

Planning Housing Options for the Homeless Mentally Ill:

A Report on
The 1990 DMH Transitional Shelter Survey

DRAFT #2

by

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with the assistance of

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TABLE OF CONTENTS

Introduction	1
Methodology	2
Measurement	2
Summary	7
The Shelter Residents	8
Residential Experiences and Preferences	9
Service Satisfaction, Use and Needs	14
Health	15
Mental Health	15
Physical Health	17
Substance Abuse	17
Social Support	18
Summary	19
Predicting Residential Preferences	21
Correlation Analysis	21
Regression Analyses	24
Summary	28
Recommendations	29
Appendix	32
Reliability Coefficients	32
Factor Analyses	33
MHI (Factors with eigenvalues GE 1.50)	33
ISEL (Factors with eigenvalues GE 1.50)	33
Tables	35

Introduction

The Metro Boston Region of Massachusetts' Department of Mental Health funds three transitional shelters for up to 117 mentally ill homeless persons. Residents can remain at these shelters for an unlimited period, use the same bed each night, and participate in a variety of health-related services and social activities. Some eventually move on to other housing, but many have remained in the shelter for years.

The 1990 Metro Boston Transitional Shelter Survey was conducted as part of a larger effort to improve housing options for shelter users. The survey sought to define the residential needs and interests of shelter users, to describe clients' health status and other characteristics, and to identify the relations between these characteristics and residential interests.

This report describes shelter residents' characteristics as revealed in the survey and presents analyses concerning four questions: (1) How many shelter guests would be ineligible for housing placement, based on the severity of their mental illness, and how many would consent to be interviewed? (2) How many shelter guests would prefer to remain in the shelter and how many would prefer to move, either to a group home or to their own apartment? (3) What characteristics of the shelter residents are related to housing preferences? (4) Can standard indexes of health and related characteristics and attitudes measure reliably the characteristics of the shelter residents?

The report begins with an overview of the survey's methods, including a summary of measurement issues (related statistics are presented in an appendix). The sociodemographic characteristics and financial situation of residents are described in the next section. Residential preferences, residential and service experiences, and satisfaction with the shelter and other services are the focus of the next section, followed by a description of health, substance abuse, social support and finances. The report's last analytic section investigates the relationship between respondents' attitudes and characteristics and their residential preferences. A final section summarizes the findings and discusses policy implications and research directions.

METHODOLOGY

Residents of all three transitional shelters were asked to participate in the survey during the summer, 1990. A team of graduate students in clinical psychology and applied sociology at the University of Massachusetts at Boston completed interviews with sixty-six of the 107 shelter residents.

The interview schedule contained 157 questions, primarily closed-ended, and required between forty-five and ninety minutes to complete. Questions focused on preferences for group and independent living, satisfaction with the shelter and with other services, mental and physical health, substance abuse history, social supports, and employment and benefit status.

Measurement

Respondents answered ten questions concerning their residential preferences: three concerning their desire to leave the shelter, three concerning their preference for independent or group living--both moving to a residence with other shelter guests and living with service staff--and two questions concerning desire to stay in touch with staff and shelter guests after leaving the shelter (see Appendix A). In addition, one question asked respondents to rate their ability to manage nine different tasks involved in independent living.

Three indexes were constructed by averaging responses to subsets of these questions: MOVE (desire to move), PREF (preference for independent rather than group living), and MANAGE (ability to manage tasks by oneself). Each index had an acceptable reliability coefficient value (Cronbach's alpha) of between .7 and .8 (see Appendix B). In some analyses, the two components of PREF, desire to live with staff (measured by the average response to two questions) and desire to live with other former shelter residents (measured by the response to one question) are treated separately.

A measure of satisfaction with the shelter was constructed by averaging respondents' ratings of their satisfaction with nine shelter characteristics. The resulting index, SHELSAT, had a reliability coefficient of .81. Several other questions were used to measure satisfaction with the shelter and the services available in the shelter. The SHELSAT index had a strong correlation with the other measures of satisfaction with the shelter and services there, although correlations with ratings of mental health services overall and case management support were weaker. SHELSAT's correlations with judgments of the

shelter compared to other shelters and compared to regular housing were even weaker. The correlation of SHELSAT with length of time the respondent wished to stay at the shelter also was weak.

Correlation Matrix: Satisfaction Questions

	SAT HERE	SHELSAT	COMPARE OTHR SHL	COMPARE LST HSE	LONG LIVE HERE
SAT HERE	1.0000 (65) P= .	.5965 (65) P= .000	.1710 (63) P= .090	.1770 (62) P= .084	.2445 (63) P= .027
SHELSAT	.5965 (65) P= .000	1.0000 (65) P= .	.1137 (63) P= .188	.2929 (62) P= .010	.2399 (63) P= .029
COMPARE OTHER SHELTER	.1710 (63) P= .090	.1137 (63) P= .188	1.0000 (63) P= .	.0106 (60) P= .468	-.1242 (61) P= .170
COMPARE LAST HOUSE	.1770 (62) P= .084	.2929 (62) P= .010	.0106 (60) P= .468	1.0000 (62) P= .	.3104 (61) P= .007
LONG LIVE HERE	.2445 (63) P= .027	.2399 (63) P= .029	-.1242 (61) P= .170	.3104 (61) P= .007	1.0000 (63) P= .
SRVICE QLTY HERE	.4015 (64) P= .001	.5483 (64) P= .000	.1695 (62) P= .094	.2588 (62) P= .021	.2125 (63) P= .047
SAT WITH CM	.1755 (41) P= .136	.3353 (41) P= .016	-.0780 (39) P= .318	-.0744 (41) P= .322	-.0336 (41) P= .417
SAT MH CARE OVERALL	-.1299 (57) P= .168	-.3749 (57) P= .002	-.1171 (55) P= .197	.0134 (56) P= .461	.1092 (56) P= .211
	CM SAT	MH OVERALL		CM SAT	
SRVICE QLTY HERE	.1865 (41) P= .121	-.3555 (57) P= .003		SAT MH CARE OVERALL	-.0941 (39) P= .284

(COEFFIC / (CASES) / 1-TAILED SIG)

Selected questions from the Alcoholism Severity Index were used to indicate problems with drinking and illicit drugs. When responses to these questions were averaged, neither index had a satisfactory reliability coefficient. The inter-item correlation matrix of the drinking items

suggests the presence of three different, though interrelated dimensions: ever had a drinking problem, had a drinking problem in the past 30 days, and orientation to treatment. Reported frequency of drinking was not correlated with any of the other drinking items.

Correlation Matrix: Alcohol Abuse

	EVER DRINK TOO MUCH	EVER TREATED	TREATED PAST 30 DYS	TROUBLED PAST 30	TREATMENT IMPORTANT
OFTEN DRINK	.1643 (58) P= .109	.1764 (57) P= .095	-.0475 (30) P= .402	-.1961 (55) P= .076	.0936 (55) P= .248
EVER TOO MUCH	1.0000 (61) P= .	.5896 (60) P= .000	.3203 (32) P= .037	-.2307 (58) P= .041	-.3290 (56) P= .007
EVER TREATED	.5896 (60) P= .000	1.0000 (60) P= .	.2908 (32) P= .053	-.2307 (58) P= .041	-.5124 (56) P= .000
TREATED PAST 30	.3203 (32) P= .037	.2908 (32) P= .053	1.0000 (32) P= .	-.3337 (32) P= .031	-.4499 (31) P= .006
TROUBLED PAST 30	-.2307 (58) P= .041	-.2307 (58) P= .041	-.3337 (32) P= .031	1.0000 (58) P= .	.4509 (56) P= .000

The inter-item correlation matrix of the drug items suggests the presence of one dimension of current concern with drug use. As with the drinking items, current interest in treatment and past experience with treatment are related.

Correlation Matrix: Drug Abuse

	EVER TREATED	TREATED PAST 30	TROUBLED PAST 30	TREATMENT IMPORTANT
DRUGS OFTEN DRUGS	-.4210 (59) P= .000	.0983 (28) P= .309	.0361 (55) P= .397	.1098 (53) P= .217
EVER TREATED	1.0000 (59) P= .	.1601 (28) P= .208	-.2421 (55) P= .037	-.4935 (53) P= .000
TREATED PAST 30	.1601 (28) P= .208	1.0000 (28) P= .	-.6939 (28) P= .000	-.6094 (28) P= .000
TROUBLD PAST 30	-.2421 (55) P= .037	-.6939 (28) P= .000	1.0000 (56) P= .	.4158 (54) P= .001

Several indicators of alcohol abuse were correlated with indicators of drug abuse. Indicators of interest in and experience with treatment for alcohol abuse were correlated with the comparable indicators for drug abuse.

Correlation Matrix: Alcohol Abuse with Drug Abuse

	OFTEN DRINK	EVER DRINK TOO MUCH	EVER TREATED	TREATED PAST 30	TROUBLED PAST 30	TREAT IMPORT
OFTEN DRUGS	-.3955 (57) P= .001	-.1515 (59) P= .126	-.2893 (58) P= .014	-.0186 (31) P= .460	.1042 (56) P= .222	-.0081 (55) P= .477
EVER TREATED	-.0232 (57) P= .432	.3452 (59) P= .004	.4591 (58) P= .000	.4512 (31) P= .005	.0080 (56) P= .477	-.2145 (55) P= .058
TREATED PAST 30	.0609 (27) P= .381	.2979 (28) P= .062	.3721 (28) P= .026	.2609 (22) P= .120	-.5701 (28) P= .001	-.6559 (28) P= .000
TROUBLD PAST 30	.0304 (54) P= .414	-.0916 (56) P= .251	-.1499 (56) P= .135	.1054 (32) P= .283	.0826 (56) P= .273	.1820 (55) P= .092
TRTMNT IMPORT	-.1493 (53) P= .143	-.3755 (54) P= .003	-.3417 (54) P= .006	-.5094 (31) P= .002	.4563 (54) P= .000	.5008 (54) P= .000

The three questions to measure perceived physical health also yielded an unacceptable reliability coefficient (.58). The interrelations of the three items as well as their correlations with having been hospitalized or seen in a clinic in the last year were each weak. The pattern of correlations suggests a dimension of subjective assessment of physical health that is only weakly related to current health problems.

Correlation Matrix: Physical Health Indicators

	HEALTH VS. OTHERS	SATISF. PHY. ABLTY	PHY. HLTH PROBLEMS	HOSP'D IN LAST YR.
HEALTH VS. OTHERS	1.0000 (65) P= .	.4285 (65) P= .000	.2321 (65) P= .031	-.1135 (64) P= .186
SATISF. WITH PHYS. ABLTY	.4285 (65) P= .000	1.0000 (65) P= .	.3386 (65) P= .003	-.3042 (64) P= .007
PHYS. HLTH PROBLEMS NOW	.2321 (65) P= .031	.3386 (65) P= .003	1.0000 (66) P= .	-.2633 (65) P= .017

Mental health was assessed with the 40-item Mental Health Index. Its overall reliability coefficient was very high (.94), but the reliability of its component scales varied. The subscales designed to measure distress, mental well-being and anxiety had alpha coefficients above .8, and the alpha for the cognitive subscale was .75. However, the five questions in the belonging scale yielded an alpha of only .62.

A principal components factor analysis (with a varimax rotation) confirmed the salience of the distress, well-being and anxiety dimensions. The meaning of the other factors was not clear. For each of the three interpretable factors, items were included in an index if they both had factor loadings of at least .4 and had been designated a priori as comprising these dimensions.

As constructed, the distress/depression subscale had the strongest correlation with the MHI. Only the depression subscale was correlated significantly with respondents' statements that they had ever been hospitalized. None of the mental health indicators was correlated with having a case manager.

Correlation Matrix: Mental Health Questions

	DEPRESS	POSITIV	ANXTY	HOSP'D	HAVE CM
MHI	.9217 (62) P= .000	.4534 (61) P= .000	.7429 (62) P= .000	-.3669 (43) P= .008	.0366 (61) P= .390
DEPRESS	1.0000 (62) P= .	.2180 (61) P= .046	.6705 (62) P= .000	-.4642 (43) P= .001	.1094 (61) P= .201
POSITIV	.2180 (61) P= .046	1.0000 (61) P= .	.2234 (61) P= .042	-.0505 (43) P= .374	-.1654 (60) P= .103
ANXTY	.6705 (62) P= .000	.2234 (61) P= .042	1.0000 (62) P= .	-.1384 (43) P= .188	.0772 (61) P= .277
HOSP'D	-.4642 (43) P= .001	-.0505 (43) P= .374	-.1384 (43) P= .188	1.0000 (43) P= .	-.1168 (43) P= .228

(COEFFIC / (CASES) / 1-TAILED SIG)

A slightly modified version of the 40-item ISEL was used as the primary measure of social support (one item viewed as inappropriate for homeless persons was deleted and three items were reworded to make them relevant to homeless

persons). The overall index had an acceptable reliability coefficient of .82, but the coefficients for its four subscales ranged from .72 down to .39. A principal components factor analysis also failed to replicate the predicted factor structure. As a result, only the overall ISEL scores are used in the subsequent analyses.

A second measure of social support was constructed from four items concerning the presence of potential supports: any children, relatives, or good friends in the Boston area and having "one special person you feel you can depend on in times of need" (table not shown). The correlation of this index with the ISEL was .58; the single strongest correlate of the ISEL was the "special person" item ($r=.54$). The intercorrelations among the presence of children, relatives and good friends were nonsignificant. Marital status (dichotomized as married/living together or other) was not associated with any of the other social support indicators.

Several indicators of financial resources had only weak relationships with each other. Those having Medicaid, Medicare or other health insurance were also more likely to report having any financial benefits in the last month, while those who found that it had been more difficult to afford things in the past year were less likely to be receiving any financial benefits.

Correlation Matrix: Financial Resources

	MEDICAID HLTH INS	ANY BENEFIT	REP. PAYEE	DIFF AFFORD	EMPLOYED NOW
MEDICAID, HEALTH INSURANCE	1.0000 (66) P= .	.2838 (59) P= .015	.1606 (60) P= .110	.0811 (59) P= .271	.0168 (59) P= .450
ANY FINAN. BENEFITS	.2838 (59) P= .015	1.0000 (59) P= .	.0834 (59) P= .265	.3213 (58) P= .007	-.1692 (59) P= .100
HAVE REP. PAYEE	.1606 (60) P= .110	.0834 (59) P= .265	1.0000 (60) P= .	.0051 (59) P= .485	-.0286 (59) P= .415
OFTEN DIFF. TO AFFORD THINGS	.0811 (59) P= .271	.3213 (58) P= .007	.0051 (59) P= .485	1.0000 (59) P= .	-.1721 (58) P= .098

(COEFFICIENT / (CASES) / 1-TAILED SIG)

Summary

The specific questions used to assess residential preference formed two reliable indexes that distinguished

interest in moving and preference for group or independent living. The residential preference items are discussed further in the next section.

Service satisfaction appeared to have at least three components, only one of which was assessed with an adequate set of items. Questions measuring satisfaction with the shelter and services available within it yielded consistent results. Comparative judgments of the shelter and assessments of mental health services were distinguishable from these judgments, and could be assessed more adequately.

Reliable assessment of substance abuse problems requires an approach that distinguishes a history of drinking or drug problems from a current problem, and measures orientation toward treatment separately. An index constructed from the standard questions from the ASI confound these different dimensions and so does not yield a reliable self-report measure of either alcohol or drug abuse.

The measures of physical health were the least reliable of those used in the survey. More attention must be given to measuring subjectively perceived physical health and to evaluating current physical health. The MHI appeared to measure reliably three distinguishable dimensions of mental health. However, the inability of these data to replicate the MHI's predicted factor structure suggests that a shorter version of the MHI could be used with no loss of information.

Overall social supports were measured reliably with the ISEL, which also had a strong correlation with an index of the number of potential social supports available. However, the data did not yield the dimensions predicted for the ISEL, suggesting, again, that a shorter set of items would be adequate. Few questions were used to assess financial resources; these should be made more detailed in order to distinguish actual resource levels.

THE SHELTER RESIDENTS

DMH shelter residents were primarily in their 30s and 40s; just 14 percent were in their 20s and 17 percent were 50 or older (table 1). Three-fourths were men (table 4). One-quarter were black and another twelve percent were Hispanic or Asian (table 5). Only one in ten were veterans (table 3).

Educational levels were relatively low: one-third had not completed high school and another third had completed no education beyond high school. Just five percent (three individuals) had completed college (table 2).

Only ten percent of the respondents were working at the time of the survey, and their jobs were all part-time. More than eighty percent were receiving financial benefits--mostly Social Security Income--and half had a representative payee who received their checks. However, more than nine in ten of the respondents had worked in the past and one in every three was looking for work.

Employment and Benefits

Working (Part-Time)	10%
Receiving Benefits	83%
Rep Payee	52%
Worked in Past	90%
Looking for Work	30%

Residential Experiences and Preferences

Two-thirds of shelter residents had been using the shelter for less than one and one-half years, but there were a few (seven percent) who had been at the DMH shelter for at least five years (table 21). Once having arrived at the shelter, almost all shelter users continued to stay there most of the time (table 22). Although the interviews were conducted during the summer, when street living was possible, two-thirds of the shelter residents had stayed in the shelter for each of the previous seven nights and only seven percent had stayed at the shelter for less than five of the preceding seven nights (table 23).

Many of the shelter users had been homeless for a long time: one-third reported no more than one year of homelessness, but one-third had been homeless for at least five years (table 24). Almost half had lived previously in a group home (table 30).

Interest in moving out of the shelter was very strong. About eighty percent said they wanted to move (table 11), that it was extremely (59 percent) or very important (21 percent) to them to move (table 12), and that they would want to move even if they were required to take their psychotropic medicine (table 13). However, about one in ten seemed ambivalent about moving out of the shelter and an equal number were opposed to it. Similarly, 57 percent stated that they wanted to "move out now" and another 12 percent wanted to move out within one month, but almost one-third wanted to stay for at least another six months (11 percent wanted to stay at least several more years) (table 29).

Chart one displays the distribution of an index of interest in moving that was computed as the average response (using Z-scores) to the three questions concerning interest in moving, the importance of moving, and willingness to move

in spite of being required to take medications. The distribution is highly skewed, with 31 respondents indicating the highest possible interest in moving.

Chart 1
MOVE

<u>Want to Move</u>		
31	-.50	*****
0	-.35	
11	-.20	*****
1	-.05	*
2	.10	***
7	.25	*****
2	.40	***
2	.55	***
0	.70	
2	.85	***
3	1.00	****
0	1.15	
0	1.30	
0	1.45	
0	1.60	
0	1.75	
1	1.90	*
0	2.05	
0	2.20	
4	2.35	*****
<u>Want to Stay</u>		
Count	Midpoint	One symbol equals approx. .4 occurrences
		.I....+....I....+....I....+....I
		0 8 16 24
		Histogram frequency
Mean	.002	Median -.225 Std dev .785

Independent living was the clear preference of a majority of shelter residents. Almost three-quarters did not like the idea of living with other former shelter residents (table 14) or of living with staff (table 15), and about half disliked both arrangements "a lot"; one-third were particularly adamant, stating that it would not even be "OK" if staff lived with them in a regular house (table 16). Nonetheless, almost two-thirds of the shelter residents reported that they would want to keep in touch with shelter staff after moving, while one-quarter disliked this idea (table 17). The idea of staying in touch with other shelter residents after moving out was less popular: just over one-third liked the idea and almost half disliked the idea (table 18).

An index to measure respondents' preferences for living in a group home rather than living independently was constructed from three items: preference for sharing a house, preference for staff living in the house, and belief that it would be "OK" for staff to live in the house even

though not preferred. Like the distribution of interest in moving, the preference index is highly skewed, with many respondents receiving the highest possible score in favor of independent living (chart 2).

Chart 2
PREF

Prefer Group Living

2	1.0	*****
0	1.2	
1	1.4	***
3	1.6	*****
0	1.8	
2	2.0	*****
0	2.2	
6	2.4	*****
6	2.6	*****
0	2.8	
7	3.0	*****
0	3.2	
2	3.4	*****
5	3.6	*****
0	3.8	
9	4.0	*****
0	4.2	
1	4.4	***
4	4.6	*****
0	4.8	
18	5.0	*****

Count Midpoint One symbol equals approx. .4 occurrences

Prefer Independent Living

I.....I.....I.....I.....I
0 4 8 12

Histogram frequency

Mean 3.593 Median 3.667 Std dev 1.203

The components of the index of residential preferences are presented separately below. Respondents were more likely to reject the idea of living with other guests in a house than in having staff living in the house.

STAFF

Prefer Staff

8	1.00	*****
8	2.00	*****
13	3.00	*****
14	4.00	*****
23	5.00	*****

Prefer No Staff

Count Value One symbol equals approx. .50 occurrences

.....I.....I.....I.....I.....I
0 5 10 15 20

Mean 3.545 Median 4.000 Std dev 1.394

SHARE HOUSE WITH OTHER SHELTER RESIDENTS

Prefer Other Residents

9	1.00	*****
4	2.00	*****
4	3.00	*****
14	4.00	*****
35	5.00	*****

Prefer No Other Residents

Count	Value	One symbol equals approx. .80 occurrences			
		I	I	I	I
		0	8	16	24
					32
		Histogram frequency			
Mean	3.939	Median	5.000	Std dev	1.445

The two measured dimensions of residential preference, desire to move and preference for independent living, were related to each other: those who were more interested in moving were more likely to prefer independent living over a group home. Only 15 percent of those who were most eager to move were not opposed to the idea of living with staff and/or other former shelter residents, while 54 percent of those who were not so eager to move (MOVE scores between 0 and 2) were not opposed to the idea of group living.

PREF by MOVE

PREF	Count Col Pct Tot Pct	MOVE				Row Total
		Like to Move -1.00	.00	1.00	Like to Stay 2.00	
1.00 LIKE GROUP A LOT		1	1	1	1	3
		4.3	14.3	20.0	1.5	4.5
2.00 LIKE GROUP SOMEWHAT		5	3	2	1	11
		16.1	13.0	28.6	20.0	16.7
3.00 DON'T REALLY CARE		5	6	3	1	15
		16.1	26.1	42.9	20.0	22.7
4.00 DISLIKE GROUP SOMEWHAT		9	5	1		15
		29.0	21.7	14.3		22.7
5.00 DISLIKE GROUP A LOT		12	8		2	22
		38.7	34.8		40.0	33.3
Column Total		31	23	7	5	66
		47.0	34.8	10.6	7.6	100.0

The relationship between preferences for living with staff and with other former shelter residents was stronger. About half (55 percent) of those who thought it would be OK to live with staff disliked the idea of living with other residents, while about eight in ten of those who did not want to live with staff also disliked the idea of living with other residents. In fact, just 20 percent of those who did not want to live with staff were at all willing to consider living with other residents.

Share House with Other Folks by STAFF

Count Col Tot Pct	STAFF					Row Total
	LIKE THE IDEA			DISLIKE THE IDEA		
	1.00	2.00	3.00	4.00	5.00	
SHARE	-----					-----
1.00 LIKE	2 25.0 3.0	1 12.5 1.5	3 23.1 4.5	2 14.3 3.0	1 4.3 1.5	9 13.6
2.00	1 12.5 1.5	1 12.5 1.5	1 7.7 1.5	1 7.1 1.5		4 6.1
3.00	2 25.0 3.0		2 15.4 3.0			4 6.1
4.00	1 12.5 1.5	2 25.0 3.0	3 23.1 4.5	6 42.9 9.1	2 8.7 3.0	14 21.2
5.00 DISLIKE	2 25.0 3.0	4 50.0 6.1	4 30.8 6.1	5 35.7 7.6	20 87.0 30.3	35 53.0
Column Total	8 12.1	8 12.1	13 19.7	14 21.2	23 34.8	66 100.0

In spite of strong sentiment against living in a group home, about half of the respondents who had lived previously in a "special home for people who were mental health clients" said they had liked living there (table 31).

The distribution of shelter residents' beliefs in their ability to manage on their own was similar to the distribution of housing preferences (table 19). About eighty percent stated they could manage a variety of chores without assistance: go shopping, clean house, get around the city, cook meals, and get medical/dental care. Confidence was only slightly lower in ability to deal with

neighbors and handle money. The tasks which residents were least confident about managing on their own were finding and taking the right medication (two-thirds thought they could manage it without help) and filling out a welfare application (fifty-six percent thought they could handle it without help).

Service Satisfaction, Use and Needs

Overall, respondents were satisfied with services available to them. In spite of the high level of interest in moving out, almost three-quarters of the respondents were satisfied or very satisfied with living in the shelter (table 25). Over eighty percent thought their shelter was much or somewhat better than other shelters (table 27) and almost half thought it was somewhat or much better than their last regular housing (table 28). The quality of services received at the shelter was rated as excellent by three in ten and as at least good by six in ten (table 32). Only one in ten rated shelter services as poor.

Among the specific features of the shelter, three-quarters of the respondents were satisfied or very satisfied with its physical condition, its furnishings, the staff, its security and safety, the other residents and mental health services (table 26). Satisfaction was slightly less common, between 60 and 70 percent, with the amount of space, the amount of privacy and the convenience to stores and shopping. Only with respect to the amount of privacy at the shelter did the percentage of respondents who were "very dissatisfied" rise as high as twenty.

Two-thirds of the respondents rated their overall satisfaction with available health care for personal and emotional problems as good, very good, or excellent (table 134).

Satisfaction with Health Care for Emotional Problems

Value Label	Value	Frequency	Valid Percent	Cum Percent
Poor	1.00	9	15.8	15.8
Fair	2.00	10	17.5	33.3
Good	3.00	19	33.3	66.7
Very Good	4.00	8	14.0	80.7
Excellent	5.00	11	19.3	100.0
.	.	1	Missing	
	9.00	8	Missing	
		-----	-----	
	Total	66	100.0	

Respondents had had contact with a range of service agencies within the last year (table 34b). Thirty-eight

percent had had contact with the Social Security Administration, while one-quarter had used public welfare or other homeless shelters. About one in ten respondents had been in contact with the Mass. Rehabilitation Commission, the Department of Social Services, the Boston Housing Authority, St. Francis House (a day program), or the Social Services Department at Boston City Hospital.

All but 13 percent of the respondents reported assignment to a DMH CMHC; almost half of these were assigned to either Lindemann or Solomon-Carter-Fuller (table 90). Two-thirds said they had a DMH case manager (table 91); about half of these had known the case manager for more than one year (table 92). Just under half of the respondents with case managers were very or extremely satisfied with the case manager; more than a third were only somewhat satisfied with the case manager and 17 percent were not at all satisfied (table 93).

More than two-thirds of the respondents reported feeling distressed about being homeless (table 33), while four in ten reported a need for services at the time of the interview (table 35). Help with housing and medical help were the only specific service needs mentioned by at least ten percent (table 35b).

Respondents reported varying degrees of difficulty in their ability to afford things such as food, clothing and medical care in the preceding year. One-third said this was never a problem, but one-third reported that it was pretty often or always a problem (table 152).

How Difficult to Afford Things

Value Label	Value	Frequency	Valid Percent	Cum Percent
Never	1.00	21	35.6	35.6
Once in While	2.00	10	16.9	52.5
Sometimes	3.00	7	11.9	64.4
Pretty Often	4.00	8	13.6	78.0
Always	5.00	13	22.0	100.0
.	.	1	Missing	
	9.00	6	Missing	
		-----	-----	
	Total	66	100.0	

Health

Mental Health

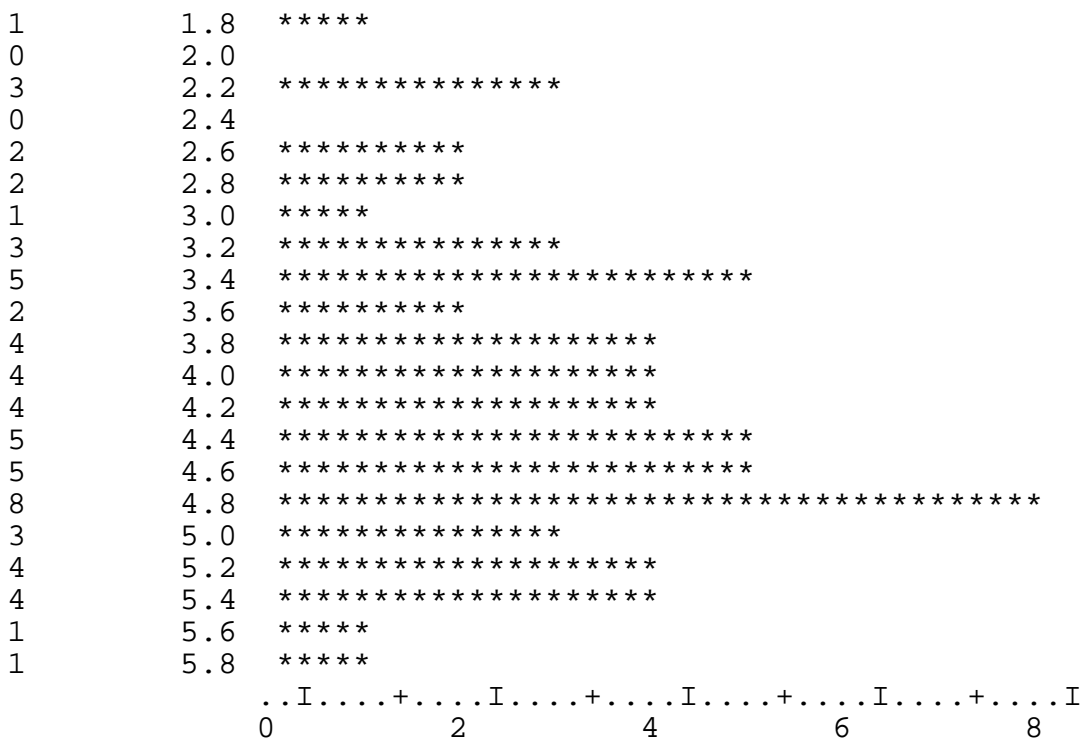
Four in every five respondents had been hospitalized for a mental or nervous problem at some time in the past

(table 89); half had been hospitalized more than six times (table 89b). Most had been discharged most recently within the previous two years.

The Mental Health Index (MHI) provides an overall indicator of mental health problems. Among the shelter respondents, its mean was 4.1, with a skew toward the low end (in other words, there was a cluster of cases toward the high end--indicating poorer mental health).

MHI

Count Midpoint One symbol = approx. .20 occurrences



10

Histogram frequency

Mean	4.116	Median	4.282	Std dev	.956
Valid cases	62	Missing cases	4		

Trauma and life-threatening experiences were very common. Two-thirds had been assaulted or robbed since becoming homeless (table 135), while six in ten reported having had an experience in which they thought they might lose their life (table 136). About one-quarter of those having had a life-threatening experience had had nightmares or had relived the experience within the preceding year (tables 137,138).

Physical Health

Many respondents were satisfied with their physical health. One-third thought their physical health was better than that of most people their age, while just one in five thought their physical health was worse than most people their age (table 5). One-third were completely satisfied with their physical ability to do what they wanted to do, and another 44 percent were at least somewhat satisfied (table 6). Just over half said they had no physical health problem (table 7), and just under half had not been hospitalized or treated at a clinic for a physical health problem in the previous year (table 9).

Four in five respondents had been prescribed medication for a health problem (table 94) (almost all were taking the medication as prescribed) (table 94c).

Substance Abuse

Alcohol abuse was not common among shelter residents. More than three-quarters said they drank less than once per month, and only five percent reported drinking more than once per week. Eight percent said they had been moderately or extremely troubled by alcohol problems in the preceding month. Somewhat more, 14 percent, felt that treatment for alcohol problems was considerably or extremely important for them, although more than three-quarters said alcohol treatment was not important for them at all.

How Often Drink				
Value Label	Value	Frequency	Valid Percent	Cum Percent
LT Monthly	1.00	45	77.6	77.6
2-3/Mo.	2.00	3	5.2	82.8
Once/Week	3.00	7	12.1	94.8
Several/Week	4.00	1	1.7	96.6
Daily	5.00	2	3.4	100.0
	9.00	8	Missing	
		-----	-----	
		Total	66	100.0

How Troubled by Alcohol in Past 30 Days				
Value Label	Value	Frequency	Valid Percent	Cum Percent
Not at all	1.00	48	82.8	82.8
Slightly	2.00	5	8.6	91.4
Moderately	3.00	2	3.4	94.8
Extremely	5.00	3	5.2	100.0
	9.00	8	Missing	
		-----	-----	
		Total	66	100.0

How Important Treatment for Alcohol

Value Label	Value	Frequency	Valid Percent	Cum Percent
Not at all	1.00	43	76.8	76.8
Slightly	2.00	3	5.4	82.1
Moderately	3.00	1	1.8	83.9
Considerably	4.00	1	1.8	85.7
Extremely	5.00	7	12.5	98.2
	6.00	1	1.8	100.0
	.	1	Missing	
	9.00	9	Missing	
		-----	-----	
	Total	66	100.0	

Drinking problems appear to have been more common in the past. Almost three in ten had been treated for a drinking problem in the past, and an equal number had been told they drank too much at some time in the past. Almost two in ten had been treated for an alcohol problem in the past 30 days.

Alcohol Problem Indicators

Anyone Said Drink Too Much	28%
Ever Treated for Drinking Problem	28%
Treated for Alcohol in Past 30 Days	19%

Drug abuse seemed to be uncommon. Nine in ten respondents reported they used street drugs no more than once a month (table 146). Just 12 percent had been treated for drug problems and seven percent of these (two respondents) had been treated within the past 30 days (tables 148,149). Ninety-three percent of the respondents reported they had not been troubled or bothered by drug problems within the past 30 days (table 150) and eighty-five percent said treatment for drug problems was "not at all" important for them (table 151).

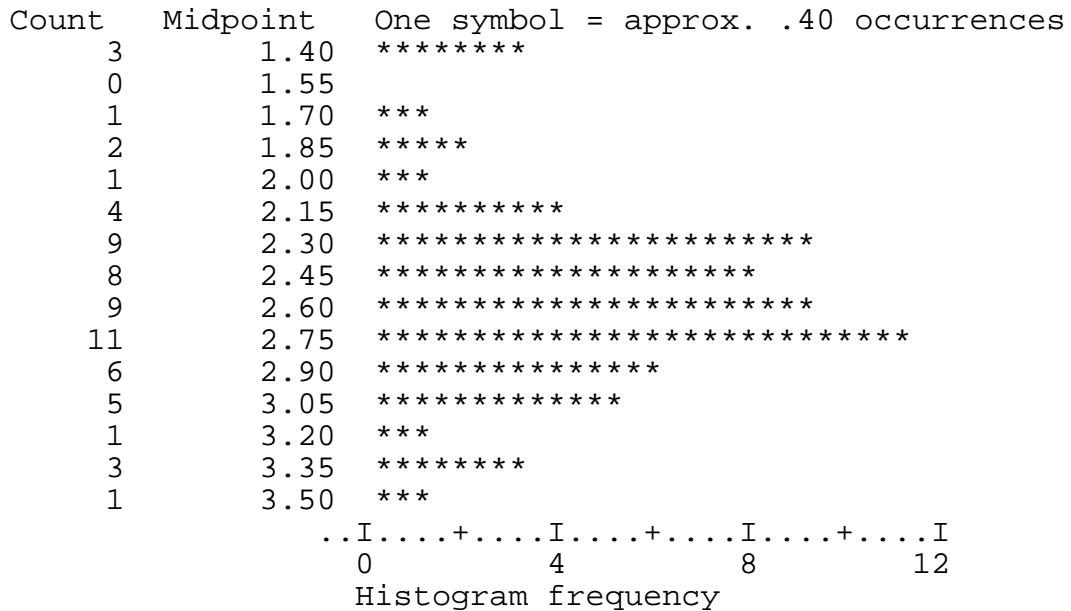
Social Support

Only three of the respondents were married at the time of the interview (table 36). Almost three-quarters were single; the rest, except for one widow, were divorced or separated. Just one in ten had children, but over half had relatives in the Boston area and just under half reported any good friends in the Boston area (table 37).

Over half said they had a special person they could count on in times of need and sixty-four percent said there was someone on the shelter staff they could count on (tables 38-39).

Scores on the 40 items comprising the ISEL social support index had a mean of 2.6, on a four-point scale, with four indicating the most possible support. The distribution was approximately normal.

ISEL



Mean	2.571	Median	2.603	Std dev	.460
Valid cases	64	Missing cases	2		

Summary

Residents of the transitional shelters were primarily young men who were relatively poorly educated. Most were receiving SSI checks; half through a representative payee. Two-thirds had been homeless for more than one year, and most had used the transitional shelter regularly since first coming there.

Interest in moving out of the shelter was very strong, but not universal. Between ten and thirty percent had some degree of interest in remaining in the shelter, at least for six more months. When faced with a choice between living in a home with staff, other guests, or independently, most chose independent living. However, only 18 percent of the sample were extremely opposed to group living and also strongly in favor of moving; about one-third of those who wanted to move were at least somewhat opposed to group living. The idea of living with other guests was even less popular than living with staff.

It seems likely that the large majority of current shelter residents would willingly accept an offer of housing. There is some opposition to group living, but it

does not seem that this opposition is so strong that it could not be overcome with careful preparation. Particular attention must be given to improving attitudes toward the possibility of living with roommates from the shelter, since more than half of the current shelter residents disliked this idea.

Complementing their interest in moving out of the shelter was a high level of confidence in being able to manage daily tasks. The tasks that were seen as most troublesome, taking medication and filling out welfare applications, could be key areas for case manager support. However, the current level of functioning of the twenty percent who were not confident about managing daily tasks should carefully be assessed before placing these residents in regular housing.

Overall, shelter residents were satisfied with their shelter and the services and facilities available in it. Surprisingly, many found the shelter to provide accommodations that were superior to those available at their last regular housing. Nonetheless, there was substantial variation in these attitudes.

An important minority of respondents were not aware of having a Department of Mental Health case manager, and, of those who were aware of having a case manager, half were not particularly satisfied. This suggests that many current shelter residents might welcome assignment to a new case manager and a new style of case management. Only fifteen percent had a case manager with whom they were extremely satisfied.

Variation in perceived service needs indicate an important potential influence on housing preferences and possible foci for case management intervention. The lack of financial pressure felt by one-third indicates a possible latent source of resistance to a living arrangement in which a portion of costs must be born by the resident. The financial impact of any housing program must carefully be assessed.

The health of respondents was variable, but generally poor. A very high proportion had been assaulted or robbed since becoming homeless, suggesting a concern that might be addressed in housing education groups. Most respondents had been hospitalized for psychiatric problems and the overall mental health scores were relatively poor. Physical health problems were common, but an important fraction felt their health was as good or better than others their age.

Relative to other homeless populations, the level of substance abuse among the transitional shelter residents was low. Few acknowledged a problem with drugs and or alcohol,

although almost one-third indicated drinking problems in the past. This low level of current substance abuse suggests that a transition to regular housing will not be impeded by substance abuse problems, but the greater prevalence of drinking by respondents in the past indicates that there is a potential for much more substance abuse outside of the shelter environment. Case managers must observe carefully their caseload for signs of a return to drinking.

Many of the respondents had some form of social support available to them. About half had friends or family in the area and a comparable number had a special person they could depend. Almost two-thirds had a special relationship with at least one staff person. These social supports could, if encouraged, be of critical importance during the transition to independent living. Opportunities also must be created for maintaining contact with shelter staff during the transitional period.

PREDICTING RESIDENTIAL PREFERENCES

Potential influences on respondents' residential preferences are identified in this section first with bivariate correlation coefficients and then with multiple regression analyses. The correlation analysis will suggest possible influences for further investigation, while the regression analyses serve as an initial test of the possible structure of influences on residential preferences.

Correlation Analysis

Younger respondents were significantly more likely to desire to move out of the shelter, but other social background characteristics had little relationship to desire to move or preference for type of housing.¹

Social Background and Moving

	Move (Stay)	Pref (Indp)	Staff (No)	Others (No)
Age (+)	.28**			.18
Sex (Female)	.13			.15
Race (Minority)		-.10		-.20
Vet (No)		-.12	-.11	-.15
Education				

Receipt of benefits had a strong relationship with desire to move: those who currently received benefits (usually SSI) and those who had health insurance, Medicaid or Medicare were much more interested in moving; those who received benefits currently also were less interested in

¹Correlations are not reported unless $p < .1$. For those correlations reported, *= $p < .5$, **= $p < .01$, ***= $p < .001$.

having staff in their residence. The presence of social supports also influenced attitudes toward moving: those with fewer persons to provide social support were less likely to want to live with other shelter residents. Only two of the ISEL indexes had significant relationships with attitudes toward moving: higher self-appraisal scores were associated with less of a desire to move, while higher scores on belongingness were associated with greater interest in living with other shelter residents.

	Move (Stay)	Pref (Indp)	Staff (No)	Others (No)
(No) Benefits	.27*	.18	.24*	
Health ins. (No)	.26*			-.11
Social Support (No)				.25*
ISEL (+=>support)				
Appraisal	.25*			-.13
Belong	-.18			-.26*
Tangible				-.12
Esteem	.14			

An indicator of suffering from PTSD--having recurrent dreams or thoughts about prior life-threatening experiences--was not related to attitudes toward moving, but prior experience of assault or robbery was strongly associated with a preference for independent living. Desire to move decreased with length of time homeless. Of the three mental health indicators derived from the MHI, only one, positive affect, was related to attitudes toward moving--those with higher positive affect were more likely to be interested in living with other shelter residents.

	Move (Stay)	Pref (Indp)	Staff (No)	Others (No)
Might Die (No)	.15			
Assaulted (No)	.15	-.34**	-.29**	-.28*
Time Homeless	.35**			
MHI (+=>health)				
Depressed				
Positive		-.25*	-.17	-.28*
Anxiety				-.20
Every Hosp'td	-.17			

Only one of the four indicators of physical health in the survey was related significantly to residential preference: respondents reporting a current physical health problem were less eager to move. Neither self-reported frequency of drinking nor illicit drug use were associated

with residential preference, but those who were currently or had ever used drugs were more interested in moving.

	Move (Stay)	Pref (Indp)	Staff (No)	Others (No)
Health v. Others		-.13		
Sat. Physical Ablty				
Any Phys. Prob. Now	.21*			
Hospitalized	-.17			
Freq. Drinking				
Currently Drinking				
Ever Drink Problem	-.20			
Freq. Drugs				
Currently Drugs	-.23*	.19		
Ever Drug Problem	.24*	.17	.13	.15

Both the desire to move and the preference for living without staff were particularly low among those who felt they could not manage to complete many household chores on their own and among those who felt less distressed about not having a regular place to stay.

	Move (Stay)	Pref (Indp)	Staff (No)	Others (No)
Manage (No)	.35**	-.33**	-.35**	-.13
Diff. to Afford (Y)		.30**	.30**	.18
Feel OK No Place	.52***	-.20*	-.19	
Physical Ability				

Current service arrangements and service needs were associated with preference for independent living: those who felt they did not need help with any services at the time of the interview, those who did not have a case manager, and those who did not feel there was a member of the staff they could count on were more likely to prefer independent living without staff on site.

	Move (Stay)	Pref (Indp)	Staff (No)	Others (No)
Need Services (No)	.16	.24*	.28**	
Rep. Payee (No)				
Have Case Man. (No)		.19	.27**	
Lived in Spcl Home (No)				
Staff Count On (No)		.24*	.24*	

Satisfaction with current service arrangements was also associated with residential preferences. Satisfaction with shelter operations was associated both with a desire to stay at the shelter and with a preference for group living. Those who evaluated the quality of services they were

receiving at the shelter as poor were more likely to prefer independent living without staff, while those who had lived previously in a group home and had liked it were more favorably disposed toward a group home with staff and other residents. Those who most disliked living at the shelter were also the most eager to move out.

	Move (Stay)	Pref (Indp)	Staff (No)	Others (No)
Sat. MH Care	-.15			
Sheltr Oprn Sat(-)	-.24*	.40***	.32**	.33**
Quality Srvcs (-)	-.17	.28**	.28**	.14
Liked Grp. Home (-)		.48**	.48**	.30*
Shltr v. Othr (-)				
Shltr v. Hse (-)	-.24*	.15		
Like Here (-)	-.54***	.18	.16	.12

Interest in moving was higher among those who were younger, those with financial benefits, those with less positive self-appraisals, and those indicating a drug problem. Perceived ability to manage daily chores and feelings of distress at not having a place to stay also predicted desire to move, as did dissatisfaction with shelter operations and with staying at the shelter. However, desire to move decreased with length of time homeless.

None of the social background variables predicted housing preference. Interest in independent living--without either staff or other residents--was associated with having been assaulted or robbed since becoming homeless, higher levels of positive affect, perceived ability to manage daily chores, and difficulty affording things. Dissatisfaction with shelter operations, with services at the shelter and with prior group home living also were associated with a desire for independent living. Those who did not want to live with staff, regardless of the presence of other residents, were less likely to have financial benefits, were more distressed about not having a regular place to stay, and were less likely to have ties with service staff or to feel they needed services. The unique correlates of desire to live without roommates were lack of current sources of social support and low feelings of belonging to a group.

Regression Analyses

Regression analyses were conducted to identify the independent predictors of residential preference. Independent variables were selected from three blocks: personal resources, self-assessed service needs and abilities, and social background.

Variables included in the personal resources block were financial benefits, social supports, presence of a supportive staff member, the well-being scale from the MHI, experience of having been assaulted or robbed and substance abuse. Social background indicators were age, sex and time homeless. Self-assessed service needs and abilities included perceived ability to manage household tasks, perceived need for services, difficulty affording things, distress over not having a place to stay and satisfaction with the shelter.

Analyses were conducted in two steps for both interest in moving out of the shelter and for interest in living independently rather than with a group. In the first step, all social background and personal resource variables were entered simultaneously. In the second step, all significant predictors from the self-assessed service needs and abilities block were entered first, before the inclusion of all variables from the other two blocks.

The only independent correlates of desire to move that were significant at the .05 level were length of time homeless and receipt of benefits. Individuals were more likely to want to move the shorter the period of time they had been homeless and if they were not receiving benefits.

Three other variables had independent relationships with desire to move that were close to significance. Respondents were more interested in moving if they had been assaulted or robbed since they had been homeless, if they had a substance abuse problem, and if they did not feel there was anyone on the shelter staff they could count on.

* * * * M U L T I P L E R E G R E S S I O N * * * *

Equation Number 1 Dependent Variable.. MOVE

----- Variables in the Equation -----

Variable	B	Beta	Tolerance	T	Sig T
TIME HOMELESS	.001168	.329548	.696928	2.462	.0179
SEX	.250571	.159801	.836405	1.308	.1979
AGE	.048641	.079972	.587731	.549	.5861
POSITIV	.044583	.080033	.811884	.645	.5221
ASSAULTED	.335724	.236372	.855671	1.957	.0569
BENEFITS	-.301484	-.294878	.835336	-2.412	.0202
STAFF COUNT ON	-.152815	-.188650	.768323	-1.480	.1462
SUBSTANCE ABUSE-	.156917	-.209548	.772453	-1.648	.1066
SUPPORT	-.092549	-.052256	.725226	-.398	.6924
HEALTH PROBLEM	.145227	.110187	.655408	.798	.4291
(Constant)	-.863474			-1.131	.2643

Multiple R .68048
 R Square .46305
 Adjusted R Square .33818
 Standard Error .57672

Analysis of Variance

	DF	Sum of Squares	Mean Square
Regression	10	12.33376	1.23338
Residual	43	14.30221	.33261

F = 3.70818 Signif F = .0012

Desire for independent rather than group living had little relationship to the social background or personal resource indicators. Those who had been assaulted or robbed since becoming homeless were somewhat more likely to desire independent living, as were those who had been homeless for a shorter period of time, but neither relationship was significant at the .05 level.

* * * * M U L T I P L E R E G R E S S I O N * * * *

Equation Number 2 Dependent Variable.. PREF

----- Variables in the Equation -----

Variable	B	Beta	Tolerance	T	Sig T
TIME HOMELESS	-.001518	-.252639	.696928	-1.611	.1146
SEX	-.140956	-.053054	.836405	-.371	.7128
AGE	.196070	.190251	.587731	1.114	.2715
POSITIV	-.200084	-.211978	.811884	-1.459	.1519
ASSAULTED	-.657946	-.273393	.855671	-1.931	.0601
BENEFITS	-.022376	-.012916	.835336	-.090	.9286
STAFF COUNT ON	.210660	.153481	.768323	1.027	.3100
SUBSTANCE ABUSE	.202342	.159471	.772453	1.070	.2904
SUPPORT	.439670	.146513	.725226	.953	.3460
HEALTH PROBLEM	-.021688	-.009712	.655408	-.060	.9524
(Constant)				2.660	.0109

Multiple R .51252
 R Square .26268
 Adjusted R Square .09121
 Standard Error 1.14510

Analysis of Variance

	DF	Sum of Squares	Mean Square
Regression	10	20.08756	2.00876
Residual	43	56.38415	1.31126

F = 1.53193 Signif F = .1612

Feelings of distress about not having a regular place to stay were the only indicator of service satisfaction and needs that had a significant independent association with desire to move: those who felt more distressed about not having a regular place to stay were more interested in moving. The inclusion in the regression analysis of feelings of distress about not having a regular place to stay statistically explained the effect of length of time homeless, but did not alter the effects of financial benefits and having someone on the staff you could count on.

* * * * M U L T I P L E R E G R E S S I O N * * * *

Equation Number 1 Dependent Variable.. MOVE

----- Variables in the Equation -----

Variable	B	Beta	Tolerance	T	Sig T
FEEL NO PLACE	.433942	.471764	.756483	4.380	.0001
POSITIV	.044706	.080254	.811884	.772	.4445
AGE	.094238	.154938	.576423	1.256	.2162
STAFF COUNT ON	-.175391	-.216519	.765609	-2.022	.0495
SEX	.229450	.146331	.835652	1.428	.1607
BENEFITS	-.345754	-.338178	.827637	-3.284	.0021
SUBSTANCE ABUSE-	.112274	-.149932	.760059	-1.395	.1703
ASSAULTED	.168152	.118390	.799137	1.130	.2650
SUPPORT	-.024602	-.013891	.720657	-.126	.9004
HEALTH PROBLEM	.056070	.042541	.643937	.364	.7174
TIME HOMEELS	4.80949E-04	.135656	.603079	1.125	.2672
(Constant)	-1.064940			-1.660	.1044

Multiple R .79461
R Square .63141
Adjusted R Square .53488
Standard Error .48348

Analysis of Variance

	DF	Sum of Squares	Mean Square
Regression	11	16.81829	1.52894
Residual	42	9.81768	.23375

F = 6.54078 Signif F = .0000

Two of the indicators of service satisfaction and needs were associated independently with preference for independent living: dissatisfaction with the shelter and belief that there were no services with which the respondent needed help at the time of the interview. In addition, those who had been assaulted or robbed since being homeless were also more likely to prefer independent living.

* * * * M U L T I P L E R E G R E S S I O N * * * *

Equation Number 2 Dependent Variable.. PREF

----- Variables in the Equation -----

Variable	B	Beta	Tolerance	T	Sig T
SAT W/ SHLTR	.699062	.316376	.734796	2.319	.0255
SRVCE NEEDS	.799794	.332334	.805004	2.550	.0146
AGE	.062462	.060609	.553347	.386	.7018
BENEFITS	-.045567	-.026303	.834592	-.205	.8382
SEX	-.050440	-.018985	.819025	-.147	.8839
SUPPORT	.299819	.099910	.718299	.724	.4731
ASSAULTED	-.725638	-.301521	.747985	-2.230	.0313
SUBSTANCE AB	.117347	.092485	.736502	.679	.5011
POSITIV	-.128128	-.135745	.763368	-1.014	.3164
STAFF COUNT	.063056	.045941	.713319	.332	.7417
HEALTH PROBS	.099759	.044670	.621111	.301	.7649
TIME HMLSS	-.001070	-.178158	.600564	-1.181	.2445
(Constant)	1.624025			1.051	.2996

Multiple R .66281
R Square .43932
Adjusted R Square .27522
Standard Error 1.02263

Analysis of Variance

	DF	Sum of Squares	Mean Square
Regression	12	33.59545	2.79962
Residual	41	42.87626	1.04576

F = 2.67711 Signif F = .0094

Summary

Relationships with residential preferences indicate the marked differences in the meaning of desire to move and preference for group or independent living, as well as the difficulty of explaining both attitudes. Desire to move seemed to be explained in part by the availability of financial resources, good physical health and a belief in one's ability to manage daily chores, and in part by a disposition, perhaps related to young age, involving low self-appraisal, substance abuse, and rejection of help. A general sense of distress about not having a regular place to stay also contributed to the desire to move.

Particularly important was the relationship between length of time homeless and lack of interest in moving. This may reflect either the diminished capacities of those who have been unable to move out or the adaptation of long-term shelter residents to that life. More refined

personality measures as well as longitudinal data collection among shelter users should improve understanding of this important relationship.

Preference for independent living shared some of these correlates. However, preference for independent living seemed even more to reflect a lower sense of positive well-being and a generally diminished ability to maintain social supports. Service connections were particularly important: those preferring an independent place were less satisfied with shelter operations and other services and were not as interested in service opportunities.

RECOMMENDATIONS

1. Plan carefully project publicity and the initial introduction to shelter residents. The response rate in the shelter survey was unacceptably low for the actual project and must be increased.
2. Expand the measurement of residential preferences to include at least two additional questions about living with roommates.
3. Refine the measurement of residential preferences by including more specific conditions for possible residential options. Some possible conditions would involve variation in number of roommates, private bedrooms, roommates from non-shelter sources, and financial requirements for the housing.
4. The number of items measuring satisfaction with the shelter could be reduced, but more items should be added to assess satisfaction with other service experiences and prior residential arrangements.
5. A different approach should be taken to measuring substance abuse. Current and past substance abuse indicators should clearly be distinguished. Clinical assessments, perhaps including physical exams and/or evidence, should also be used.
6. Include a detailed checklist for current physical health problems. A physical examination or medical records also should be used.
7. Omit the MHI as a mental health assessment tool, but retain the subscale concerning positive well-being. Include symptom-oriented measures with proven reliability in studies of the homeless: the CES-D and relevant PERI scales.
8. Use only a subset of the ISEL items and expand the assessment of actual social supports, using a social network measures.

9. Expand the measurement of financial resources. Measure actual amount of benefits and income received from each source, as well as savings and potential sources of financial assistance (family and property).
10. Add a personality assessment section, including particularly a scale to measure locus of control.
11. Add a question concerning the perceived adequacy of the representative payee.
12. Expand the assessment of residential history.
13. Add a section to assess the experience of family living, including any experiences with foster care and institutions.
14. Evaluate independently likely ability to manage daily living tasks and determine the validity of self-assessments.
15. Assess aspirations for residential accommodations, employment, and health care in the future.
16. Determine the accuracy of shelter residents' statements that they did not have a case manager.
17. Interview case managers to explore their evaluation of the variable quality of service relations with shelter clients.
18. Ask study participants how concerned they are with keeping their current case manager. Identify the bases of satisfaction or dissatisfaction with the current case manager.
19. Explore in more detail respondents' assessments of their own financial situation and needs.
20. Expand the measurement of respondents' perceived service needs.
21. Determine the circumstances surrounding the assaults experienced by respondents.
22. Record the detailed history of psychiatric hospitalizations.
23. Expand the assessment of drinking and drug problems in the past. Determine whether substance abuse is a continuing concern of or interest for the respondent.
24. Monitor substance abuse after residential placement.

25. Discuss with respondents the specific social supports that they could draw on after moving into housing.
26. Explore the respondents' interpretation of their inability to maintain regular housing. Measure more directly own self-esteem.
27. Discuss young persons' desires for independence in the housing groups and attempt to develop the concept of group living as a viable alternative.
28. Compare the capacities for independent living of long-term and recent shelter residents.
29. Develop techniques for improving ability to interact socially.
30. Assess satisfaction with shelter operations and services in relation to actual variation in shelters and services. Compare satisfaction with the new housing to previous level of satisfaction with the shelter and services.

APPENDIX

Reliability Coefficients

	<u>Alpha</u>	<u>N items</u>	<u>N cases</u>
MANAGE	.77	9	62
SHELSAT	.81	9	52
PREF	.71	3	
MOVE	.70	3	
DRINK	.54	5	
DRUGS	.44		
PHEALTH	.58	3	
MHI (OVERALL)	.94	39	55
ANXIETY	.85	7	55
DISTRESS	.92	14	55
WELL-BEING	.81	7	55
BELONGING	.62	5	55
COGNITIVE	.75	6	55
ISEL (OVERALL)	.82	38	48
APPRAISAL	.72	9	48
BELONGING	.46	10	48
TANGIBLE	.67	9	48
ESTEEM	.39	10	48

Factor Analyses

MHI (Factors with eigenvalues GE 1.50)

Factor I, Distress: Eigenvalue = 13.1, % Var.=33.7

Loadings GE .4

Moody&Brooded, Downhearted&Blue, Rattled&Upset, Nothing to look forward to, Depression interfered, Down in dumps, Feel left out, Restless&fidgety, Better off if dead, Low or very low spirits, React slowly to things, Feel depressed, Losing mind/control, Feel isolated, How depressed at worst, Bothered by nervousness, Felt like crying, Difficulty calming down

Factor II, Well-Being: Eigenvalue = 4.3, % Var.=11.0

Loadings GE .4

Love relationships full, Felt loved&wanted, Living an adventure, People close to, Cheerful&lighthearted, Been happy person, Generally enjoyed things,

Factor III, Anxiety: Eigenvalue = 2.5, % Var. = 6.5

Loadings GE .4

Very nervous person, Anxious or worried, Tense&high strung, How depressed at worst, Feel depressed

Factor IV: Eigenvalue = 2.0, % Var. = 5.2

Loadings GE .4: Think about taking life, Emotionally stable, Bothered by nervousness, Low spirits, Feel depressed

Factor V: Eigenvalue = 1.6, % Var. = 4.0

Loadings GE .4: Felt like crying, Feel left out, Better off if dead, How depressed at worst,

ISEL (Factors with eigenvalues GE 1.50)

Factor I, Appraisal: Eigenvalue = 6.0 % Var. = 15.7

Loadings GE .4

Advice about sex, Share most private worries, Trust to give good financial advice, Objective feedback about handling problems, Good advice about family crisis, Few friends would give good advice if family crisis, Someone would look after things if out of town, Someone I can turn to if personal problem

Factor II, Belonging: Eigenvalue = 4.8 % Var. = 12.6

Loadings GE .4

Drive me to doctor, Enjoy the same things, Talk when feel lonely, Talk with family members, Someone takes pride in my accomplishments, At least one person whose advice I trust, Friends feel I'm not very good at helping them.

Factor III: Eigenvalue = 2.7 % Var. = 7.1

Loadings GE .4

Bail me out of jail, Advice about handling household hassles, Find someone for lunch, Call if stranded

Factor IV, Self-esteem: Eigenvalue = 2.6 % Var. = 6.8

Loadings GE .4

Do things as well as most, Someone takes pride in my accomplishments, Invited to do things, Could find help with chores if sick

Factor V: Eigenvalue = 2.1 % Var. = 6.8

Loadings GE .4

Few people I trust to solve problems, Several people enjoy spending time with, Borrow a car, Help with daily chores if sick, Find anyone to take me to train

Factor VI: Eigenvalue = 2.0 % Var. = 5.2

Loadings GE .4

Hard time keeping pace with friends, Throw birthday party for me, Help moving to new home, Find anyone to take me to train, Someone get me if stranded, Friends more interesting

Factor VII: Eigenvalue = 1.8, % Var. = 4.8

Loadings GE .4

More satisfied with my life than most, Easy to find someone to have lunch with, Several people enjoy spending time with, Closer to my friends than most

Factor VIII: Eigenvalue = 1.6, % Var. = 4.3

Loadings GE .4

Most friends more interesting than I, Most people think highly of me, At least one person whose advice I trust, Most friends more successful at changes than I, Closer to my friends than most.