addicts, and not as a whole person who needs help. Another participant who is the supervisor for the male program, did say that he acknowledges the fact that biases do occur, “So what I teach my team, and what I do myself is, if I feel that there is a boundary, a marker or bias, we just move the client to another caseworker (P1)”. The caseworker added that this is done for the benefit of the client, as to not impede their progress.

#### Prevailing Focus: Substance Use vs. Homelessness

The caseworkers shared that the question of what comes first, homelessness or substance use, is a difficult one to answer. The interviewee’s point of view weighed in that it was a blend of the two that they focus on when a client comes into the shelter, and agree that pondering if it is the substance use that causes the homelessness, or if it is the homelessness that causes the

substance use, can lead one down the proverbial rabbit hole. The caseworkers stated that homelessness and substance use go hand in hand, for the basic reasons aforementioned, “Well, one thing leads to another. The drug problem may start first, and negatively impact their life. They could lose their job, and lose their place to live and might end up on the streets (P5).” However, there was one participant who signified that it was the substance use that he focuses on, because without being sober, the client will not be able to maintain housing, “As for getting them housed, it’s not going to happen as long as they are in their addiction (P2).”

### Leaving the Past Behind

All the clients that the caseworkers encounter have a past that has impacted their current situation that include people, places, and things. In order to provide the best care for the clients, the caseworkers need to take into account their clients past, and how it has influenced their lives. The participants shared that there can be many facets, as some have a lot of trauma, and toxic relationships that act as triggers, including codependency, “Nine out of ten times with women, there’s a lot of co-dependency issues, so we have a strict no fraternization policy. Because if they get into a relationship here, their program goes out the window (P3).”

The caseworkers take all of the clients past into consideration, and all agreed that the clients must change everything in their lives that has been an un-beneficial presence, “It’s all about the people, places and things. “When I got out

of my addiction, I got rid of people, places, and things, toxic people, and toxic relationships. Because it's important to focus on yourself, instead of going back to where you started (P2)." This was the consensus of the caseworkers that it is a form of self-preservation, in creating personal boundaries that help the clients move on from their current predicament, and into a stage of change.

### Participants Suggested Solutions

Despite the diligent work of the caseworkers at the shelter, they see the need for assistance beyond their walls. In asking what kind of government assistance would help with the re-homing the homeless with substance use, the majority of the participants stated that the need for more programs dedicated to substance use and mental health are of high importance, and that the issues are intertwined. "We need to determine if it's a mental health issue, or substance use, and the only way that we're going to do that is by having drop-in centers throughout the Coachella Valley. They will not have to have insurance or identification, and can be seen by a substance use or mental health professional (P1)." The caseworkers stated that establishing these centers would also provide many needed mental health beds. One of the participants made a point that government agencies look at the homeless issue alone, and not the other components, and that they would just prefer to erect a building, and house the homeless in it, and that would be the solution. But in fact, that would only act as a band aid to a bleeding wound, "Housing them first just doesn't work (P3)." From the caseworkers' perspective, the housing would ultimately turn into a homeless

encampment, with all of the substance and mental health issues following them. The caseworkers emphasize that though there are some homeless people who do not suffer from mental health problems or substance use issues, a large number of them do, and that needs to be addressed as well as the absence of housing.

### Summary

The caseworker's insight to how they work with re-homing the homeless with substance use was deeply influenced by their own personal experience with being homeless, and substance use addiction. This unique perspective allows them to connect well with the clients that they serve, and to help. They stated the importance of building trust with their clients, and that the fact that the commonality they had with their clients helped to foster that trust. Their approach that the caseworkers use with their clients is essential in understanding the client, and for the client to want to stay and take part in the program. It takes a high degree of patience, and compassion, but also a level of humanity.

The caseworkers discussed how they handle their own issues with biases with the population in which they serve, and were adamant that they shunned stereotypes, and that the clients that the caseworker's serve are treated with a whole person perspective, and not with a "homeless" or "drug addict" title. Differentiating between what is more prevalent, substance use or homelessness lead to the caseworker's view that the two in many instances are intertwined. The caseworker's stated the importance for their clients to leave the past behind

them, in order to move forward from what contributed to their homelessness and substance use. Finally, the caseworkers put forth their suggestions for solutions to the overwhelming problem of the homeless with substance use, highlighting the need for more shelters, substance use treatment centers, housing and government funding. As well as less scrutiny for those seeking help, by allowing easier access to substance use treatment without formal identification. In closing, the caseworkers stressed that getting to the source of the issues for each person, is the only way to address this ongoing crisis, and to not try to warehouse humans, for the sake of getting them off the streets to satisfy societal aesthetics. With the dedicated work of these caseworkers, and others like them, a difference is being made, and can continue on that trajectory.

## CHAPTER FIVE: DISCUSSION

### Introduction

The goal of this chapter is to discuss the results revealed by the study, and is organized by both obstacles and solutions. Furthermore, this chapter will consider recommendations for future research, limitations of the study and provide final thoughts.

### Discussion

In this study, the question of what the obstacles of re-homing the homeless with substance use are asked and then answered by the compassionate caseworkers who work with this challenging population. The results predominantly pointed out how there is no substitution for human connection, and building trust with the population they serve. The caseworkers reflected on how they are in check with the potential for biases with their clients. Homelessness versus substance use was explored, in order to understand the correlation between them. Also, the caseworkers examined the importance for their clients to leave the past behind them, in order to free themselves from un-serving behaviors. Lastly, the caseworkers discussed what solutions that they suggest moving forward in helping those in need who are homeless, with substance use. Each of these main findings will be discussed in turn.

The caseworkers interviewed in this study laid out their interpretation of the obstacles in working with the homeless with substance use,

and how those they serve are impacted by the help that the caseworkers provide. The strongest thread that weaves the tapestry between caseworker and client was the fact that all of the caseworkers who were interviewed were once in the position of their clients in some way. All of the caseworkers were at one point homeless, and battled substance use. This commonality made it easier for them to build trust with their clients, and provides a deeper link for the caseworkers as they see a remnant of their reflection in each of the clients that they work with.

This commonality helps the clients to see how people who have been where they are made it through, and prospered. That these same people are now giving a hand up and out, to others. One of the caseworkers pointed out that a recent client had finished the program, and was well on her way to becoming a peer support specialist for a local behavioral health agency. This client was one of the success stories that helped to promote the work that the caseworkers do, and that getting off the streets sober is more than possible, and the rewards are infinite. This displays a path that many of the caseworkers journeyed on that continues a cycle of how commonality can not only build trust, but also inspire.

When it came to discussing any biases that the caseworkers had towards their clients, they were quick to point out that they did struggle with them. The common thread that they have with their clients seemed to solidify their view of their clients, as they were once in the same circumstance. It did not behoove them to take stock in any judgment as it would only be a judgement on themselves. The caseworkers instead take a stance of non-judgment, and do not



fall victim to stereotypes about the population who they work with. However, one caseworker did reveal that if they did feel any biases come to the surface, they would refer the client to another caseworker, as to not disrupt the client's initiative to get help.

The topic of which comes first in treating the caseworker's clients, homelessness or substance use, had a united conclusion among the caseworkers. Although some tended to see substance use as the leading culprit to their clients homelessness, the majority stated that homelessness and substance use work hand in hand in many cases. One invariably leads to the other. As the caseworkers stated, there are situations where a client is only homeless, and does not have an issue with substance use, but that seems to be more the exception than the rule. As discussed with the caseworkers, substance use is part of the culture of being homeless, and can act as a way to escape the client's current lifestyle, as a means of coping.

The ability for the clients of the caseworkers to leave the past behind them, was also a theme which emerged in this study. The caseworker's belief that in order for their clients to be successful in the program to no longer be homeless with substance use, was to leave behind the environment which helped to fuel their lifestyle. This could mean to leave behind a geographical area, relationships, and even family members. Many of the caseworkers attested to this importance from their own personal accounts of how they had to walk

away from places, people and things that no longer served them, and would only hold them back from living the life that they wanted.

In closing, the caseworkers had solution suggestions that may improve the plight of helping re-home the homeless with substance use. For the most part, they concluded the extreme need for more homeless shelters with more beds, more substance use treatment centers, and easier access to them. They emphasized that there are simply not enough of them, and that the deficiency has a direct impact on the problem, and handicaps potential progress. They also connected the lack, with a need to increase government funding for programs geared to assist this vulnerable population.

The need for leniency in receiving substance use treatment was pointed out as a necessity, as many homeless individuals do not have formal identification, which is mostly required by substance use treatment centers. Finally, one of the biggest and most obvious of all obstacles that the caseworkers agreed upon was the need for more low income housing. The housing crisis, especially in California, is of an almost insurmountable level, and directly impacts not only the homeless, but the caseworkers who look for homes to re-home their clients once they have completed their program.

#### Recommendations for Social Work Practice, Policy and Research

In interviewing the caseworkers for this study, there were many possible solutions to rehoming the homeless with substance use which could put into place through social work practice. As previously stated, all of the caseworkers

have their own history with being homeless, and with substance use, so their perspective was not only of what they had observed with their clients, but also what they have experienced themselves in their own lives. One main consensus of the caseworkers was that those who are homeless and suffering from substance use need to be listened to, and treated as people, and not as a “homeless” person, or an “addict”. It is paramount to show compassion, and empathy to those on the streets, so that they know that they have worth, and are not being shunned by society. Those working in the field of social work, are in a position to advocate for a better understanding of the homeless with substance use, to help in dismantling stereotypes of the population.

Societal stereotypes aside, it is clear that more agencies are needed to provide service for the homeless with substance use. This includes more shelters, and drop-in facilities, where people can just go and not be relegated to provide identification or insurance. The reason for this as the caseworkers described, would be to support the homeless in getting the help that they need. There is also the issue of the need for affordable housing, and how the scarcity of housing deeply impacts the efforts of the caseworker’s ability to rehome their clients once they have completed the program at their shelter. Social workers can advocate for the need for more low income housing, and even how regulating vacation rentals such as AIRBNB’s could have a beneficial impact on widening available housing. The area of social work can be impactful in this

arena, by working with individuals through micro, social service through mezzo, and larger scale community and advocacy through macro.

In terms of policy, it would be beneficial to investigate how current policies have failed, and what is needed to have them succeed. In order to get an understanding, it would perhaps be to look at other societies throughout the world, to see how they are effective in re-homing the homeless with substance use. To compare and contrast what is being done in one area, oppose to another. Adoption of what works in another society, would be a motivation for those in social work to advocate for the changes needed in the way that we handle the homeless with substance use epidemic.

An option for continued research would be to take to the streets, and get a clear reading of exactly what the homeless think that they need, and why. To do personal interviews on that scale would be a tremendous feat, but the information derived would open up a whole new perspective. This large scale interview process would also help to identify how many homeless are suffering from substance use, opposed to mental health issues. As the only way to calculate this now, is by those who actually come through the doors of a given agency.

### Recommended Model

The Capability Deprivation Model is based on Martha Nussbaums Capability Approach, is a theory that would benefit the population which the caseworkers work with. The theory would help to empower the population, as it is based on giving the clients more than a roof, but to be able to sustain what will

and can be their home. This theory is bolstered by many of the caseworkers indicating that just putting a homeless person with substance use in an apartment, and leaving it at that, simply is not enough. A person's needs are vast, and the population in question not only are absent a home, but also the capabilities to sustain that home. This theory would help to regulate what is needed to rehome the homeless, as well as uphold the indelible right that having a home is an essential need. Using this theory would in many ways treat the homeless person as a whole, and not just provide the home.

#### Limitations

The limitation that was most pronounced in this study was the number of participants who were interviewed. Due to circumstances, only 5 caseworkers were interviewed opposed to the original 10 desired. Having more participants may have given a different balance to the findings, with different viewpoints. Besides the smaller number of participants was the fact that all of the participants had personal experience with being homeless and substance use issues. Although this commonality was beneficial to the work that the caseworkers performed in helping their clients, it also would provide a different perspective to someone who does not have a personal background with homelessness and substance use. A person devoid of such issues would not only have a different viewpoint, but might also have a different way of approaching the clients whom they serve, and provide a differential of treatment. Without the personal

component that the caseworkers had, the element of trust, and approach would not have been the same.

Another limitation resulting from this study was that it was limited to one agency. The original goal was to have participants from another geographical area, to compare one location to another. This would have brought yet another view on how and if location differs in the obstacles of rehoming the homeless with substance use. Perhaps another location has better support than the other, and more resources to provide to them even through better access to more funding. The clients themselves could differ, as well as the caseworkers. Environment can have an impact on a variety of social services, and that aspect was missing from this study, and established a poignant limitation.

### Conclusion

There is an epidemic going on in society that targets some of the most vulnerable souls. It does not affect all of the population, and there are many that are immune, and others on the brink of getting infected. This is not a virus studied in a lab, or easily treated by a vaccine, and medication. In many cases, it would seem that there simply is no cure. The affliction is that of homelessness, coupled with substance use disorder. There are some problems in society that are so vast, so long lasting, that a fix to them seems impossible. The issue of rehoming the homeless with substance use is clearly one of them, and by many accounts is only getting worse. In this study, caseworkers from a shelter were

interviewed to not only see what their experience and obstacles were with working with this population, but also what they thought could be a better way of finding a solution. The caseworkers talked about the treatment of the homeless, societal views and stereotypes, government policy, and how their own personal experience has impacted them as caseworkers.

This study discovered that building trust with homeless clients with substance use was paramount for the caseworkers. That controlling biases, and encouraging the clients to leave the past behind them helps to aid them move forward to being rehomed, and getting the substance use treatment needed. The caseworkers answered the question of what they think comes first, homelessness or substance use, and were keen in stating that it is a situation that is blurred. That homelessness can be a precursor to substance use, and vice versa. But mostly, that the two work together to form a bond that for many is hard to break.

The biggest component revealed is to listen to the person in need, and find out what is at the root of their predicament. This is the ability that the participants in this study were able to give to their clients, and what led and leads their clients to live fulfilled lives off the streets. The clients that the caseworker's serve are treated with a whole person perspective, and not with a "homeless" or "drug addict" title. Getting to the source of the issues for each person is the only way to address this ongoing crisis, and to not try to warehouse humans, for the sake of getting them off the streets to satisfy societal aesthetics. With the

dedicated work of these caseworkers, and others like them, a difference is being made, and can continue on that trajectory.



APPENDIX A:  
INSTRUCTIONS AND INTERVIEW QUESTIONS

Thank you for taking part in this study. You will be sent an informed consent form to sign and date, along with a Zoom link for the interview. After you click on the link, you will need to leave on your camera during the Zoom interview, and make sure that your microphone is fully operational. It is also asked that you are in a quiet room free of distractions, and outside noise, as this interview is being recorded. There will be a total of 10 questions that will be asked to you by the interviewer, and the entire interview may take up to 30 minutes, depending on how long your answers are. If you have any questions or concerns during the interview, please do not hesitate to ask, and if you feel uncomfortable at any time, the interview can be halted. When the interview is complete, you will be prompted to turn off our camera, and leave the Zoom link. Again, your participation in this study is most appreciated.

#### Interview Questions:

1. How long have you been working as a social worker?
2. Do you believe that the homeless individuals that you serve trust you to help?
3. How do you approach the homeless with substance abuse?
4. Do you feel that you have any biases towards the homeless population?
5. Do you have any biases towards those suffering from substance use?
6. Do you focus on the fact that they are homeless, or their substance abuse disorder?

7. Do you incorporate their past relationships, or environments that aided them to get to their current state?

8. Can you recall the age, gender, and ethnicity, length of homeless, and time struggling with substance use, of your most recent client that you tried to rehome? What was the result of your assistance?

9. Do you think that it falls into a problem for local government, or should it be considered a federal government responsibility?

10. Do you feel that there is a solution to rehoming the homeless with substance abuse? If so, why have these solutions not been implemented? If not, why, and where do you think it leaves us as a society?

APPENDIX B:  
INFORMED CONSENT

## INFORMED CONSENT

The study in which you are asked to participate is designed to examine the obstacles of re-homing the homeless with substance use. The study is being conducted by Denise Ortuno, a graduate student, under the supervision of Dr. Laurie Smith, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

**Purpose:** The purpose of the study is to understand the obstacles that social workers have in rehoming the homeless with substance use.

**Description:** Participants will be asked a series of questions, in an interview style, about their experiences with re-homing the homeless with substance use, and the obstacles that they faced in doing so. The interview will be done on a one on one basis, via Zoom.

**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 data will be kept in a secure computer database.

**Duration:** The interview process may take up to 30 minutes, depending on the length of the participant's responses.

Risks: Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

Benefits: There will not be any direct benefits to the participants. However, the findings from the study will contribute to our knowledge in this area of research, and help in the field of social work.

Contact: If you have any questions about this study, please feel free to contact Dr. Smith at 909-537-3837.

Results: Results of the study can be obtained from the Pfau Library Scholar Works database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2023.

Please review, sign and return via email to 006988859@coyote.csusb.edu.

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I agree to have this interview be audio recorded: \_\_\_\_\_ YES \_\_\_\_\_ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

Contents of appendix goes here. Type does not need to be in Arial 12 point, but information does need to be within the margins.

APPENDIX C:  
IRB APPROVAL LETTER

October 28, 2022

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2022-205

Laurie Smith Denise Ortuno

CSBS - Social Work

California State University, San Bernardino

5500 University Parkway

San Bernardino, California 92407

Dear Laurie Smith Denise Ortuno:

Your application to use human subjects, titled "Examining the Obstacles in Rehoming the Homeless with Substance Abuse " has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has weighed the risks and benefits of the study to ensure the protection of human participants.



This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses. Investigators should consider the changing COVID-19 circumstances based on current CDC, California Department of Public Health, and campus guidance and submit appropriate protocol modifications to the IRB as needed. CSUSB campus and affiliate health screenings should be completed for all campus human research related activities. Human research activities conducted at off-campus sites should follow CDC, California Department of Public Health, and local guidance. See CSUSB's COVID-19 Prevention Plan for more information regarding campus requirements.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. 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.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research 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](mailto:mgillesp@csusb.edu). Please include your application approval number IRB-FY2022-205 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

King-To Yeung

King-To Yeung, Ph.D., IRB Chair

CSUSB Institutional Review Board

KY/MG

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