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FAITH AND HOMELESSNESS: EXAMINING THE INFLUENCE OF THE FAITH-
BASED COMPONENT OF A TRANSITIONAL HOUSING PROGRAM ON THE
ATTITUDES AND BEHAVIORS OF HOMELESS MEN

by

Douglas E. Luffborough, III

A dissertation submitted in partial fulfillment
of the requirements for the degree of

Doctor of Philosophy

May 2017

Dissertation Committee

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UNIVERSITY OF SAN DIEGO
SCHOOL OF LEADERSHIP AND EDUCATION SCIENCES

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TITLE OF
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INFLUENCE OF THE FAITH-BASED COMPONENT
OF A TRANSITIONAL HOUSING PROGRAM ON THE
ATTITUDES AND BEHAVIORS OF HOMELESS MEN

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ABSTRACT

Homelessness is a social and public policy concern. In the United States, homelessness is a problem with multiple and complex causes that include mental illness and the effects of physical, economic, and social conditions such as extreme poverty, exposure to the elements, mental and substance abuse disorders, malnutrition, and victimization. Transitional housing is a temporary option offered as a response to homelessness, recognizing that if individuals are provided with shelter, they may be supported in their attempt to achieve self-sufficiency.

There is some evidence that supports the benefits of federally funded transitional housing programs, but to date, few studies have been conducted on *faith-based* transitional housing programs. These programs often suffer from limited resources and rely instead on providing a faith-based continuum of care to help the homeless achieve independence.

This mixed-methods study was designed to examine how one faith-based transitional housing program facility located in Southern California was able to change the attitudes and behaviors of homeless men regarding their lives and their propensity to remain homeless. A pre- and post-survey was administered to 108 homeless men. The men were also observed as they participated in the program activities over a 9 month period. Ten interviews were conducted with a subgroup of those surveyed to explore from their perspective how this faith-based intervention approach supported and/or challenged their recovery.

Findings suggest that the attitudes and behaviors of the homeless men who participated in the program were changed, especially those who were in the program for 9

months or more. The majority of the men attributed the change to the faith-based focus of the program. Differences emerged, however, between the men who were in the program for 9 months or more versus those in the program less than 9 months. Nine-month or more participants claimed that they were willing to “surrender” their old ways of thinking and living. In contrast, participants less than 9 months were unable to relinquish their former lifestyle. This failure was related to individual pride and/or challenges with addictions. This study provides important lessons for faith-based organizations aiming to develop specific strategies of care that support the needs of homeless men.

DEDICATION

Thank you LORD! He had plans for me—plans to prosper me, to give me a hope and a future (Jeremiah 29:11). Each step of the way, God was there and knew my end from my beginning. TGBTG (To God Be The Glory)!

To my wife, Claire: Thank you for being with me and supporting me on my life's quest to receive my PhD and terminal degree. The years of sacrifice did not go unnoticed, and I still believe the best is yet to come!

To my children, Makenna, Micaela, Dougie, Meilani, and Faith-Lily: Always remember that education is power, and once you have it, it is yours forever. Your Daddy finally did it, and thank you for your support throughout the years . . . you are next!

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My wife and children—Over the past 7 years, you sacrificed time away from me as I studied, attended classes, and ultimately worked to complete this dissertation. The hundreds of hours spent away from you helped me realize what matters most—family! I look forward to the thousands of hours I get to make up with each of you. I have an announcement: “I love my family.”

My mother—I appreciate the foundation you set when you told me that education is the key to my future—a way out of poverty. Thank you for your never-ending prayers and believing that God would make a way out of what seemed like no way. You pushed me from day one and never gave up on me, and I love you for that.

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volunteers is a Godsend to many homeless men on a spiritual journey to discover a new life.

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CHAPTER ONE

INTRODUCTION

Manny is a 52-year-old Hispanic male from San Diego, CA. He grew up in poverty in a single-parent household. After completing high school, Manny started working a minimum wage job, where he met his wife. In the middle of the economic recession of 2007, Manny lost the only job he had had since high school. As he had been the primary breadwinner of his family, the lack of employment took its toll on Manny, his wife of more than 25 years, and their three teenagers. The once-happy marriage they had had deteriorated, and Manny's wife and children moved in with his wife's relatives in hopes that he would eventually find employment and be able to provide stable housing for himself and his family. Manny found himself sleeping in his car during the night and looking for work during the day. The relationship with his wife became worse, and eventually Manny's wife filed for divorce.

The divorce destroyed Manny's hope and confidence in himself, and he lost his motivation to continue looking for work. To erase his pain, he turned his time and attention to using drugs and alcohol. Manny could not keep up with his car payments and thus lost his car, and he felt his only alternative was to sleep on the streets. His wife wanted nothing to do with him at this point, and his children disowned him as an unfit father. Attempting to make ends meet and needing money to sustain his drug and alcohol addiction, Manny ended up trying to rob a local convenience store for money but was quickly arrested by law enforcement. Days turned into months and months into years of living on the streets, frequent basic medical trips to the emergency room, and frequent visits in and out of jail. On one of Manny's trips to jail, he was finally able to sober up

and started to reevaluate his choices and next steps in life. He had to face the harsh reality of not having money, which had led to multiple trips to jail. He decided that enough was enough, and he decided to give his life to God.

With a renewed heart and mind, Manny roamed the streets searching desperately to find an organization that could provide transitional housing and help him with his drug and alcohol addiction so he could get back on his feet again. As Thanksgiving approached that year, someone handed him a flyer offering him a Thanksgiving dinner and a prayer service at the San Diego Rescue Mission (SDRM). Needing a free meal and place to worship, Manny made his way to the organization and learned more about the services provided to the homeless. A representative opened the dinner with a prayer and then told everyone about the services offered by the SDRM.

The next week, Manny enrolled in the two year Men's Center transitional housing program facility. With stable housing and professional counseling support for his drug and alcohol addiction, Manny stayed sober, grew in his relationship with God, and did well in the program, obtaining part-time and eventually full-time employment. Through licensed faith-based counselors, Manny was able to rebuild his strained relationships with his wife and children. Upon his second-year completion of the program, Manny was able to find permanent housing that he and his wife could afford. Every year during Thanksgiving, Manny and his family volunteer their time at the SDRM to serve other homeless families, and he talks to others about how his attitude and behavior changed in a positive way from being in the program and, more importantly, how trusting in God helped him get back on his feet again.

Manny is only one face of homelessness, but his story is similar to those of other

homeless men who attend and eventually graduate from the SDRM Men's Center Program. His narrative was intended to reveal homelessness through the eyes of those who experience it firsthand. As was the case with Manny, many homeless individuals do not get into trouble with law enforcement until they become homeless and find themselves living on the streets with limited options (Rayburn, 2013). The challenges of life on the streets and being homeless will be discussed throughout this study. Primarily, this study was designed to gain a deeper understanding of the changes in attitudes and behaviors of homeless men living in a faith-based transitional housing program facility. Additionally, this study examined the factors that supported or challenged a faith-based intervention approach. Lastly, this study delved into how providing a faith-based approach transforms the dispositions of homeless men living on the streets.

Background of the Study

According to the U.S. Department of Housing and Urban Development (2013), on any given night in the United States, around 610,000 men, women, and children find themselves homeless. On an annual basis, nearly 1.49 million people—one in every 200 Americans—will experience homelessness for at least one night. While these statistics are startling, they do not tell the whole story. The first decade of the new millennium will likely go down as one of the most turbulent in the history of the nation's housing market. Not since the Great Depression has there been such instability in the housing market. According to Case-Shiller data, by 2012 home prices had fallen 33% from when the market began to plummet in 2006, whereas home prices fell 31% during the Great Depression (Baker, 2007). Thousands of families lost their homes and were forced to seek out alternate plans for housing, including moving in with family members/friends,

sleeping in their cars, or living on the streets. The economic recession declared in December 2007 had a profound impact on the number of families that needed to separate in order to find shelter options.

Homelessness in the United States has become a revolving-door crisis. According to Burt et al. (2001), during a year's time, four or five times as many people experience homelessness as are homeless on any particular day. As a result, during a typical year, between 900,000 and 1.4 million children are homeless with their families. Annual homelessness figures exceed 1% of the total U.S. population and may represent as much as 10% of all poor people in this country.

San Diego, California, commonly referred to as America's Finest City, has some of the best weather and most beautiful sandy beaches in the world. One invisible population seldom discussed is that of the homeless, who migrate to the streets of San Diego because of the mild year-round temperatures. According to a report on homelessness administered by the Department of Housing and Urban Development (HUD), San Diego has the third largest homeless population in the nation, surpassed only by New York City and Los Angeles (Fudge, 2012). This study was based on annual counts of homeless populations and a "point-in-time" (PIT) calculation.

Moulton (2013) has pointed out that the homeless PIT data are based on one-night counts of sheltered and unsheltered homeless people conducted in 456 communities across the United States. On specified night, local service providers, past and current homeless people, volunteers, and local law enforcement count the number of homeless "living in places not meant for human habitation" (p. 607). To avoid duplicate counts, homeless counts of sheltered homeless are conducted on the same night.

On the night of January 23, 2014, the San Diego Regional Homeless PIT Count took place. This event is an annual occurrence, and the results of this study help in the planning and allocation of available funding and services that are critical to mitigating the effects of homelessness throughout San Diego County. According to the San Diego Regional Homeless Profile Summary (San Diego County Regional Task Force on the Homeless, 2014), on that particular day, 8,506 people were identified as homeless people living in San Diego County. Further examination revealed that 50% were unsheltered or living in a place not meant for human habitation, 37% lived in a transitional housing program facility, and 13% were in an emergency shelter.

History of the San Diego Rescue Mission

Founded in 1955, the San Diego Rescue Mission (SDRM) is a faith-based, nonprofit organization that responds to the needs of homeless men, women, infants, and children by reaching out and touching lives—helping them to find hope for their future. Today, the SDRM is one of the largest rescue missions in the state of California, bringing hope, faith, love, and a sense of community to the homeless population. The SDRM provides the critical first step for those seeking a new life and a link between the chaos of living on the street and the stability of gainful employment and independent living. According to the SDRM (2015), the mission of the organization is to spread the good news of salvation through Christ by serving the needs of the poor, addicted, abused, and homeless, thus improving the quality of their lives. Located in a centralized facility near downtown San Diego, the SDRM provides residential rehabilitation services for up to 350 homeless people at one time, invaluable emergency services to women and children in need and in crisis, skilled therapy and case management for homeless prevention and

treatment, and services in an otherwise underserved neighborhood in San Diego. It also operates a 28-bed Recuperative Care Unit for homeless men and women.

The SDRM's goal is to present this opportunity to every man and woman seeking a better life through the Rescue Mission and to equip them with the tools they need to succeed and prepare for whatever their futures bring—free from addictions and abuse. Considered a leading agency in the nonprofit faith community, the SDRM partners with a variety of other organizations to enhance services to homeless men, women, and children. It also works with the Health and Human Services Agency to reunite mothers with their children. The SDRM works with the County of San Diego and serves as a portal for homeless families offering information regarding permanent housing or rehabilitation services. In addition, the women and children who stay in its emergency overnight shelter receive case management services. Additional partners include Mercy Hospital, County Mental Health, Crisis House, Comprehensive Health Center, Alliant University, Bethel University, and the University of San Diego.

Programs of the SDRM

The SDRM provides six comprehensive faith-based services (SDRM, 2015). Most salient across all programs is its infusion of a faith-based curriculum and program design that includes programs such as Celebrate Recovery (a faith-based 12-step alcohol and drug intervention program), daily chapel, Bible studies, and anger management and work-readiness classes that include prayer and daily devotionals. The overall programs that integrate this curriculum and program design are as follows:

- **Recovery Program for Men:** This is a two-year, state-licensed program that offers treatment in the following areas: chemical dependency, anger

management, personal growth, relapse prevention, and life skills, including literacy and financial management.

- **Recovery Program for Women and Children:** This program focuses on women and children and provides much of the same assistance to women as the Men's Center Program, but it adds critical information regarding how to overcome domestic violence and prostitution. This program also emphasizes effective parenting, family reunification, drug and alcohol recovery, job training, and individual and group therapy sessions.
- **Nueva Vida Haven, Emergency Overnight Shelter for Women and Children:** This is an emergency overnight shelter for those escaping the dangers of the streets, domestic violence, prostitution, drug addictions, mental illness, or other abusive situations. Nueva Vida Haven has the capacity for up to 60 women and children, with a 30-night maximum.
- **Outpatient Therapy Clinic:** This clinic exists to provide free clinical therapy and case management services to the homeless, those at risk of homelessness, and those at or below the poverty level who could not otherwise afford treatment. The clinic provides services to approximately 100 clients per week and also serves as an outreach tool for entry into the Mission's long-term programs and support for the graduates.
- **Recuperative Care Program:** This program offers short-term housing, meals, case management, and supportive social services to chronically homeless persons while they recover from acute illnesses or injuries. The program facilitates the coordination of medical services and follow-up care with

medical service providers to assist in patient recovery and decrease reliance on costly emergency department services and hospitals.

- Partners for Hunger Relief: This program collects and redistributes unused food from local restaurants, catering companies, major event venues, and grocery stores to the homeless so that each day thousands of pounds of good food do not go to waste.

According to its website, the SDRM (2015) spends 86% of its operating budget on direct programs and services and only 14% on administration and development costs. The SDRM has 93% unrestricted funds from donors; 5% from businesses, corporations, civic and fraternal organizations, and churches; and 2% from foundations. In 2014, the SDRM reached the following outcomes:

- more than 481,800 meals served;
- more than 160,600 nights of safe shelter;
- countless hours of daily Bible studies, education classes, and job training;
- nearly 3 million pounds of food picked up and shared with other agencies throughout San Diego that feed hungry people; and
- 31,200 hours of childcare and education for toddlers and infants who might otherwise spend their days on the streets.

Problem Statement

Frequent episodes of homelessness are both a social and a public policy concern. If not resolved, the effects of homelessness can become a detriment to communities that negatively influences an individual's mental, physical, and social well-being and affects social interactions with others (National Coalition for the Homeless [NCHb], 2004;

National Law Center on Homelessness and Poverty [NLCHP], 1997; Phelan, Link, Moore, & Stueve, 1997; Saelinger, 2006). Issues of homelessness throughout the United States are not a new phenomenon. In fact, much research has been done on the topic, and the government has invested billions of dollars in addressing ways to help end homelessness. However, despite the billions of dollars invested, cities throughout the United States continue to struggle with the often systemic and deeply rooted issues of homelessness, and San Diego is no exception.

For decades, faith-based organizations have traditionally served the homeless population without significant government contracts and in some instances have assisted on a micro-level to end homelessness. Organizations such as the Rescue Mission, the Salvation Army, and Catholic Charities have historically provided a faith-based mission and vision dedicated to serving the poor, hungry, and homeless populations throughout society, offering the spiritual, emotional, physical, and social services required to help those in need.

Due in part to this long history of providing quality services, faith-based programs attracted the attention of the federal government. In 2002, President George W. Bush's administration developed the White House Faith-Based and Community Initiatives (FBCI). The FBCI helped to level the playing field and give religious organizations access to billions of dollars of federal government funds to better serve communities.

While larger, more sophisticated faith-based organizations received additional federal funding to provide additional programs and services to support the homeless population, many of the reporting mandates and restrictions not to proselytize, preach, or hold formal church services caused some faith-based organizations to refuse to accept

government funding that could compromise their faith-based mission and programs. The SDRM is one of those organizations. For more than 60 years, it has consistently and tirelessly served the homeless population in San Diego without any federal government funding and thus is free to proselytize and make its faith-based mission the core of the work it does. On one hand, this puts the SDRM in a position to live out its faith-based mission, but on the other hand, the SDRM is financially limited in its impact and ability to help more homeless people in San Diego.

Key questions to consider on this point are the following: What can be learned from faith-based organizations in their efforts to help the homeless, given that they refuse government funding and may be compromised in their mission, religious values, and beliefs? What impact do faith-based organizations such as the SDRM have in changing the attitudes and behaviors of the homeless men living in a faith-based transitional housing program facility? What role, if any, did the faith-based component of the program have on the change in attitudes and behaviors of the homeless men?

Purpose of the Study

The purpose of this mixed-methods study was to examine the influence of the faith-based component of a transitional housing program on the attitudes and behaviors of homeless men. Over the past 9 months, I conducted an in-depth examination of the SDRM Men's Center Program to shed light on what factors supported or challenged the program's faith-based approach to recovery, self-sufficiency, and ultimately placement into permanent housing and what role the faith-based component of the program played in overall outcomes.

Research Questions

The following three research questions set the direction and served as a guide for this study:

1. What attitude and behavior changes occurred for homeless men because of living in a faith-based transitional housing program facility?
2. What factors supported or challenged a faith-based intervention approach?
3. How did a faith-based approach transform the dispositions of homeless men living on the streets?

CHAPTER TWO

LITERATURE REVIEW

The purpose of this literature review is to survey the existing research on homelessness and, more specifically, faith-based organizations that provide services to the homeless population. My aim in this review is to 1) explain and evaluate current research on the issues, 2) show the relationships among different studies as they pertain to homelessness, and 3) show how the existing research relates to the study I conducted and to identify the need for new research not yet explored.

Historical Perspective on Homelessness

According to Farrell (2010), homelessness is ubiquitous in America and started during the antebellum period in the 1800s. In the 1950s and 1960s, the prototype of a homeless person was a middle-aged White male who often suffered from alcoholism (p. 241). By the 1970s and 1980s, a new form of street homelessness had emerged. The new homeless population was heterogeneous, living in poverty, and dealing with symptoms of severe mental illness and substance abuse. Many had a history of psychiatric hospitalization. The population included women and varying ethnic groups such as African-Americans, Hispanics, and Native Americans. The deinstitutionalization movement compounded the rise of the new homeless population (Rossi, 1990; Kusmer, 2002). Deinstitutionalization, which began in earnest in the 1960s, was the term coined for the systemic discharge of long-term residents from state psychiatric institutions back into the community. Many patients who were discharged from state psychiatric hospitals during this time did not receive proper treatment or placement in the community. Many

wound up living on the streets and became a significant part of the chronically homeless (Farrell, 2010, p. 241).

The first major federal response to address the problem of homelessness in the United States was the McKinney-Vento Homeless Assistance Act of 1986. This act consisted of 15 programs that provided a number of services to the homeless, such as job training, health care, education, emergency shelter, transitional housing, and permanent housing (Moulton, 2013).

Ecology of Homelessness

Homelessness cannot be understood or addressed by focusing solely on causal factors and ignoring the social and psychological factors. In other words, to view homelessness only from the perspective of why or how individuals become homeless is seeing only half of the picture. Homelessness is an extremely complex issue, and to understand the complexities involved, the best way to view the literature on homelessness is by understanding this phenomenon through a comprehensive ecological perspective. Human ecology is a branch of sociology. For this dissertation, I will confine my analysis of human ecology as it supports an understanding of the study of homeless people, their environment, and the relation between the two. Therefore, from an ecological perspective, homelessness can be viewed as the result of interactions among risk factors ranging from individual conditions to socioeconomic structures and environmental circumstances (Baron, 2004; NCH, 2007a; Nooe & Patterson, 2010; Toro, Trickett, Wall, & Salem, 1991). To ignore one half of this interaction is to misinterpret homelessness.

Nooe and Patterson (2010) have indicated that the best way to show the individual, social, and environmental complexities of homelessness is to develop a

conceptual model that is “intended to articulate a gestalt of homelessness not only recognizing the constituent parts of the phenomenon but offering a map of the dynamic interactions of the elements of the model” (p. 106). In this model, the four primary factors that account for or construct homelessness are 1) biopsychosocial risk factors, 2) individual and social factors, 3) temporal factors, and 4) housing status. Each has a domino effect on the other, and, over time, episodes of homelessness result in individual and social consequences, which are commonly detrimental to personal well-being and negatively affect social interactions within family dynamics and the community (NLCHP, 1997; NCH, 2004; Phelan et al., 1997; Saelinger, 2006). Appendix A illustrates this complex model of the ecology of homelessness.

Biopsychosocial Risk Factors

As studied by the National Coalition for the Homeless (2007), biopsychosocial risk factors encompass a broad range of elements, including individual biology and development and circumstances such as poverty, along with many facets relating to housing availability and stability. From a personal standpoint, these risk factors include age, military experience, marital status, social support, foster care, family conflict/violence, sexual abuse, incarceration, mental illness, maltreatment, health status, education, substance abuse, and minority status. From a structural standpoint, risk factors include family housing instability, loss of jobs, poverty, loss of public benefits, housing costs and availability of affordable housing, deinstitutionalization, health care costs, discrimination, and low wages.

Individuals with long periods of homelessness often suffer from poor health and lack adequate access to health care, hampered by a lack of health insurance. These

barriers to health care translate into high health care costs for providers and funders of services. When their common illnesses and injuries go untreated, members of the chronically homeless population incur increased visits to the emergency room and acute care admissions. Rickards et al. (2010) shared in detail the varying health disparities that develop from being chronically homeless:

Individuals experiencing homelessness suffer from chronic and acute health conditions that may be caused or exacerbated by homelessness, including respiratory disorders (such as tuberculosis and chronic lung disease), cardiovascular diseases (such as hypertension, peripheral vascular disease, and cardiac arrhythmias), ulcers, frostbite and hypothermia, skin diseases, diabetes, liver disease, dental and periodontal disease, genitourinary tract infections, seizures, cancer, human immunodeficiency virus/AIDS, cognitive impairments, and traumatic injuries due to assaults, falls, and accidents. Individual and systemic barriers to adequate health care for persons experiencing chronic homelessness contribute to significant disparities in health outcomes and mortality rates. (p. 152)

Farrell (2010) indicated that there is a paradox of chronic homelessness where the chronically homeless have a conscious desire to leave homelessness but an unconscious familiarity with living on the streets. Therefore, many among the chronically homeless population who agree to transitional housing settings stay for only a short period before returning to the familiarity of their life on the street. Again, this unconscious decision can often manifest itself through sabotaging or missing appointments, walking out of short-term placement settings, and avoiding case managers or outreach workers.

Individual and Social Factors Contributing to Homelessness

Individual factors that affect homelessness include health impairment, substance abuse, mental illness, social isolation, sexual abuse, maltreatment, criminal activity, the criminal victim, self-harm, job loss, and death. Social factors include poverty, property crime, prostitution, street violence, public inebriation, panhandling, public health, community philanthropy, and community discord (Bass, 2009).

The chronically homeless population is at risk for arrest and incarceration. Rickards et al. (2010) reported that 54% of homeless clients had been incarcerated as a result of panhandling restrictions, laws that regulate public sleeping or camping, and anti-loitering ordinances. Many homeless people are subject to arrest for disorderly conduct offenses such as public drunkenness and urination, or for other, more serious misdemeanors and felonies. Those who are homeless also have contact with the legal system due to their high rates of victimization. Many homeless individuals are victimized while homeless, including robberies, physical, and sexual assaults (p. 152).

The Temporal Dimension

The duration over which people become homeless can be just one day or multiple years. Nooe and Patterson (2010) reported that “homelessness is a phenomenon of variable duration” (p. 130), individuals, and families might experience homelessness over the course of a single evening or over multiple years. Commonly used terms within the homeless research that describe the duration of homelessness are *first-time*, *episodic* (from time to time), and *chronic* (extended period). The chronically homeless population is known to have been in a shelter for two years or living on the streets for more than 3 months (McNaughton-Nicholls & Atherton, 2011, p. 769). However, Moulton (2013) reported that according to the Department of Housing and Urban Development (HUD) a person is classified as chronically homeless if he or she is “an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years” (p. 600). In 2005, an estimated 170,000, or 23% of the 754,000 homeless people in the United States, were deemed chronically homeless (Moulton, 2013).

Serving the chronically homeless population can be costly because of frequent visits to the emergency room for non-emergency room health-related concerns, chronic substance abuse problems, severe mental illnesses, HIV/AIDS, or other serious health problems. Moulton (2013) reported that the average cost of services for the chronically homeless is around \$44,773. Helping the chronically homeless can be cost effective and should be of interest to service providers, policymakers, and researchers for a number of reasons. It is estimated that about \$1.2 billion a year is provided to the Continuum of Care (C of C) system toward helping the homeless. Changes in chronic homelessness can affect social welfare through changes in crime, urban decay, property values, or use of other public programs (pp. 600–602).

Most homeless people are transitionally homeless, meaning that they are poor people with a lack of resources or bad timing or they are temporarily residing in a shelter or living on the streets (Bass, 2009). Traditionally, women and children have been considered the most vulnerable and have received the priority of services. Chronically homeless men among the homeless population are the last group on the totem pole to receive services and have limited options available, often leading to a life on the streets. In recent years, homeless advocates have acknowledged that chronically homeless men have been left behind (Farrell, 2010).

Housing Status

For the homeless population, one's housing status can be viewed through multiple lenses and take on many forms from one night to another in the following ways: street dwelling, shared dwelling, emergency shelter, transitional housing, inpatient substance abuse treatment, jail/prison, permanent supportive housing, or permanent housing. Bass

(2009) has observed that having someone in housing “saves the cost of emergency hospital services, drug, and clinical alcohol treatments, mental health emergency services, and jail stays” (p. 315).

To address the needs of the homeless, the federal government (Housing and Urban Development, or HUD) adopted a *Housing First* approach to respond to homelessness. This approach provides homeless individuals with a permanent residency to call home. In this model, rather than requiring homeless individuals to become “housing ready,” housing is viewed as an essential component—a human right. The United Nations Universal Declaration of Human Rights recognized housing as a basic human right. What is unique about *Housing First* is the fact that clients, as stated by McNaughton-Nicholls and Atherton (2011), “do not have to address their addiction or engage with substance misuse services to obtain or maintain an apartment” (p. 771). Clients can continue to misuse substances or have severe mental illnesses such as bipolar disorder, psychotic depression, schizoid, schizotypal personality disorders, and schizophrenia and still qualify for the *Housing First* program.

The current challenge that housing providers have with this model is the fact that housing is considered a universal right as opposed to an earned privilege. Current transitional housing programs offer housing for homeless participants who have maintained their sobriety or live drug-free lives. In fact, as Waegemakers Schiff and Schiff (2014) indicated, in these kinds of programs, “independent housing without on-site supervision was reserved as a reward for those who demonstrated adequate skills for independent living” (p. 81).

Culhane and Metraux (2008) argued that *Housing First* can be viewed as a policy that provides the means to “save” people from homelessness by diverting resources into permanent housing, helping the chronically homeless but doing very little to prevent the ongoing downward spiral of living in poverty (p. 111). McNaughton-Nicholls and Atherton (2011) also agreed that when homeless people with multiple needs are housed, they are unlikely to find that other problems disappear, such as poverty, substance abuse, or mental illness (p. 774).

Faith-Based Organizations and Homelessness

Homelessness in the United States is a problem with multidimensional causes, and faith-based organizations historically have met a critical need for the homeless population. Religious groups have a long history of transforming the lives of homeless individuals and helping them rise out of the shadows of poverty and despair. According to Bass (2009), since the mid-1800s, the Salvation Army has been revered as one of the most venerable faith-based providers throughout the nation. Its aim is to help, serve, and lead people to Christ and connect them to a local church for further spiritual guidance. To this day, “this street outreach has been a hallmark of the Salvation Army . . . , and the organization has had the greatest impact on homelessness of any other provider, public or private” (Bass, 2009, pp. 317–318). When tragic events or natural disasters happen, the first groups that provide support and help are often faith-based organizations.

Faith-Based and Community Initiatives

Despite efforts by the federal government to battle social suffering, homeless people still suffer from poverty and need help getting back on their feet. The federal government has not often been willing to support or partner with faith-based

organizations. However, when George W. Bush became president, he developed the White House Faith-Based and Community Initiatives as one of his top domestic priorities (Bush, 2002).

The Faith-Based and Community Initiatives' primary mission was to strengthen faith-based and community organizations and expand their capacity to provide federally funded social services to local individuals. This initiative allowed eligible religious organizations to receive billions of dollars in federal grants to provide social services. President Bush believed that faith-based organizations should be permitted to compete on a level playing field, as long as they obeyed federal and legal requirements (Bush, 2002). Some of those restrictions shared by Sloan and Grizzle (2014) included the following: 1) That faith-based organizations may not use direct government funds to support inherently religious activities such as prayer, worship, religious instruction, or proselytization; 2) Any religious activities that the organization offers must be offered separately in time or location from services that receive federal assistance; and lastly, 3) faith-based organizations cannot discriminate on the basis of religion when providing services (p. 51).

Mission Drift

When it comes to supporting government-funded faith-based organizations serving the homeless, the literature is mixed. In contrast to Bass's (2009) view on the benefits of faith-based organizations and the services they provide to the homeless, Tanner (2001) has indicated that additional government funding for religious organizations causes many faith-based organizations to experience mission drift that results in losing their religious character—destroying the very essence that made them so

successful. According to Tanner, “Government dollars come with strings attached and raise serious questions about the separation of church and state” (2001, p. 1). Minkoff and Powell (2006) have referred to mission drift as “the process through which organizational goals can be deflected or sacrificed in the interests of organizational survival, or as the result of a loss of focus” (p. 592). Mission drift reflects the core challenges of maintaining solvency and purpose. Minkoff and Powell further stated that faith-based organizations face the difficulty daily of juggling fidelity to a mission with achieving fiscal stability, and often the size and age of a religious organization strongly influences the extent to which it maintains fidelity to its mission. New or younger religious organizations just starting out should focus first on their mission before applying for government funding with strict reporting requirements.

Faith-based organizations are often faced with the dual task of achieving mission-related goals while maintaining a healthy financial condition that ensures organizational survival (Carroll & Stater, 2008). When this happens, business structures and methods often pull faith-based organizations away from their original mission. Faith-based organizations that develop programs intended to serve the poor, disadvantaged, or disenfranchised may find that it is easier to generate fees or contracts by helping clients who are less disadvantaged than to raise funds to subsidize their charity work (Dees & Anderson, 2003). Losing focus on one’s mission can dilute the services being provided and confuse the public as to the public benefit being provided to the community. For the faith-based community, integrity and a good reputation can make or break community trust when the mission is not clear or external priorities from accepting government funding take priority.

Federal funding may also encourage the legitimacy of a faith-based organization in the eyes of other donors and therefore may be the catalyst for more private giving (Smith & Gronbjerg, 2006). While many faith-based organizations welcome these funds to help accomplish and sustain their missions, Sloan and Grizzle (2014) said “they are most often accompanied by increased reporting and evaluation requirements that tax organizational infrastructure, essentially increasing administrative responsibilities that can take time away from program activities” (p. 45). Because of the potential for government influence by having to process enormous amounts of paperwork to comply with restrictions in allocating government funds, faith-based organizations, as Tanner (2001) has explained, “may end up spending more time reading the Federal Register than the Bible” (p. 1). Sider (2005) also confirmed that there might be a danger that over time, government funding and regulations will slowly secularize faith-based organizations (p. 497).

These are some of the major reasons why the SDRM accepts no government funding to subsidize programming. The SDRM wants the freedom to pray, read the Bible, and proselytize to all participants who enter its doors because philosophically it maintains a profound belief that faith and spirituality make the difference in helping homeless men get back on their feet and into permanent housing.

Although there is a wealth of literature on homelessness and faith-based programs, very few studies have examined the change in attitudes and behaviors of homeless men living in faith-based transitional housing program facilities. There are even fewer studies focused on faith-based programs that by principle choose not to accept federal government funding—programs such as the SDRM. This significant gap in the

research on examining the change in attitudes and behaviors of homeless men living in faith-based transitional housing programs without government funding points to the need for this study.

CHAPTER THREE

METHODOLOGY

The purpose of this mixed-methods study was to examine the attitudes and behaviors of homeless men living in a faith-based transitional housing program facility. This case study was an in-depth examination of the San Diego Rescue Mission (SDRM) Men's Center two-year transitional living program, and it shed light on the factors that supported or challenged a faith-based approach to recovery, mental health services, self-sufficiency, and placement into permanent housing. The three research questions that served as guideposts for this study were the following:

1. What attitude and behavior changes occurred for homeless men because of living in a faith-based transitional housing program facility?
2. What factors supported or challenged a faith-based intervention approach?
3. How did a faith-based approach transform the dispositions of homeless men living on the streets?

These questions were answered using a mixed methodology approach that included administering pre- (142) and post- (108) surveys to men who chose to participate in this study. Individual interviews were conducted with a subgroup of men, five who had been in the program for 9 months or more and five who had been in the program for under 9 months.

Based on the comprehensive conceptual understanding that I developed through the literature review, the methodology for this study was designed to gather information to answer my research questions. I employed a mixed-methods study, which, as Rayburn (2013) has pointed out, helps in providing real-world answers to practitioners in many

different fields interested in homelessness, with the understanding that one method will not provide the depth of knowledge required to address the complexity of homelessness. Furthermore, according to Tashakkori and Teddlie (2003), “Mixed-methods researchers have recently been arguing that to handle the rising requests for complexity in the social science world, research must move beyond the qualitative–quantitative dichotomy” (p. 61). By making use of mixed-methods, this study gives a more thorough understanding of the attitudes and behaviors of homeless men living in a faith-based transitional program facility.

The mixed-methodology for this study consisted of three main parts: 1) pre-surveys, 2) post-surveys, and 3) individual interviews with a subgroup of participants. The phases, displayed in Table 1, were employed over a 9 month period, and document analysis was attended to throughout the study.

Table 1

Study Timeline

Phases	Tasks
Phase 1	Conducted pre-surveys (142) (Self-designed instrument)
Phase 2	Conducted post-surveys (108)
Phase 3	Subgroup individual interviews

Positionality

Takacs (2003) has observed, “When we develop the skill to understanding how we know what we know, we acquire a key to lifelong learning” (p. 28). An important factor Takacs has emphasized about positionality is that “only by listening to others can I become more aware of the conceptual shackles imposed by my identity and experiences” (p. 29). As the oldest son of a housekeeper, I grew up in a single-parent household without the presence of a father. The lure of gangs and the realities of living on the streets as a homeless teen caused many social, psychological, and physiological barriers that presented immense challenges and pain in my life. Unfortunately, the only constant in my life of turmoil was the presence of substance use and physical and verbal abuse. I come from a family of alcoholics. My father and stepfather were alcoholics, and their drinking episodes led to forms of domestic violence and child abuse in my home—ultimately leading to the breakdown of what I considered my family unit. Understanding the predictive factors and the role of genetics influencing drug use, I was aware that this might be a family concern and not just an individual one.

One of the most difficult times in my life was during my senior year in high school. Due to domestic violence and infidelity, my family became homeless for most of my senior year. I know what it is like to be homeless. I know what it is like to sleep on the streets, in a shelter, or on the couch in the basement of a friend’s house. This experience of being homeless shaped both my internal and external views of how I see the world around me and my position in it. My reason for studying the topic of homelessness is deeply rooted in my personal experiences with it. Because of my lived

and visceral experience of being homeless, I can both sympathize and empathize with the participants in this study.

Banks (1998) developed a typology of researchers, conceptualizing different kinds of researchers within nonmainstream communities. In Table 2, one column shows the type of scholar and the next column describes the characteristics associated with that type of researcher.

Table 2

Typology of Researchers in Nonmainstream Communities

Type of scholar	Description
The indigenous-insider	This individual endorses the unique values, perspectives, behaviors, beliefs, and knowledge of his or her indigenous community and culture and is perceived by people within the community as a legitimate community member who can speak with authority about it.
The indigenous-outsider	This individual was socialized within his or her indigenous community but has experienced high levels of cultural assimilation into an outsider or oppositional culture. The values, beliefs, perspectives, and knowledge of this individual are identical to those of the outside community. The indigenous-outsider is perceived by indigenous people in the community as an outsider.

Table 2 *cont.*

The external-insider	<p>The individual was socialized within another culture and acquires its beliefs, values, behaviors, attitudes, and knowledge. However, because of his or her unique experiences, the individual rejects many of the values, beliefs, and knowledge claims within his or her indigenous community and endorses those of the studied community. The external-insider is viewed by the new community as an “adopted” insider.</p>
The external-outsider	<p>The external-outsider is socialized within a community different from the one in which he or she is doing research. The external-outsider has a partial understanding of and little appreciation for the values, perspectives, and knowledge of the community he or she is studying and consequently often misunderstands and misinterprets the behaviors within the studied community.</p>

Note. Adapted from “The Lives and Values of Researchers: Implications for Educating Citizens in a Multicultural Society,” by J. A. Banks, 1998, *Educational Researcher*, 27(7), p. 8.

For the purpose of this study, I viewed myself as an indigenous-insider. I am aware, however, that many of the participants initially thought I was an external-outsider. My hope was that, as they got to know me, they would also consider me either an indigenous-insider or an external-insider and feel comfortable participating in the study.

Although I have been homeless, I do not want to assume that I know what homeless people need, how they feel, or in this case, what it takes to end homelessness. I wanted to make sure that my research findings were authentic, and I did not want to make the participants say what I wanted them to say but rather sought to have the conclusions naturally emerge from an objective approach to conducting this study.

Document Analysis

Along with the pre- and post-survey and interview data, document analysis allowed me to triangulate my findings. I was granted permission and full access to certain SDRM organizational documents such as curriculum and organizational manuals, grant information, and collateral materials that provided additional background. One advantage to having access to documents was that I was able to obtain the history and other background information regarding the programs and services that the SDRM offers. One downside of document analysis was that sometimes information was in different sources or locations, making the information hard to find or access (Creswell, 2014). Also, some of the information was subjective and written from a particular perspective, for a particular reason and a particular audience. To overcome this challenge, periodically I met with the senior staff to review the progress of my research and to question, challenge, or clarify the information I was reviewing. The senior staff helped me by member checking the source and purpose of the documents that I reviewed and included in this study.

Group Observations

In April 2016, I had the opportunity to speak with most program participants one morning just before chapel. I shared the purpose of my story and administered pre-

surveys to more than 100 participants in different stages in the program willing to participate in the study. Due to the transient nature of the population and in order to stay connected with each participant, it required that I be present on site more than I had originally anticipated. I initially expected to be present if participants decided to leave the facility so they could complete their post-survey and possibly have the opportunity to interview. I also planned to be present to meet with new participants joining the program each week, but, after numerous conversations with staff, it was decided that if I were to have the opportunity to engage with the men, I needed to attend an evening chapel. All the participants were mandated to attend, unless they were working, were in counseling sessions, or had medical appointments. Chapel was held three times a day (early morning, noon, and night), 7 days a week. I chose to attend chapel once a week because it became readily apparent that it helped me develop relationships with many participants and cultivate their interest in and willingness to participate in my study.

During the week, the Men's Center director and staff conduct chapel services, but during the evening hours and weekends, volunteer ministries throughout San Diego County lead chapel services. The services were run like typical Christian-based church services, starting with a praise and worship celebration, then the collection of a tithe or offering, then delivery of the main message or sermon, and finally an invitation to receive altar call.

While at chapel, I conducted group observations to observe the environment, process, and messages covered during chapel. I attended weekly chapel sessions (up to 36-weeks) throughout the duration of the study, sometimes attending more than once a week. Before and after chapel, I had an opportunity to enroll new program participants

into my study. I did not participate or socialize in the group interactions after chapel. I acted solely as an observer. Before, during, and after each chapel session, I found myself reflecting on and journaling both what I observed from chapel and my thoughts and feelings in relation to my positionality and my research questions.

I was not involved myself in the process (observer researcher) but instead sat in the back of the hall taking field notes and observing the group behavior and process. I went into chapel open minded, without an agenda, and jotted down notes and thoughts on one side of the paper and my observations on the other side. Creswell (2014) pointed out that some advantages to group observations are the fact that the researcher receives firsthand experience with participants; I recorded information as it was happening in real time and noted unusual aspects that occurred during observations. However, there were some limitations to group observations, in part because some participants found my presence as an observer researcher intrusive and even disruptive to the group. Some participants pulled staff members aside to inquire about my purpose for being there. I assured them that their comments were private and that any information they did not want reported would be excluded from this study (Creswell, 2014, p. 109).

Sitting in the room with more than 100 homeless men was a powerful and humbling experience. Throughout the time, I kept thinking about their stories, their families, and their futures. I usually just sat in the back and did not speak unless spoken to by staff or participants. After staff members introduced me several times, most of the men started greeting me when they saw me. During the start of chapel, the mood in the room was sober, and participants generally sat in the same seats from the night before. The heaviness of the day slowly but surely started to lift as the praise and worship band

started to play. One by one, men started to stand and raise their hands to the ceiling in reverence to God.

As I mentioned earlier, I had intentions of disconnecting from the chapel experience and just observing, but, the next thing I knew, I was on my feet with my hands held high in the air joining them in worship. It was not planned, it was not rehearsed, and in that instance, I felt as if all eyes were on me as the men who saw me gave me thumbs up and nodded their heads in agreement. I believe this earned me some credibility as, after chapel, many participants hung out and fellowshiped with one another and they included me in that fellowship. My desire to be an indigenous-insider was formed through my chapel experience.

After chapel was the time when I administered extra surveys or spent some time conducting subgroup interviews with graduates or non-graduates. The more often I came to chapel and spent time afterward just talking with the men, the more folks got involved or reached out to me directly. At first, my goal was to attend chapel once a month throughout my study, but I ended up attending chapel almost once every week and some months two or three times per week from April to December 2016. I even had participants email me because they were interested in participating in various aspects of my study. The following are samples of just some of the emails I received:

Doug,
I am a resident at the San Diego Rescue Mission and would like to be a part of your research study so email me back as soon as possible. Thank you for your time.
Sincerely,
Walter

Good morning Doug,
I requested your email info after hearing of your still wanting to interview the remaining people on your list. I would be honored to help in any way. I work

Monday-Friday; usually from around 7 am till 5:30/6pm (give or take). My email is the best way to get ahold of me; then my cell #-listed below. Unfortunately, I'm in meetings a lot, but will respond ASAP. I look forward to meeting with you...GOD Willing!! Have another blessed day.

Sincerely,
John

Participants would reach out to me when I was not at chapel to inquire about my whereabouts and even called my cell phone to notify me if they were leaving the program but wanted to complete their post-survey and, in some cases, be interviewed. When each participant filled out his pre-survey, I handed him my business card and told him to contact me if he was planning to leave the SDRM or graduated from the program. Attending chapel on a regular basis helped me establish rapport with participants, contributing to successfully completing my pre- and post-surveys and conducting all 10 of my individual interviews.

The participants wanted to be a part of this study in part to share their own stories. Homeless individuals are often an invisible population that we see but seldom hear. This study shines a spotlight on the men who took the journey toward recovery and the supports and challenges they received in their efforts to be changed. Many of them claimed they were changed by a faith-based intervention approach and wanted to share their "testimony" with others and me. Others, while admittedly supported by the faith-based component, found it insufficient to create the change they needed to remain in the program and struggled to "surrender" to a new way of living and thinking.

Analytic Memos

I practiced journaling and reflection throughout this study. I focused primarily on synthesizing the information and messages shared in chapel using analytic memos.

Creswell (2014, p. 179) pointed out that analytic memos are similar to research journal

entries or blogs. I created analytic memos after most chapel sessions and other times that I was on site at the SDRM. These memos helped me as a researcher reflect and self-analyze the data collected. As Saldaña (2013) pointed out, it is “a place to *dump your brain* about the participants, phenomenon, or process under investigation by thinking thus writing and thus thinking even more about them” (p. 41). Analytic memos often express what is happening behind the scenes and not just, what emerges through conducting research. For an example of one of my analytic memos, see Appendix G.

To summarize, specific methods used in this study included pre- and post-surveys, subgroup individual interviews, group participant observations, and document analysis. Each method supported my intention to “study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them. . . learning about the problem or issue from participants and to address research to obtain that information” (Denzin & Lincoln, 2005, p. 3).

Homeless Survey Instrument

In order to understand the attitudes and behaviors of the homeless men at the SDRM, one method I employed was administering a pre- and post-survey that answered this question: What attitude and behavior changes occurred for homeless men because of living in a faith-based transitional housing program facility? Colosi (2009) stated that attitudinal questions look at participant perceptions, feelings, or judgments and are collected to assess participant views or changes, if any, over time. For the purposes of this study, behavioral questions helped to identify what people do, will do, or have done in areas related to being homeless and participating in the Men’s Center Program. The focal point of this study was to understand how a faith-based approach to serving

homeless men changed the attitudes and behaviors of their experience of being homeless. More importantly, how did a faith-based approach transform the dispositions of homeless men living on the streets?

In a review of the literature, I discovered only two valid and reliable survey instruments developed to assess attitudes and behaviors toward the homeless population. The first one was the Attitudes Toward Homelessness Inventory (ATHI), and the second one was the Attitudes Towards the Homeless Questionnaire (ATHQ) (Buchanan, Rohr, Stevak, & Sai, 2007). ATHI is an 11-item instrument with four subscales used to assess specific and global attitudes toward homelessness. The ATHQ is a 20-item instrument designed in the United Kingdom to determine the views of medical students and health professionals toward homeless people (Buchanan et al., 2007).

As I conducted an in-depth analysis of the two surveys, I discovered that both were designed to measure the attitudes and behaviors of others' perceptions of homeless people, but not the homeless people themselves sharing their perceptions of being homeless and the attitudinal and behavioral changes that come from being enrolled in a faith-based Men's Center Program. Therefore, due to this gap in the currently available instruments, I designed a unique 20-item survey instrument that takes into account question items from both the ATHI and the ATHQ and used them as a reference guide for developing my questions (10 attitude and 10 behavior questions). In addition, my instrument used a 6-point Likert scale taken from the ATHI survey. Participants' choices included Strongly Agree, Agree, Unsure but Probably Agree, Unsure but Probably Disagree, Disagree, and Strongly Disagree.

Phase 1: Pre-Surveys

The first phase was to design and employ a pre-survey as a starting point to assess demographic and background information and to gain a better understanding of the attitudes and behaviors of the homeless men enrolled in the Men's Center Program at the start of the study. The Men's Center Program currently can enroll up to 200 men. For the purpose of this study, 142 men of the 200 currently in the program voluntarily participated to take a pre-survey at the time of their intake or the start of this research project. Each participant signed a research participant consent form and fully understood the purpose of my study and their role in it. The participants were at various stages in the program, some just starting and some who had been in the program for more than 9 months.

One portion of the survey was used to gather demographic and background information (see Appendix C) such as age, racial/ethnic background, schooling, relationship status, and employment history. The 6-point Likert scale survey was created to cover two domains: 1) 10 questions that measured attitude and 2) 10 questions that measured behavior (see Appendix D).

Phase 2: Post-Surveys

The second phase was to conduct post-surveys of each of the approximately 142 pre-survey participants who filled out surveys at the beginning of the study. At the time the post-surveys were administered, only 108 were collected. The purpose of the post-survey was to determine potential changes, if any, in the attitudes and behaviors of the men in the faith-based program over the 9 month period. Specifically, this post-survey focused on whether the men in the program experienced an attitudinal and behavioral

change in the way they view their situation of being homeless and whether, at the exit of the program, they were less, equally, or more empowered to better their situation regarding ending homelessness and finding permanent housing.

Pre- and post-surveys were scored using a 6-point Likert scale as follows: 6 = Strongly Agree, 5 = Somewhat Agree, 4 = Unsure but Probably Agree, 3 = Unsure but Probably Disagree, 2 = Somewhat Disagree, and 1 = Strongly Disagree. A traditional Likert scale is a 5-point scale with neutral as a choice; however, in the survey I designed, participants could choose undecided but still probably agree or disagree. Of the 20 attitudinal and behavioral questions, 18 followed the 6-point scale score; two had a reverse score based on the question asked. For example, *I am a substance abuser* and *I would steal if I felt it appropriate*: 1 = Strongly Agree, 2 = Somewhat Agree, 3 = Unsure but Probably Agree, 4 = Unsure but Probably Disagree, 5 = Somewhat Disagree, and 6 = Strongly Disagree.

The highest possible individual score per survey was 120 (60 attitudinal and 60 behavioral) and the lowest possible score per survey was 20 (10 attitudinal and 10 behavioral). Change in attitudinal and behavioral pre- and post-assessments was gathered using the average score per question. The same strategy was used to measure the subscales.

Phase 3: Subgroup Individual Interviews

During the third and final stage, I conducted 45- to 60-minute semi-structured individual interviews with 10 of the survey participants. The interview sample included five men who had been in the program for 9 months or more and five men who had been in the program for less than 9 months. Interviews were conducted after the post-surveys

were completed at the San Diego Rescue Mission, located at 120 Elm Street, San Diego, CA, 92101. Individual participant interviews were carried out with the assistance of a portable audio recorder once each participant granted permission. During all interviews, I took notes on participant comments and paid attention to nonverbal cues. Each participant interviewed received a \$10 Starbucks gift card for his time and participation in this study. The majority of the interviews lasted up to 60-minutes, but some went over two hours. All the interviews except one were conducted at the SDRM office after chapel services on site. The one interview conducted outside of the facility was for one former participant who quit the program and was staying at another shelter.

The purpose of the interviews was to conduct a more comprehensive analysis of the information I had analyzed from the surveys, digging deeper into each of my research questions to specifically determine whether, as well as how, the attitudes and behaviors changed or did not change as a result of the men being enrolled in a faith-based transitional housing program facility. Having the opportunity to interview those in the program 9 months or more versus those in the program under 9 months provided me with a profile of what factors supported or challenged a faith-based approach; which aspects of the program worked or were most effective; which aspects of the program did not work; and the social, behavioral, and attitudinal changes, if any, that happened throughout their time enrolled in the transitional housing recovery program. It also allowed me to understand their attitudes and behaviors as they related to the faith-based component of the program.

I asked demographic and background questions first in order to understand the makeup of the population, and then more specific questions related to my research

questions. The questions followed a logical scope and sequence. Sub-questions arose based on the responses received for further clarification or understanding, and I used probes to dig deeper and gain a better understanding of their experiences. Having an interview guide helped me maintain focus and ensured I answered my fundamental research questions (Kvale & Brinkmann, 2009). I constructed a list of 10 questions that guided each interview (see Appendix B).

Data Analysis

Once I collected the data from the surveys and completed the participant interviews, I coded the qualitative data. I used Statistical Package for Social Science (SPSS) to aggregate the quantitative data collected from the pre- and post-surveys.

Coding Subgroup Interviews

Saldaña (2013) has indicated that “a code in qualitative inquiry is most often a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and evocative attribute for a portion of language-based or visual data” (p. 3). Often, the data can consist of interview transcripts, field notes from participant observations, documents, drawings, artifacts, photographs, Internet sites, email correspondence, literature, and so on (Saldaña, 2013). Data from subgroup interviews were coded. According to Strauss and Corbin (1998), “Initial coding is breaking down qualitative data into discrete parts, carefully examining them, and comparing them for similarities and differences” (p. 102). For my first cycle coding, I incorporated in vivo coding. This form of coding can also be labeled as “literal, verbatim, inductive, and indigenous and emic coding” (Saldaña, 2013). I incorporated in vivo coding because I wanted to honor each participant’s voice by coding word-for-word responses that came directly from

participants. This approach validated the authenticity of the data collected and provided rich insight into what was happening directly by those being researched.

My second cycle coding of key informant interviews was pattern and focused coding. Pattern coding, as Saldaña (2013) has explained, develops the “meta-code” (p. 209), the category label that identifies similarly coded data. Pattern codes not only organize the corpus but also attempt to attribute meaning to that organization. According to Charmaz (2006), focused coding follows the process of in vivo coding and searches for the most frequent or significant codes to develop “the most salient categories” (p. 46) in the data corpus and “requires decisions about which initial codes make the most analytic sense” (p. 57). This coding process helped me identify themes and ultimately develop a theoretical framework to answer my three research questions.

Statistical Package Social Science Analysis

I collected, coded, and analyzed the quantitative data of the 142 pre- and 108 post-surveys using Statistical Package for Social Science (SPSS). SPSS is a comprehensive system for analyzing data. It is one of the most popular statistical packages that can perform highly complex data manipulation and analysis with simple instructions. SPSS can take data from almost any type of file and use them to generate tabulated reports, charts, plots of distribution and trends, descriptive statistics, and sophisticated statistical analysis.

For the purpose of this study, I focused primarily on analyzing descriptive and inferential statistics. Descriptive statistics were used to provide simple summaries about the sample and measures. The purpose was to describe what is or what the data show in a manageable format. Descriptive statistics helped me to simplify large amounts of data in

a sensible, logical way. I used inferential statistics as well. Inferential statistics helped when trying to reach conclusions that extend beyond the immediate data alone. In this study, inferential statistics were tested to make inferences from my data to more general conditions (Trochim, 2006). For example, I wanted to find out if the length of time in the program made a difference in or improved the men's attitude or behavior in the program.

Lessons Learned

On January 2016, I met with the program director of the San Diego Rescue Mission to discuss the purpose of my dissertation and the possibility of completing my study with the Men's Center Program. I explained that the purpose of my study was to explore the attitudes and behaviors of the homeless men living at the San Diego Rescue Mission. My primary goal was to explore how a faith-based intervention approach transformed the dispositions of homeless men living on the streets. My main concerns were twofold: (1) obtaining access into the facility on a regular basis to meet with participants and (2) staying connected with participants throughout all phases of the study.

While I did encounter challenges gaining access due to staff members' work schedules and confidentiality concerns, I was welcomed to attend chapel on a regular basis and was granted access to meet with participants after chapel during their free times. I quickly realized that to gather information pertaining to my study, I needed to be present (on site) and transparent with participants regarding the purpose of the study and my background of also being homeless and a Christian. Being able to relate to and empathize with participants gave me instant credibility and access not just into the program but also into the hearts (attitudes) and minds (behaviors) of the men

participating in the study.

To my astonishment, many participants wanted to share their stories, struggles, and faith and participate in the study. Of the approximately 200 participants in the program, 142, or 71%, participated in the study, and of the 142 participating, 56, or 39.4%, expressed an interest in being individually interviewed. Out of the 142 participants, a total of 108, or 78%, participants completed both the pre-and the post-survey. At varying times throughout the study, participants reached out to me after chapel or via email, or left a message on my cell phone to ask if they could be interviewed for the study.

With support from some of the organizational leaders and staff members, participants were welcoming and embraced my presence every time I was on site. On the outside looking in, I blended into their environment as if I were one of the staff or one of the committed volunteers working in the program on a weekly basis.

CHAPTER FOUR

FINDINGS

Findings from this study indicate that the attitudes and behaviors of the men who once lived on the streets improved and transformed during their involvement at the SDRM. In this section, I will go into detail regarding each phase of my study and the factors that supported or challenged this faith-based intervention approach in their efforts to help homeless men. Specifically, I will go over the demographical and background information collected, the information obtained from analyzing pre- and post-surveys administered to the men, and the themes that emerged from my individual interviews.

Background Information and Demographics

There was a total of 14 questions in the demographic section of the survey. The average age of participants was 44 years old, ranging from 23 to 69 years of age, and 92.3% of them (131), considered themselves a person of faith. Participants had lived in San Diego for an average of 23 years, and the average time spent at the San Diego Rescue Mission of those who participated in the study was just over 9 months, with some participants in the program for less than 1 month and some who had been in the program more than 20 months. The majority of the participants were White/Anglo or European American (56.3%), followed by Black/African-American (18.3%), Hispanic or Latino (12.7%), Biracial (7%), Other (2.8%), and Asian, Asian-American, and Pacific Islander (2.1%). One participant (0.7%) did not respond to the question. The participants were not highly educated. The highest level of schooling completed was a high school diploma or GED (48.6%). Data on relationship status indicated that 53.5% were single or

had never been married, 37.3% were separated or divorced, and 5.6% were widowed. Only 3.5% were married.

The amount of time the men had been homeless varied as well. When it came to the period of time a participant had been homeless, 33.1% had been homeless for more than two years. Those over two years, by the federal definition, represent the chronically homeless population. In addition, 29.6% had been homeless less than one year, 25.4% had lived on the streets one to two years, and 12% had never been homeless and this was their first experience.

The majority of the men had been incarcerated at one time. A total of 90.1% had been arrested, and 41.4% had been homeless when they were arrested. According to Rickards et al. (2010), veterans are an at-risk homeless population. Estimates regarding the number of homeless veterans range from 18% to 49% in community samples (p. 151). However, in my study, only 9.9% of the men staying at the SDRM were veterans. In reviewing the research on veterans, I found that they often have access to specific resources (e.g., Veterans Affairs), and thus the SDRM may not have been the most beneficial placement for them.

The average employment history for participants was 20 years with 74.6% of participants having more than 10 years and some up to 30 years of work experience. The majority had abused alcohol and/or drugs. For example, 87.3% had had or currently had an addiction, and the main drugs of choice were crystal meth and alcohol. A total of 62 participants, or 43.7%, had stayed in another faith-based transitional housing facility program prior to coming to the SDRM, and 103 participants, or 72.5%, were currently

involved in a faith community. For additional information and a breakdown on the demographics of my sample, please see Appendix C.

Attitudinal and Behavioral Changes

As mentioned in the methodology section, to examine the attitudes and behaviors of participants and the change during their time at the SDRM, I designed a unique 20-item survey instrument that took into account question items from both the ATHI and the ATHQ surveys. I used them as a reference guide for developing the 10 questions on attitude and 10 questions on behavior. In addition, my instrument used a 6-point Likert scale taken from the ATHI survey; the choices were Strongly Agree, Agree, Unsure but Probably Agree, Unsure but Probably Disagree, Disagree, and Strongly Disagree. Out of a total population of 200 participants, 142 pre-surveys were completed and 108 post-surveys were completed. My original goal was to complete 100 pre- and post-surveys. I over-enrolled to make sure I had 100 or more pre- and post-surveys at the conclusion of this study. Below, I will share the data from the pre- and post-surveys to provide greater insights into what the numbers mean in relation to the changes in attitude and behavior and discuss the degree of significance.

Attitude Survey Data Results

The pre- and post-attitude survey data in Table 3 were analyzed using inferential statistics – specifically paired sample t-tests. The change in nine out of the 10 questions were statistically significant at the $p=.05$ level and showed a positive attitudinal change during their time at the SDRM. The greatest change in attitude was question #7: *I can make it on my own*. The pre-mean was 3.38 and a post-mean was 4.18 for a positive change of .80. The SDRM helps participants with self-efficacy and provides resources to

assist them throughout the program. The boost in confidence and belief in themselves give the participants the ability to figure out their next right step upon leaving the SDRM.

Table 3

Pre- and Post-Attitude Survey Data

#	Question	<i>N</i>	Pre- mean	Post- mean	Sig. (2-tailed)
1	I like myself.	108	4.71	5.12	.000
2	I can solve my own challenges in life.	108	3.35	4.11	.000
3	I have a strong support system.	108	4.03	4.27	.000
4	Being a man of faith is extremely important to me.	108	5.15	5.42	.004
5	Being in this program has given me a positive outlook on life.	108	5.00	5.45	.000
6	I believe I will never be homeless again.	108	4.26	4.52	.001
7	I can make it on my own.	108	3.38	4.18	.000
8	Being in this program has deepened my faith.	108	4.98	5.39	.000
9	I believe I can overcome negative situations in my life.	108	4.74	4.81	.373
10	Being homeless helped me re-evaluate my life.	108	4.85	5.07	.010

The least change in attitude was in question #9: *I believe I can overcome negative situations in my life*. The pre-mean was 4.74, and the post-mean was 4.81, for a small positive change of .07. Inwardly, participants felt empowered, but externally they did not feel like they had control of their lives outside of the SDRM.

Overall, the change in attitude was impressive on all fronts although clearly the men felt least able to *overcome the negative situations in their lives* as demonstrated by the lack of statistical significance.

Behavior Survey Data Results

The pre- and post-behavior survey data in Table 4 also analyzed using paired sample t-tests. The change in all 10 behavioral questions were statistically significant at the $p = .05$ level and showed positive changes in behavior. The greatest change in behavior was in the reverse-scored question #9: *I would steal if I felt it appropriate*. The pre-mean was 4.24, and the post-mean was 4.82 for a positive change of .58. The next largest change was in question #3: *I am quick to change my point of view* and question #5: *I am self-sufficient with taking care of myself*. For question #3, the pre-mean was 3.46 and the post-mean was 3.93 for a positive change of .47, while for question #5, the pre-mean was 3.99 and the post-mean 4.46 for a positive change of also .47. Although still statistically significant, the smallest change in behavior was in question #1: *I can control myself*. The pre-mean was 4.47 and the post-mean was 4.67, for a positive change of .20. Participants realized their need for change and most of them admitted that they were a work in progress when it came to rediscovering how to live an independent life.

Of all of the 20 questions (10 attitudinal and 10 behavioral), 19 or 95% were statistically significant regarding the change in attitudes and behaviors of homeless men living in a faith-based transitional program facility. Importantly, the change in attitudes was greater than the change in behaviors from a numerical gain perspective.

Table 4

Pre- and Post-Behavior Survey Data Results

#	Question	<i>N</i>	Pre- mean	Post- mean	Sig. (2-tailed)
1	I can control myself.	108	4.47	4.67	.020
2	I can overcome obstacles in my life.	108	4.51	4.83	.000
3	I am quick to change my point of view.	108	3.46	3.93	.000
4	I know what I need to do to turn my life around.	108	4.81	5.02	.005
5	I am self-sufficient with taking care of myself.	108	3.99	4.46	.000
6	I have people in my life that I trust.	108	4.36	4.58	.002
7	I have other people in my life I can count on.	108	4.06	4.36	.000
8	I am a substance abuser.	108	2.92	3.37	.000
9	I would steal if I felt it appropriate.	108	4.24	4.82	.000
10	I have a personal relationship with my higher power.	108	5.08	5.34	.000

Attitudinal and Behavioral Change and Time in Program

Now that we know that there were increases in both attitudes and behaviors among participants, the next thing to look at was the overall change in attitude and behavior change index as a function of time spent in the program. In other words, I wanted to find out if attitude or behavior had the greatest amount of change on participants and if the length of time in the program had any statistical significance.

Table 5 shows the overall change in attitude (.39) and the overall change in behavior (.35) for all participants. As mentioned earlier, there was a greater change in attitudes than behaviors. This notion makes sense from the standpoint that individuals first must experience a change in their attitude before there is a change in their behavior. Interestingly, when attitude and behavior change was regressed against the length of time in the program as measured in months, the length of time in the program was not statistically significant. In other words, the length of time in the program was uncorrelated with changes in attitudes and behaviors for participants in the study.

As mentioned previously, participants represented in this analysis were in the program for various amounts of time. In other words, some participants were in for as little as 1 month or as much as 24 months, yet together they experienced positive changes in attitude and behavior. Although the length of time in the program was uncorrelated with the attitude and behavior changes, there were marked comparative differences when analyzing the results of participants who entered the program during the 9 months or more of my study. I am calling these participants “9 month study group.” As shown in Table 5, for these 43 “9 month study group” participants, their overall change in attitude (.44) and behavior (.41) outpaced other participants who had been in the program for less

than 9 months. This is an important finding because all 43 of these participants were in the program for exactly the same amount of time, in contrast to those who had already been in the program when the pre-survey was administered and whose overall change, therefore, could not be completely measured.

Table 5

Attitude and Behavior Change Index and Time in Program

	<i>N</i>	Mean	Sig.
Change in attitude and length of time in program	108	.39	.383
Change in behavior and length of time in program	108	.35	.107
Change in attitude of “9 month study group”	43	.44	.000
Change in behavior of “9 month study group”	43	.41	.040

In general, determining the relevance of time in the program and its influence on change in attitudes and behaviors was problematic because participants entered the program at varying times. In all cases, the 9 month length of the study did not cover the time that all participants started and completed the program. I was not able to catch participants from the start to finish of the program partly because the length of the program was a minimum of 1 year up to a maximum of 2 years and my evaluation period was only 9 months.

However, I was able to identify some participants who had been in the program for 9 months or more and those who had been in the program for under 9 months. These men were also in the program for various lengths of time. I found that they shared some

common ideas about factors that supported or challenged their change in attitudes and behaviors in this faith-based intervention. I describe these factors next.

Factors That Supported or Challenged Change in Attitude and Behavior

As part of my methodology, I conducted individual qualitative interviews with 10 participants. Five of the men who had been in the program for 9 months or more and five who had been in the program for under 9 months.

Qualitative interviews were a great way to enhance my ability to understand, in a deeper way, the supports and challenges faced by homeless men living in a faith-based transitional housing program facility. The majority of the interviews were conducted on site at the San Diego Rescue Mission, and one interview was conducted off site because the participant left the program but wanted to be interviewed for this study. The environment outside of the facility was not safe and secure, so I made it a point of protocol to complete the remainder of my interviews inside the facility only.

After I conducted and transcribed all 10 interviews, the following 16 themes (see Appendix H) emerged. These themes supported or challenged the change in attitudes and behaviors from the questions asked on the pre- and post-surveys. For example, survey questions asking the participants about the importance their feelings regarding the importance of faith-based interventions (*Being a man of faith is extremely important to me*) and if they had a strong support system (*I have a strong support system*) it was helpful in understanding their answers more fully.

Factors That Supported Change

Overwhelmingly, the most significant factor supporting a faith-based intervention approach was the classes being offered for participants while they were in the program.

In fact, eight (five > 9 months and three < 9 months) out of 10 participants, or 80% being interviewed, shared that the program element they liked the most were the classes.

Interestingly enough, those less than 9 months who did not select the option that indicated that classes supported them the most, both ended up leaving the SDRM within 1 month of being involved in this study. Some of those weekly classes included anger management, work readiness, relapse prevention, life skills, boundaries, conflict resolution, and biblical real-world application. Former participants who had graduated from the program and moved on to become staff members at the SDRM taught the classes. Dozens of committed volunteers connected to various Christian churches throughout San Diego County also facilitated the classes.

Because of the numbers of volunteers who were interested in providing additional classes, the SDRM was able to offer an array of classes that participants were most interested in. Sean, a 57-year-old White/Anglo or European American native of San Diego who had been in the program more than 9 months, shared, “I liked the classes because they have helped me straighten up my life.” Sergio, a 50-year-old Mexican-American ex-convict, who had been in the program for 13 months concurred: “I like Life Skills. Life Skills was one of the good programs, Relapse Prevention and Boundaries. Those were the ones I really got the most out of.”

Patrick, a 27-year-old single White/Anglo or European American former patient in a mental institution who had been in the program less than 9 months, shared his excitement that his best class was Life Skills:

I love that class. Because it just teaches you about determination, and about how there's no such thing as failure if you keep trying. You just find every way that doesn't work, so you don't do that again. You just try a different way that it could work.

Participants reported that the presenters and relevant topics made the biggest difference in their attitudes. The format and chance to share openly with their peers encouraged participants to open up and share freely. A sample daily schedule of the programs and classes offered can be seen in Appendix F.

The second factor that supported their change in attitudes and behaviors within this faith-based intervention approach was the focus on recovery and overcoming homelessness by living and embracing a more spiritual life. Eight (four > 9 months and four < 9 months) out of 10, or 80% interviewed, believed in the spiritual component of the faith-based intervention approach. A very strong program design component of the program was their efforts to intentionally build on the participants' Christian faith and support the spiritual journey each participant took throughout their time in the program. As mentioned in the demographic section, more than 92% of participants considered themselves persons of faith with deeply held values and beliefs about God and the path they were on. Donald, a 50-year-old former member of the "Outlaw" motorcycle gang who was in the program for 7 months, eloquently shared his view on the impact of a faith-based intervention approach:

I knew of God but I didn't have a relationship. Then out of nowhere, somebody came up to me and said, hey, God sent me down here to talk to you. Yeah. Evidently the Holy Spirit, I believe that an Angel, that it was an Angel at first. However, later on I found out that the Holy Spirit urged him to come down, and he talked to me and led me to the Lord. When you realize that God made you to have communion with Him, and you're part of something bigger, then that's all the difference in the world because you're connected to the Creator, and you know what your purpose is in life, you know?

Donald also discussed how he knew about God but did not have a relationship with Him. When a staff member at the SDRM reached out to him about God, he wanted

to know and experience more. He felt more connected to a larger cause and found his purpose with God in his life.

John, a 48-year-old divorced alcoholic and former federal bank robber who had been in the program for more than 9 months, talked in detail about the power of a faith-based intervention approach and being a witness of God to others:

I can be my brother's keeper, but I can't be my brother's savior. I mean you know, I can help you, I can do what I can. Nevertheless, I can't, I'm not your Savior. As if that's your choice, you know. Therefore, I'm not going to sit there and tell them what they need to be doing. That is not my job. They need to be telling themselves what they are and listen to the spirit telling them and guiding them. God will help those who help others first.

According to John, no one can make you decide something that you do not want to do. In order to have the relationship with God that you are looking for, you have to be the one to take that first step. This message was reiterated throughout all parts of daily programming. From morning chapel, to the daily classes, to times of meditation, participants are reminded about who God is, how much He loves them, and how to connect with Him. This was something I also witnessed when attending chapel, an event that was held three times a day for the men. The messages provided a moral compass for the men to live by and played a role in affecting their attitudes and behaviors.

The third factor that supported a faith-based intervention approach and influence a change in the participation were staff member support. Five men (three > 9 months and two < 9 months) out of 10, or 50% of those interviewed, credited their change to the positive experience they had with one or more staff members. Most of the staff at the SDRM are former participants in the program who came back to the SDRM to work as staff. Their influence and experience helped many participants make it through the program. Because the staff members' lived experiences are similar to those of most of

the participants, they bring credibility to the program. In many instances, the staff is the proof that a faith-based intervention can work to change the attitudes and behaviors of homeless men in a positive direction.

The staff members were trusted and revered by participants because they had “been there and done that,” so they represented what can be for those looking for a way out of homelessness. The men I interviewed believe that the best strategy to support participant retention is the committed staff members who work at the SDRM.

While I did not interview any of the staff members directly, they were instrumental in helping me navigate the program components and specifically helped me identify participants for this study. I saw their helping attitude when right away, the staff embraced my presence and worked hand in hand with me on each phase of my study, from recruitment, to completing the research participant consent form, to facilitating my attendance at chapel on a regular basis, to helping me implement my pre- and post-surveys, to identifying candidates for my interviews.

The staff members were my silent and often invisible advocates, helping me successfully collect my data and ultimately complete this dissertation. Some of the statements made by participants during my interviews echoed a supportive experience that I had with the staff. Sean (> 9 months) said, “If it wasn’t for the staff, I would have been gone a long time ago.” Bill, a 60-year-old White/Anglo or European American who had been in the program the longest at 21 months and graduated, shared, “My case manager is a wonderful man and he is helping me.” In addition, Patrick (< 9 months) agreed about the power of the staff to influence. He pointed out:

Mr. Bell! Well he’s a stickler. He’s the one who’s always trying to keep this place running. He’s a nice guy towards me, to tell you the truth. I mean honestly,

I have nothing to complain about Mr. Bell. He always has an upbeat personality, always happy no matter what. I love that guy.

The last three factors that supported a faith-based intervention approach included the opportunity to gain scriptural knowledge; living in a space, they considered a safe haven, and attending chapel. Four men (two > 9 months and two < 9 months) out of 10, or 40% of those interviewed, wanted to enroll in the SDRM to increase their spiritual journey through biblical scriptures and felt the SDRM's approach accounted for their change. As Sergio (> 9 months) put it,

It's changed me by my reading the Bible, and my relationships with God, and my walk with God. I mean nobody's perfect, and we're all going to have trials and tribulations. But the more we seek Him, those trials and tribulations we can overpower with the peace of God. Because I can do all things through Christ who strengthens me. That's a given. Moreover, regardless, if I'm not a millionaire, if I'm the poorest man in the world, with the fruits of the Spirit it just doesn't matter anymore. Because the peace of God which transcends all understanding will protect your heart and soul.

Sergio believed that his commitment to God was strengthened and protected by being in the faith-based program. Juan, a 49-year-old Biracial widower with more than 20 years of work experience who was in the program for only 1 month, shared his scriptural knowledge by preaching at me. His passion for the scriptures resulted in him interrupting me during our interview to profess his faith. He said:

Remember this. The Bible says that God teaches us that not even one leaf on the tree moves, or the wind moves them, without the will of God. It's only by the will of God that everything is done. God will not put you to a test that you cannot pass. You've got to let God take full control of your life.

Even Sam, a 62-year-old White/Anglo or European American, a divorced alcoholic and confessed womanizer who was also only in the program for 1 month, was very knowledgeable in scripture and wanted to prove it to me:

However, you know what? Jesus Christ says I am the way of the truth and the light. No man goes through the Father, but by me. And he claims he's the deity

like 18 times in the Gospel of John. He says I am the bread. I am the gatekeeper. I am the good shepherd. I am the resurrection. He is. When he says I am He's claiming the deity of God, which is who he is.

Both Juan and Sam (< 9 months) knew the Bible from beginning to end and throughout both of their interviews continued to share their knowledge with me. I tried my best to keep them on track by refocusing on my original questions, but the conversation made its way back to their spiritual knowledge. The men seemed confident that having the opportunity to deepen their spiritual knowledge could change their attitudes and behaviors.

Three (< 9 months) out of 10, or 30% of the participants interviewed, considered the SDRM a safe haven and a refuge from living a life on the streets. Sam (< 9 months) shared, "I love the fact that I have a safe haven here. I have a place to shower; I have a place to use the restroom." Patrick (< 9 months) also agreed by saying,

And I've been stuck in jail for a long time, but I have been in here for a while and I kind of got a little bit of cabin fever, to tell you the truth, even though this place is a sanctuary, you know what I mean? This place is a very safe place, to tell you the truth. I honestly can't wait to get my life back, get back on my own again.

Staying at the SDRM provided a safe place for the men to get back on their feet again. This sense of security helped support a positive change in attitude and behavior. For most of them, staying at the SDRM gave them the safety and serenity that the streets could not ensure.

Two (> 9 months) out of 10, or 20% of the participants interviewed, enjoyed attending chapel. Even though this number is low, when I participated in chapel many of the men told me that they enjoyed attending chapel. Formal interviews did not verify these comments. Perhaps the men who interacted with me on an informal basis felt they should tell me what they thought I would like to hear.

All participants, unless they were working or had a medical excuse, were mandated to attend chapel services three times a day (morning, afternoon, and night), 7 days a week. If they wanted to stay at the SDRM, they had to attend chapel.

It was clear; on the one hand, from some of my observations of their body language and facial expressions during chapel, that some of the men did not want to be there. For many participants, however, being institutionalized (hospital, prison, and staying at other transitional housing programs) and having to follow daily regimented routines one after the other was commonplace. Sometimes going through the motions, attending chapel and adhering to the other rules and regulations, was perceived as a better option than living their lives daily on the streets.

Next, I examined the factors that challenged change to a faith-based intervention approach.

Factors That Challenged Change

The first factor that challenged the majority of the men was substance abuse. Seven (three > 9 months and four < 9 months) out of 10, or 70% of the participants interviewed, struggled with a substance abuse issue or issues related to drugs and alcohol. As mentioned earlier in the background information and demographics, 87.3% of all the participants in this study struggled with one or more addictions. The men I observed throughout the program who left before completing the program were the ones who continued to struggle with drug issues or required more intense drug intervention or rehabilitation services, such as a residential detox center. In order to stay at the SDRM, participants were drug tested at will and expected to stay sober and drug-free. Several of the participants shared that this was their second or third time at the SDRM because they

had failed a drug test or had come back to the facility high or intoxicated. During the day, if the participants are not in a program, they are free to leave the SDRM to find work or meet with family members, but they are required to be back by a certain time for evening chapel. The SDRM has a no-tolerance policy with strict guidelines that participants must follow. The staff I spoke with and the documents I reviewed indicated that most of the rules and regulations were imposed for safety and security reasons and not intended to be punitive in nature.

In fact, the second most significant factor that challenged a faith-based intervention approach was abiding by the rules and regulations. Seven (three > 9 months and four < 9 months) out of 10, or 70% of the participants interviewed, had negative opinions about the 60-day probationary period required of each new participant enrolled in the program. This period was called the First Step program, and it was designed to weed out those participants who were not serious about their recovery or motivated to get off the streets. The philosophy behind the program was that if participants could not make it through the first 60 days, then 9 to 12 months was unrealistic and out of the question. There was high turnover in the First Step program, and each week men were coming and going, coming back again and then leaving again, but those who made it past the 60 days became officially enrolled in the program and had a bed secured for them. In the time that I conducted this study, I saw many men leave the program through the First Step program, but, in many instances, it did what it was designed to do: focus on those men who wanted to grow their faith, turn their lives around, and get off the streets and likely did not have a drug problem that motivated them to leave and seek drugs.

The SDRM had 200 beds in the program, and the entire time I was there, it was at an 85% or higher occupancy level. As participant Bill (> 9 months) argued,

I would say the first 60 days would be the most difficult part. The whole program is a transition program. And the first 60 days, you are put on a blackout period. You stay here. You're not allowed to go outside except for doctors' appointments, or maybe legal appointments too, without permission from a case manager, which you are assigned when you get here. After 60 days, you're allowed to get a few passes, 4 hours a day.

The First Step program was designed to test each new participant to make sure that before he became a resident of the Men's Center Program he was committed to finishing the program and open to a faith-based intervention strategy. Men who leave do so because they are not ready to change or, as John (> 9 months) mentioned several times in his interview, not willing to "surrender and commit" to the program and, in a spiritual sense, "surrender and commit" their lives to God.

The third most significant factor mentioned by the men as a challenge to continuing to participate in the faith-based intervention and change their attitudes and behavior was living among other men. Six (three > 9 months and three < 9 months) out of 10, or 60% of the participants interviewed, did not like living in such close quarters. Four men shared one room, two bunk beds less than 10 feet apart from one another. Pablo, a 39-year-old Hispanic or Latino former Escondido gang member who had been in the program for more than 9 months, agreed. He shared with me what he perceived the residence arrangement to be the "difficult part": "Sharing rooms with others, that's a difficult part because you have different personalities. You've got to grow with it. There's always going to be people stepping on your toes." Walter, a 29-year-old White/Anglo or European American who had been in the program for 7 months, also

agreed that living with others was difficult: “Technically, the most difficult part of staying here is living in kind of close headquarters with like other males.”

The lack of privacy and small living quarters stood out as a concern for men who stayed and graduated as well as the men who left the program. The men are forced to work out their differences, and when I shared my thoughts with staff members about it, they concurred that they want the participants to stand up for themselves and be able to fight their own battles. It is all part of their re-socialization. This way, when participants leave the SDRM, they are prepared for what the real world has to offer. For some participants, it reminded them of having to share a jail cell in prison. When I asked Sam (< 9 months) what was the most difficult part of staying in the program? He confessed, “The other men. I don’t like men. Being in prison. I don’t get along with men. These men are intimidated by my knowledge of the Word.”

Five (two > 9 months and three < 9 months) out of 10, or 50% of those interviewed, listed incarceration and family separation as factors that challenged a faith-based intervention approach. Many participants shared that the lack of faith in their home early on led to family separation. One of the most difficult parts of conducting this study was listening to participants talk about their families and, in many cases, the fact that they do not have a family any longer because of the poor choices they made, often drug abuse, that led to their homelessness. I could see and hear the regret in their statements and the change in their body language as they fought back tears and unpacked years of hurt, pain, and regret.

The words from Sam (< 9 months) about being separated from his family say it all:

For 55 years, I used drugs. I started sniffing glue and paint at 7-years old in my room. I started smoking weed and dropping acid when I was 14, 12 or 14 years old. It went on to cocaine and heroin. And I was into a mad cocaine addiction in the '80s that caused me to get divorced from my high school sweetheart, which is the mother of my two beautiful daughters, Erica and Brianna. And my grandson Shay had a 15-year-old birthday, 2 days ago, 3 days ago, the 29th, and I'm so sad to say, and I'm going to lay it on you, this is something from the sufficiently horrifying damage and the wake of wreckage I left in the past. They're not talking to me right now. I haven't talked to Brie in 7 years, haven't talked to Erica in 2 years and Shay. And you know, I'm going to let that lay in God's hands. That He will heal that family situation when it's time. But throughout the years I've changed addictions. I had a cocaine addiction throughout the '80s. I had a crack cocaine addiction in the '90s. But in 2001, I found the way. I said, I found the way that I'm going to cure all this. I started doing crystal methamphetamines. Big mistake. I liked crystal better than I liked my own family.

Patrick (< 9 months) went through the same type of family separation and explained the estrangement of his family this way:

That's a rough subject for me. I mean my dad's in Arkansas right now and he had a seizure a few years ago, and they had to open his skull and they had to clean out the . . . he had an infection in his brain and they had to clear out the infection in his brain and take a piece of his skull out to let the swelling reduce. That was like three years ago; I was in jail when that happened too. And my grandma's in Florida. My mom's in prison in Florida for stealing a golf cart drunk at a golf course. Got a DUI and grand theft, so she's in prison for that. It's a long story. And I started talking to my mom and I wanted to visit her because I hadn't seen her in so long. I always wanted a mother; I never had one. And the only thing I could remember, I couldn't really remember much about her because I was so young.

His own incarceration led to his separation from his family, but it was exacerbated by the incarceration of his mother. In many cases, these men came from broken families—single-parent households with generations of addiction and abuse.

During our interview, John (> 9 months) spent a long time on the issue of family separation and the choices he made that pulled him away from his family. The lure of alcohol and money took priority over his family:

My family had a big problem with what I did, which is fine because what I did was break up our family by choosing money, not for a bad reason. It was

because, I'll be honest with you, and it was selfish, though. So, I didn't want to work anymore, ever. So, I'll just do two more units (bank robberies), a couple more things, and then we'll be set and then I won't have to worry about it. And yeah, I got away with it and I didn't get caught with anything. And I drank, I drank a lot.

The regret that grew inside of John (> 9 months) became evident in his sobriety and because of the spiritual transformation that he experienced at the SDRM.

John developed a strong desire to make amends with his family, especially his children, who grew up without him being in their lives as a father figure. John's voice quivered as he relived his moment of reconciliation with his daughter and his quest to receive forgiveness:

But I lost my family. I mean, and I didn't have God at the time either. So not only did I lose my family, but then I was still missing something that was being shown to me through my, my first wife and my children. And I gave her a big ole hug. And we started crying and stuff. Honey, I just want to let you know I'm so proud of you. Your mom kept me up to date on everything. And I said I'm really sorry, I wasn't there for you. And she goes well, that's okay, Daddy. I know you love me but you chose money and alcohol over me, and it broke my heart. And we both started crying, right there in the middle of the store. And she goes, but, I forgive you. So, we gave each other another hug. And she goes I'm sorry but I've got to go. And I just apologized to them for everything I'd done. I just completely humbled myself, and apologized to them for breaking up the family, and making the choices I did. And they said you know, it took us over 10 years to forgive you. But, we actually forgave you a few years ago, but you never took the time to call us.

In general, the majority of the individual interviews I conducted were under one hour, but some of them lasted up to two hours because the participants felt comfortable talking and opening up regarding their faith and life experiences. Each time we started talking about family matters, something surreal happened that transformed the tactical side of conducting my interviews into a visceral, moving experience that brought to life the harsh realities of dealing with homelessness and the difference a faith-based intervention approach could have in healing hurting families and reunification. It was in

that moment, that the invisible veil of homelessness exposed itself—through the stories of family members who had to deal with the loss and absence for weeks, months, years, even decades of a son, brother, uncle, husband, father, and grandfather disconnected from their family. Moreover, in many cases, these men never returned home.

Having to live your life according to what others expect you to do can be difficult for anyone, especially middle-aged men who at one point in their lives may have been the head of their households or star performers at their places of employment. Ninety percent of the participants in this study had been arrested, and up to 41.1% were arrested while homeless.

The challenge many cities face is what to do with the homeless population, and inadvertently, instead of designing shelter options to get people off the streets, cities pass additional city ordinances to arrest homeless people, making it even more difficult for them to find employment or to qualify for rental assistance. This snowball effect of negative consequences makes it almost impossible to break the cycle of homelessness from one generation to the next, thus creating the homeless to incarceration dilemma.

In discussing the factors that supported or challenged changes in attitudes and behaviors at the hands of this faith-based intervention approach, the qualitative data seems to reinforce findings from the quantitative data that suggest that the greatest change happened for participants in the program for 9 months or more. The individual's collective experience while at the SDRM was mixed however. Interviews suggest that for those in the program for 9 months or more versus those in the program for less than 9 months shared common notions regarding what factors supported and challenged their success in the program.

There were some interesting differences however in perceptions across the men which typically broke down along the lines of those who had been in the program 9 months or more and those who had been in the program for under 9 months. I will describe those next.

The Power of Faith and Individual Agency

My goal was to identify and interview five participants who had been in the program for 9 months or more (Sergio, Pablo, John, Sean, and Bill). While each one had a different story, the common theme that emerged was a strong desire for change through a strong spiritual faith and walk with God. One after another, each man confirmed that his life changed because of his personal relationship with Jesus Christ and that the SDRM was a catalyst to a new life away from drugs, alcohol, and living on the streets. As I visited chapel and administered my survey, I would share that I was looking to interview participants who were graduating or had already graduated, and two men kept being recommended and put forth for me to interview. Both men had been with the SDRM for more than 9 months and lived at the facility but had regular full-time jobs outside the SDRM. Because of their varying work schedules, it took me a while to meet with them, but as we sat down for the interviews, it became apparent why I needed to interview them for my study.

The first one was Bill, a 60-year-old White/Anglo or European American who found out about the SDRM through his church. He classifies himself as an alcoholic in recovery. He lived on the streets for approximately 80% of 15 years and went through a bad divorce that broke his family apart, and he gave up on life. Eventually, he lost his job of 11 years due to alcohol. Running out of options, he enrolled in the SDRM and

successfully completed all aspects of the program. When I asked him what the best part of staying in the program had been, he responded,

The best part of it is I returned to Jesus Christ. I have always been a firm believer. When I was growing up, my mother and I, my mother and I are Christians, and I strayed. And this program got my train of thought back in line. And it was so much of a positive thing that happened to me that I was able to get my confidence back and able to talk with people outside. And now, I've been here for quite a while and I have a job, and I'm an intern here. So, it's kind of, you go through the steps. I've made it through all the steps. I'm actually, I work for the [SDRM].

The second was John, a 48-year-old White/Anglo or European American who had been a functioning alcoholic who was working, making good money, and married with children. One day, he woke up and wanted to leave it all. He was arrested and spent time in federal prison for robbing a federal building and cleaning out the safes. Upon release, he went back to the two habits he knew well: working and drinking. After years of drinking, he found himself in an intensive care unit (ICU) with cancer and cirrhosis of the liver. He enrolled twice into the SDRM but both times had not wanted to follow the rules and regulations and had decided to leave. However, the third time around he was more serious and felt that staying in the program was a life-or-death decision. He knew he needed to get help and change his ways. He recalled his experience, attributing his ultimate success to finally being willing to "surrender":

My heart's not 100 percent in this. I'm not surrendering 100 percent. And I said, if I'm going to come in here and do this after 9 days, what's going to happen after 9 weeks or 9 months. I said that's not fair to God. God brought me in here and I asked Him to help me through changing my life. I came back with my heart 100 percent into it, and that's the only way it was going to work is if I completely surrender. That was the hardest thing. The hardest thing was surrendering. But see, it's nobody's choice but my own. I mean I can have all the rules in the world; it's not going to help me, though. And so, the hardest thing is just being committed to what you, what you really say you're going to do.

Both men (Bill and John) shared what they perceived the other graduates had in common: a desire to change and a willingness to grow spiritually. Each one made a shift from a life of dependence to independence with an acceptance that without God in their lives, change was not possible. In some cases, the men were believers before they arrived at the SDRM, but their faith was able to grow stronger due to their involvement and the mission of the program. They became the men whom the other men in the program looked up to and wanted to emulate.

The second most profound theme that emerged from interviews was how individual agency played into each man's success. Each participant showed motivation to turn their attitude and behavior around and reject homelessness. The men took ownership of their faith journey and responsibility for their actions in life. They showed a sense of self-control and a commitment to act independently and make their own choices toward independence and self-sufficiency. The participants who were in the program 9 months or more, overall showed a greater sense of spiritual maturity than those who did not graduate or who were still in the program.

Pride, Arrogance, and Drug Addiction

Those who had been in the program for under 9 months and did not experience the same type of spiritual awakening. In the end, they simply were not willing to “surrender” to God and grow in their level of spiritual maturity like the participants who were in the program for 9 months or more.

Several men did not graduate from the program within the 9 month evaluation period and thus, I was able to individually interview five of them (Sam, Juan, Patrick, Walter, and Donald)—these were men who left the program or who did not graduate

from the program. For those in the program less than 9 months, there appeared to be a paradox to chronic homelessness. On one hand, participants seemed desperate to leave their life of being homeless, but on the other hand, their deeply familiar and entrenched state of homelessness kept them wanting to go back to a life on the streets. In one case, Sam shared that he had moved from one shelter environment to another but knew that he was not ready to stop using drugs and therefore was willing to go back on the streets to meet his drug habits. Drugs played a big role in the fact that some of these men were more willing to leave the program.

Sam, a 55-year-old White/Anglo or European American who has been a drug addict for most of his life and in and out of prison for the past 15 years due to his crystal meth addiction, explained how he continued to struggle to stay in the program. He has been chronically homeless for most of his adult life. This was his fourth time at the San Diego Rescue Mission. Although he considers himself a man of faith and was very knowledgeable in quoting scriptures, he struggled to live out the theology he was preaching.

Sam also struggled with living at the SDRM because he did not like having to share a room with roommates. Being in such close quarters with other men reminded him of his time in prison. He struggled to make friends with others. While he did not like living on the streets and did not really want to return to his homeless condition. Sam could not commit to giving up drugs. Unlike some of the men who completed the program and appeared to be on the path to recover like John who graduated from the program, he could not “surrender.” Sam recalled how he could not stay sober and surrender to God:

You've got to remember, Jesus was on foot, but Jesus was Jesus. I'm who I am. I mean I don't have his ministry yet, but you know, I'm looking for that. I'm looking for a spot in the ministry, and this is one of the ways through to it. And do you know something, Doug? Every time I've ever been in any one of those 17 treatment centers, I did not have the intention of staying clean and sober. I knew I was going to go out and use.

Those words of not having “the intention of staying clean and sober” indicated his unwillingness to surrender. He knew he was “going to go out and use,” and that became his self-fulfilling prophecy, because after completing his interview, Sam quit the program and left the facility. Sam (< 9 months) was not willing to “surrender” or change his old ways of living and thinking. When I followed up with staff members about what had happened, they shared that he had said he simply did not want to be there anymore and had decided to leave.

The other participant who chose a similar path was Juan (< 9 months). He was a chronically homeless 49-year-old Biracial male who considers himself an alcoholic and was referred to the San Diego Rescue Mission by his probation officer. He decided to enter the program again to feel closer to God and stated, “I already tried everything. Only God can help me.” Due to his alcohol abuse and lack of medical attention, he suffers from multiple health issues, and at one point in the interview, I was concerned about his current state of mind after years of mental health neglect. He too was very knowledgeable about the Bible and would lose himself, giving a mini-sermon, or scriptural rant, throughout most of the interview. When I asked him about how the spiritual aspects of the program changed him and if a spiritual component matters in recovery, his response was as follows:

We are all sinners. We are not as wise as King Solomon. And even though King Solomon was wise, he made mistakes and he disappointed God. The greatest kings and the greatest apostles in the Bible were the worst ones at times and made the worst mistakes. God forgave them. And that's when you learn the lesson, “I

will take the worst of the world to make shame of the wise people because they are all sinners.” And father or mother or whoever will sin, we’re all sinners. And to God we pay the price for our sin and the cross, but we’ve got to accept all that and be born again in Christ and the Spirit, which is different. Because once you accept God and know that He died on the cross for you, to wipe all your sins. He died for you and for the whole world. And you’re a sinner, and only through God will you go to know the Father and accept you’re a sinner, and accept Him with all your heart.

And, one week later, when I returned to evening chapel, I asked where Juan was, and the staff members informed me that despite his Christian fervor and knowledge, he refused to take his daily dose of medications and stormed off the property angry and upset. He refused to follow the rules and regulations within the facility and was upset that he had to conform.

The participants interviewed who were in the program under 9 months, were less likely to change, in part due to their pride and arrogance but also because some of them had drug problems that kept them from “surrendering”. Many participants seemed caught in between needing and wanting secure shelter, yet not being willing to let go of drugs and the homeless life, wanting the autonomy of doing what they want to do, when they want to do it, as they could while living on the streets.

Because of a faith-based intervention, participants experienced a change in attitude; however, those who left the program left because they were not willing to change their old behaviors and ways of thinking. For those who dropped out of the program, a faith-based ideology took them only so far and was not enough to reverse the downward spiral of remaining homeless. It is similar to the saying “You can lead a horse to water but you can’t make him drink!” The SDRM gives participants in the program an opportunity through a faith-based intervention approach to turn their lives around but cannot force participants to make that change in attitude and behavior if they are

unwilling to do so. It is an individual choice to make that change but obviously, drug addiction was a powerful force that derailed many of the men in the program under 9 months. Men simply could not overcome the pull of life on the streets. Participants who stayed in the program for 9 months or more indicated greater spiritual maturity and the ability to self-advocate for themselves and surrender their life of drugs for a deeper commitment to God.

CHAPTER FIVE

CONCLUSION

What started as an introductory meeting in January 2015 with the program director at the San Diego Rescue Mission (SDRM) turned into a 9 month, hands-on research project examining the attitudes and behaviors of 108 homeless men living in a faith-based transitional housing program facility. As previously discussed, without the buy-in and support from the staff and volunteers at the SDRM, I would not have been able to collect my data for this project. Each step of the way, there was a two-way open communication between the staff at the SDRM that supported the research and me.

Research Questions Revisited

The following three research questions set the direction and served as a guide throughout for my study:

1. What attitude and behavior changes occurred for homeless men because of living in a faith-based transitional housing program facility?
2. What factors supported or challenged a faith-based intervention approach?
3. How did a faith-based approach transform the dispositions of homeless men living on the streets?

The empirical evidence collected in this study supported the following conclusions.

Based on the quantitative data collected (pre- and post-surveys), participants in the SDRM Men's Center Program improved in both their attitudes and behaviors because of being a part of a faith-based transitional housing program facility. The men's attitudes underwent a greater change than their behaviors did; however, length of time in the program did not prove to be statistically significant in relationship to the change in

attitude and behavior. Interestingly, however, participants who started in month 1 of my study and stayed the entire 9 months in the program (the time I ended my study) showed a statistically significant change in attitude and behavior. Some of the attitudes and behaviors that were found to be most significant to their relative success were attitude question #3: *I have a strong support system* and behavior question #2: *I can overcome obstacles in my life*. This finding was also supported by the individual qualitative interviewed conducted on the factors that supported a faith-based intervention approach.

Through qualitative inquiry (individual subgroup interviews), I found 16 factors that supported or challenged the faith-based intervention approach. Most notably, the top three factors that supported a faith-based intervention approach were attending classes (the men even indicated a desire for additional classes), a faith-based intervention approach, and staff/volunteer member support. The top three factors that challenged a faith-based intervention approach were substance abuse issues, the requirement to follow the program's rules and regulations, and having to live in close proximity with others.

Through a mixed-methods approach, the data were complementary and built a better understanding as to how a faith-based approach was able or not able to transform the lives of homeless men living on the streets. Quantitative data from the pre- and post-surveys indicated that at the conclusion of this study, participants liked themselves better and felt they could overcome negative situations in their lives with the right support networks.

The qualitative data indicated some similarities and differences between those in the program over 9 months and those in the program under 9 months. Those in the program 9 months or more, for example, showed greater spiritual maturity, were willing to

“surrender” and accept what God was doing in their lives, whereas those under 9 months were challenged by the rules, regulations, and past abuse issues, and often did not choose to take the classes. Pride, arrogance and drug addiction seemed to play a greater role in the choices made by participants who had been in the program under 9 months.

When it came to changing the dispositions of the men, similarities were found between those in the program 9 months or more versus those in the program under 9 months. In all cases, the men were positively influenced by the faith-based strategies implemented by the program. Sean and John (> 9 months), and Walter and Donald (< 9 months), expressed the following sentiments in their interviews regarding a change in their disposition and the tools acquired from a faith-based approach. Sean shared,

It depends on your attitude and how far you want to go in life. I want to go all the way. I do not want to be sleeping on the street anymore. That was very, very scary for me. And thanks to this program, it has taught me how to be a better man, how to manage your money. And just being around other people that, not being around negative people, but more positive thinking.

Sean’s disposition was transformed by his experience at the SDRM. Walter (< 9 months) experienced a change in his life by being at the SDRM too. His faith grew, and his desire to improve his life and the lives of others was contagious. Much like Walter, Sean also discussed the impact a faith-based component had on his attitude:

To be able to go, and, go to chapel three times a day and have all that stuff in your life doesn’t mean anything unless you have the faith, and you have the will to believe. Moreover, I was never religious or anything before I came to this program, but, I have a closer relationship to the Lord God through His son Jesus Christ. Therefore, my faith was impacted on my walks. Now times like when I have struggles, instead of like staying here or something, I go out on a pass and I go and help like feed the homeless or go to Celebrate Recovery.

Another participant in the program under 9 months, Donald, was also affected by the faith-based component of the program. He was open to knowing and learning more

about God and shared his joy toward the end of his interview with me. He felt that he had been given a second chance and was now a new person:

The best part is it's a whole new life! I mean God has given me a second chance of life because of where I was. He's gave me, in the golf term, a mulligan, you know? A do-over. This program is a spiritual boot camp. Well here is more like a West Point spiritual boot camp because it gets more in depth. I mean the one program was church, church, church, you know, pray and everything, which is the basics. But it didn't deal with the issues, the underlying issues why I had a drug, why I have an addiction, why I do this and that. Oh, my faith, it's being restored, the joy of my salvation.

Lastly, John's (> 9 months) life was completely transformed by being at the SDRM, and the faith-based approach gave him the tools he needed, equipping him in all areas of his life to succeed:

Not outside but I mean within the realm of what God can provide, but the tools that they have here [SDRM] with the classes like Life Skills and everything like that, which is all from God. But it's here. Again, it goes to that you can have all the knowledge in the world but if you don't apply it, it's worthless. I mean it's absolutely worthless. And they asked me last time I was here, I didn't see it until I left, but I've got to admit. Like it took me around 4 months after I left here, and after 2 years, before I was applying part of it. And I'll be honest with you, like the stress level of anything as far as being around alcohol, being around . . . because I'm not going to ever, never be around it. So, it's like okay, so how are you going to deal with it though. And then I'll be honest with you, once I started applying it, it wasn't even a problem.

Consistent with the findings from the quantitative survey results, participants in general experienced changes in their attitudes, behaviors, and dispositions.

Although those in the program 9 months or more showed a greater sense of spiritual maturity and faired more positively than participants under 9 months, the attitudes and behaviors of all the men I interviewed seemed to be positively affected by the faith-based components of the program.

However, even among the participants who were in the program 9 months or more, success was partial. Surprisingly, four of the five men I interviewed had no solid

plans for transitioning into long-term permanent housing. Of the five (Sergio, Pablo, John, Sean, and Bill), three (Sean, Sergio, and Bill) will move into another transitional housing facility, one (Pablo) hopes to move back in with family members (parents), and only one (John) had a full-time job and a sustainable plan when it came to finding and securing permanent housing. The following responses were given when asked about plans to live off the streets:

Sean: I'm staying here for 3 months. I'm having surgery on my fingers very soon. Then I'm talking to some other programs where I'll be able to stay in that program for a year.

Sergio: That is a good question, because being in prison all my life, I don't have any professional trade under my belt. And I pray that the good Lord will guide me into something I can maintain. Granted, it's expensive. I see a lot of my peers going out there, doing good, trying to do the right thing. But they get overwhelmed by the bills, et cetera. And they end up coming back here.

Pablo: I'm planning to live in the house, having a full-time job, a house. And trying to get back in with my family. Yes, I'm separated from my family. I lived with my parents. My sister moved away. So, I live alone now. I'm a new person now, so I'm about to graduate this Friday. So, hopefully, things might change around, talk to my parents. So, hopefully, I can be, stay with them and gather some money, and then get a place.

John: That's a sticky situation because I'll tell you, I've been volunteering, even though I've been working Monday through Friday, at the Food Warehouse. I used to volunteer on the trucks every Saturday. I work at church on Sunday, but I'd volunteer every Saturday. But I'm going to be moving up to Vista. Eventually our company was going to move December 1st, and now they decided to wait until March.

Bill: As of right now, I'm in my 20th month. Or January, I will be starting my 20th month. I got into the next program. I have a part-time job. It's only 20 hours a week, but I also give the rescue mission—for my stay, room and board. I'm the intern—I give them 25 hours a week for a place to live, and I'm working a part-time job.

As indicated from these responses, because they had not found employment or permanent housing they run the risk of returning to their previous lifestyle. This does not mean that the faith-based component did not have an impact on these men. The pre- and

post-survey data and the one-on-one interviews indicated a positive change in attitudes and behaviors among the men toward being homeless. However, arguably a more robust measure of success for these men would mean they would live off the streets, finding housing and employment.

The SDRM Men's Center Program's primary focus is to provide transitional housing to homeless men battling addictions. At this point, the program is not set up to provide long-term, stable, permanent housing for those graduating from their program nor to adequately provide them with the resources to secure it. Without permanent housing, these men will continue to struggle.

The SDRM has an advanced, or second-tier, transitional housing program that is much smaller and can accommodate a few graduates from the Men's Center Program but currently, the SDRM does not have the capacity to take all the men who have completed the first program. In this particular case, the real solution would be for the SDRM to look at providing long-term, permanent housing for the graduates in order to ensure permanent housing placements.

Moulton (2013) suggests that increased funding for homeless programs can help reduce chronic homelessness (p. 618). The *Housing First* model discussed in the literature review in Chapter 2 of this dissertation could potentially offer a perfect solution, but because the SDRM does not accept government funding, it does not have the funds for housing, and thus *Housing First* is not an option for those graduating from the Men's Center Program. This is an area of concern for men who have been in the program 9 months or more and appear to be heading in the right direction but are still vulnerable when it comes to finding and securing permanent housing. Most of the men in

the program were of course looking for permanent housing. Without it, they are looking to move into another transitional housing program facility. Without such an opportunity, they are challenged with going back to living on the streets. In this regard, the SDRM may be hurting more than helping those they have been called to serve.

Despite the calamities of life that eventually drove each participant to become homeless, the participants who were surveyed and interviewed expressed that a faith-based intervention approach helped them change their attitudes and behaviors toward being homeless and gave each of them a second chance to live a new life. With a comprehensive organizational focus on securing permanent housing, the SDRM could contribute in a more sustainable way in keeping these men off the streets and contribute to solving the homeless issue in San Diego County.

The findings from this study have important policy implications. First, faith-based transitional housing programs can positively change the attitudes and behaviors of homeless men and lead them on a path that rejects living on the streets. Second, a faith-based intervention approach can go only so far. If each individual does not choose to make the spiritual transformation needed to change his disposition and is not able to stay off drugs, he will continue to live a life of homelessness. And finally, if faith-based programs are not able or willing to accept federal funding, they will have to strategize further regarding how to secure permanent housing for participants who graduate from their transitional housing program facilities. Without permanent housing, it is likely the cycle of transitional housing and street life will continue.

Limitations and Implications

There were several limitations to this study. I was granted access and permission from the program director to conduct my study at the SDRM. The staff, volunteers, and participants were on board with helping me achieve my desired outcomes of a pre-survey, post-survey, and individual subgroup interviews with graduates and non-graduates.

However, one of my first limitations was not being able to reach participants who completed their pre-survey at the beginning of the program to get them all to complete their post-survey, because either they were no longer interested in participating in the study or they left the program without completing their post-survey. A total of 142 participants filled out the pre-survey, but only 108, or 76%, completed the post-survey. Working with such a transient population can be difficult, and that was why I decided to increase my frequency of visits, to make sure I was physically present and knew what was happening with each participant. Without a doubt, the number of participants who completed the pre- and post-surveys would have been even lower if I had not been as present on a week-by-week basis to add profile and interest among the men in my study.

The second limitation, somewhat related to the first, was that I had 11 pre-surveys with no names attached. In other words, participants filled out most if not all the questions on the pre-survey but decided for anonymity purposes not to share their names. As I reviewed their responses, I wanted to make sure that I captured the data to reflect a more holistic view of the participants in my study in their demographic and pre-survey information. For the purpose of this study, only their demographic and background information was used. Not all of the pre-survey data were included in my analysis, only that from those participants who completed both the pre- and a post-survey (108).

The third limitation was that I researched only one faith-based transitional housing homeless program facility, located in Southern California. I also looked at homeless men only and not homeless women and children. Therefore, my findings are not generalizable to the total population of the homeless population or to all faith-based transitional housing programs working with homeless men, but they could provide meaningful insight and information for the one faith-based nonprofit involved in this study. The findings from this study may also help inform other faith-based transitional housing program facilities throughout San Diego County regarding the factors that supported or challenged a faith-based intervention approach.

The fourth limitation was the self-selection process of having participants who knowingly and willingly volunteered to participate in this research project. Others who were apprehensive about participating for privacy reasons and concerned about disclosing personal information about themselves and their personal situation of being homeless may have offered a very different perspective. The challenge with this process was that I was not able to hear from everyone in the program, and thus it was likely that I missed pertinent information that may have helped in answering my research questions. I did have 11 participants who filled out their demographic information and pre-survey but did not want to share their names. I was able to include their demographic information in the data collection process. Out of a total population of 200 participants in the SDRM Men's Center Program, 142, or 71%, participated in this study. The other point to note regarding self-selection is the fact that this is a faith-based program and most of the participants were there for that reason.

The fifth limitation was related to rolling admissions. The ideal situation would be to have a cohort of participants who all start and finish at the same time and to follow them throughout their journey. Because of the SDRM program design and the schedule to conduct this study, having this type of cohort was unrealistic and not feasible. Instead, participants joined the study on a rolling admissions basis during the SDRM's weekly new enrollment intakes under the First Step program (first 60-days after enrollment). All new enrollments were followed up on within one week of their joining the program.

Because the homeless population is a transient one, in the beginning stages of the program men came in and out of the First Step program due to commitment issues or drug and alcohol abuse. If the men completed the First Step program, they had a higher probability of completing the yearlong program. As reported, I had men who had been in the program for less than 9 months and over 9 months at the time the pre-survey was administered to the first 100 men. The average length of time in the program during this study was 9.5 months. During that time period, the length of time in the program did not have a significant impact on the change in attitudes or behaviors of the men in the program, as indicated in the pre- and post-survey analysis in Chapter 4. Because of this finding, further analysis was conducted on participants who had been with the program up to 9 months (the duration of this study) versus participants who had been in the program for 9 months or more. What was uncovered was that new participants who were enrolled in the program at the beginning of the study showed greater gains in changes in attitudes and behaviors than those who had already been enrolled in the program before I started my study.

However, there was a design flaw in my study because the program was a minimum of one year and up to two years but the evaluation period during which the study was conducted was only 9 months. Because the evaluation period (9 months) was shorter than the period of the program (1 to 2 years), the evaluation design did not allow me to capture participants from the start of the program to the completion of the program. In this case, time was problematic to drawing any inferences.

The sixth and final limitation was my positionality and bias that resulted from being homeless as a teen and working within the faith-based nonprofit sector for more than 17-years. It was a humbling experience doing this study at the SDRM. The realities of growing up homeless came back to me, and I must say that I personally have come a long way. It was with a spirit of gratefulness that I conducted this research, listening, observing, and asking question after question to make sure I was as objective as possible. Another way that I maintained my objectivity was by talking with the staff and volunteers to include their perspectives and experiences working with the men at the SDRM.

In the end, I believe the merits from the services provided by the SDRM exceed some of the limitations of this study. The SDRM provides a faith-based approach that aids in changing the attitudes and behaviors of homeless men. The fact that a faith-based intervention approach can be useful in curbing homelessness is an important finding.

Significance

This study uncovered new knowledge and a theoretical understanding of a faith-based community organization that provides comprehensive faith-based mental health services to the homeless population and specifically to homeless men living in a transitional housing program facility. Ultimately, the purpose of this mixed-methods

study was to examine the influence of the faith-based component of a transitional housing program on the attitudes and behaviors of homeless men.

- The findings of the current study contribute to examining the influence of the faith-based component of a transitional housing program on the attitudes and behaviors of homeless men.
- Findings from this study provide new understandings regarding how faith-based nonprofit organizations that provide comprehensive faith-based mental health services to homeless men, support their journey to recovery, independence, and self-sufficiency.
- It adds new knowledge as to how faith-based strategies can contribute to changing the attitudes and behaviors of homeless men, as well as policy implications for local, state, and federal government officials who are focused on understanding the role that faith-based nonprofit organizations can play in serving homeless men and potentially ending homelessness.

Areas for Future Research

The findings from this study highlight the need for further research in the areas of faith-based transitional housing program facilities. More specifically, as the research suggested, most of the homeless men in the program graduated completing the programmatic aspects of the program yet continued to struggle to find permanent housing after graduation. Additional longitudinal studies are needed to see what happened to those men who graduated from the program and their overall ability to stay gainfully employed, live drug-free lives, and secure access to permanent housing.

It is important to mention that although the chapel experience was not the central focus of this study, chapel may have had more of a significant impact that was not unpacked in this study, but worthy of further exploration in future studies. Other faith-based institutions may gain a greater understanding on what program components of a religious Rescue Mission may have on affecting the attitudes and behaviors of homeless men.

Lastly, in addition to longitudinal studies, comparative research is needed to examine the change in attitudes and behaviors of homeless men living in a non-faith-based transitional housing program facility compared with homeless men living in faith-based housing programs similar to the SDRM.

Closing Thoughts

Manny lived what most would consider an ordinary life until he fell on hard times, lost his job and his family, and was forced to live on the streets, adding to the homeless population. The SDRM Men's Center Program was his saving grace, and he felt comfortable seeking assistance from a spiritual place because he trusted that he would find acceptance, compassion, and direction. Moxley, Washington, and McElhaney (2010) have indicated that compassion can be the greatest resource a faith-based organization can offer people like Manny whose homes are literally on the streets.

In the end, there is no silver bullet for ending homelessness. It is important to be mindful that homelessness is a byproduct of poverty and limited resources. It takes a deep understanding of and collaborative effort on the issue through an ecological perspective to understand the totality of the situation. Homelessness is a serious moral and social problem, and turning our heads from helping the homeless is not the answer.

What matters most is helping people live dignified lives with the means they can count on (Moxley et al., 2010). While faith-based transitional housing program facilities may not be a solution for every homeless man needing services, understanding their transformational strategies may offer the opportunity to help address homelessness in a significant and impactful way. As Sider (2005) concluded, “Almost everyone agrees that the level of widespread poverty and social brokenness, especially at the heart of our great cities, in the richest nation in human history, are both a moral disgrace and a threat to democracy” (p. 490). The SDRM recognizes the need to provide services to the homeless through a faith-based intervention approach to serve lost and often-forgotten people—men of God.

REFERENCES

- Baker, D. (2007, August). Midsummer meltdown: Prospects for the stock and housing markets. Center for Economic and Policy Research, www.cepr.net.
- Banks, J. A. (1998). The lives and values of researchers: Implications for educating citizens in a multicultural society. *Educational Researcher*, 27(7), 4–17.
- Baron, J. (2004). The “no property” problem: Understanding poverty by understanding wealth. *Michigan Law Review*, 102, 1000–1023.
- Bass, B. (2009). Faith-based programs and their influence on homelessness. *Family Community Health*, 32(4), 314–319.
- Buchanan, D., Rohr, L., Stevak, L., & Sai, T. (2007). Documenting attitude changes towards homeless people: Comparing two standardized surveys. *Medical Education*, 41, 346–348.
- Burt, M., Laudan Y. Lee, Aron, Lee, E., & Valente, Jesse. (2001). *Helping America's Homeless: Emergency Shelter or Affordable Housing?* Washington, D.C.: Urban Institute Press.
- Bush, G. (2002). President Bush's Faith-Based & Community Initiative. *White House Office of Faith-Based and Community Initiatives*. Washington, DC. Retrieved from <http://www.4uth.gov.ua/usa/english/politics/agencies/ofbci.pdf>
- Carroll, D., & Stater., K. (2008). Revenue diversification in nonprofit organizations: Does it lead to financial stability? *Journal of Public Administration Research and Theory*, 19, 947–966.
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Thousand Oaks, CA: Sage Publications, Inc.
- Creswell, J. (2014). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. Thousand Oaks, CA: Sage Publications, Inc.
- Culhane, D., & Metraux, S. (2008). Rearranging the deck chairs or reallocating the life boats? Homelessness assistance and its alternatives. *Journal of American Planning Association*, 74(1), 111–121.
- Dees, J., & Anderson, B. (2003, May/June). Sector-bending: Blurring lines between nonprofit and for-profit. *Society*, 11, 16–27.
- Denzin, N. K., & Lincoln, Y. S. (2005). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (pp. 1–32). Thousand Oaks, CA: Sage Publications, Inc.

- Farrell, D. (2010). The paradox of chronic homelessness: The conscious desire to leave homelessness and the unconscious familiarity of the street life. *Journal of Human Behavior in the Social Environment*, 20, 239–254.
- Fudge, T. (2012, December 11). San Diego's homeless population third in nation. *KPBS*. Retrieved from www.kpbs.org/news/2012/dec/11/san-diegos-homeless-population-third-nation/
- Kusmer, K. (2002). *Down and out, on the road: The homeless in American history*. New York, NY: Oxford University Press.
- Kvale, S., & Brinkmann, S. (2009). *Interviews: Learning the craft of qualitative research interviewing* (2nd ed.). Los Angeles, CA: Sage.
- McNaughton-Nicholls, C., & Atherton, I. (2011, July). *Housing First*: Considering components for successful resettlement of homeless people with multiple needs. *Housing Studies*, 25(5), 767–777.
- Minkoff, D., & Powell, W. (2006). Nonprofit mission: Constancy, responsiveness, or deflection? *The non-profit sector: A research handbook* (2nd ed.) (pp. 591–611). New Haven, CT & London, England: Yale University Press.
- Moulton, S. (2013). Does increased funding for homeless programs reduce chronic homelessness? *Southern Economic Journal*, 79(3), 600–620.
- Moxley, D., Washington, O., & McElhaney, J. (2010). “I don’t have a home”: Helping homeless people through faith, spirituality, and compassionate service. *Journal of Religion and Health*, 51, 431–449.
- National Coalition for the Homeless. (2004). *Illegal to be homeless: The criminalization of homelessness in the United States*. Retrieved from <http://www.nationalhomeless.org/publications>
- National Coalition for the Homeless. (2007a). *Addiction disorders and homelessness*. Retrieved from <http://www.nationalhomeless.org>
- National Coalition for the Homeless. (2007b). *Hate, violence, and death on Main Street USA*. Retrieved from <http://www.nationalhomeless.org>
- National Law Center on Homelessness and Poverty. (1997). *Access delayed, access denied*. Washington, DC: Author. Retrieved from <http://www.nlchp.org/content/pubs>
- Nooe, R., & Patterson, D. (2010). The ecology of homelessness. *Journal of Human Behavior in the Social Environment*, 20, 105–152.

- Phelan, J., Link, B. G., Moore, R. E., & Stueve, A. (1997). The stigma of homelessness: The impact of the label “homeless” on attitudes toward poor persons. *Social Psychology Quarterly*, 60(4), 323–337.
- Rayburn, R. (2013). Understanding homelessness, mental health and substance abuse through a mixed-methods longitudinal approach. *Health Sociology Review*, 22(4), 389–399.
- Rickards, L., McGraw, S., Araki, L., Casey, R., High, C., Hombs, M., & Raysor, R. (2010, April). Collaborative initiative to help end chronic homelessness: Introduction. *The Journal of Behavioral Health Services & Research*, 37(2), 149–166.
- Rossi, P. H. (1990). The old homeless and the new homelessness in historical perspective. *American Psychologist*, 45, 954–959.
- Saelinger, D. (2006). Nowhere to go: The impacts of city ordinances criminalizing homelessness. *Georgetown Journal on Poverty Law & Policy*, 13(3), 545–566.
- Saldaña, J. (2013). *The coding manual for qualitative researchers* (2nd ed.). Thousand Oaks, CA: Sage.
- San Diego County Regional Task Force on the Homeless. (2014, September 24). *2014 San Diego regional homeless profile: Summary results from the San Diego Regional 2014 Point-In-Time Count*. Retrieved from http://www.rtfhsd.org/wp/wp-content/uploads/2014/10/RHP-2014_FINAL_9-25-141.pdf
- San Diego Rescue Mission. (2015). *San Diego Rescue Mission: Saving lives since 1955*. Retrieved from <http://www.sdrescue.org/home/>
- Sider, R. (2005). Evaluating the Faith-Based Initiative: Is charitable choice good public policy? *Theology Today*, 61, 485–498.
- Sloan, M., & Grizzle, C. (2014, Summer). Assessing the impact of federal funding on faith-based and community organization program spending. *Public Financial Publications, Inc.*, 44–62.
- Smith, S., & Gronbjerg, K. (2006). Scope and theory of government-nonprofit relations. In W. W. Powell & R. Steinberg (Eds.), *The non-profit sector: A research handbook* (2nd ed.) (pp. 221–242). New Haven, CT: Yale University Press.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.
- Takacs, D. (2003). How does your positionality bias your epistemology? *Thought & Action*, 19(1), 27–38.

- Tanner, M. (2001). Corrupting charity: Why government should not fund faith-based charities. *CATO Institute Briefing Papers*, 62, 1–14.
- Tashakkori, A., & Teddlie, C. (2003). Issues and dilemmas in teaching research methods courses in social and behavioral sciences: US perspective. *International Journal of Social Research Methodology*, 6, 61–77.
- Toro, P., Trickett, E., Wall, D., & Salem, D. (1991). Homelessness in the United States: An ecological perspective. *American Psychologist*, 46(11), 1208–1218.
- Trochim, M. K. (2006, October 20). *Descriptive statistics, research methods knowledge base*. Retrieved from <https://www.socialresearchmethods.net/kb/statdesc.php>
- U.S. Department of Housing and Urban Development. (2013). *The 2012 annual homeless assessment report to Congress*. Washington, DC: Author.
- Waegemakers Schiff, J., & Schiff, R. (2014, September). Housing first: Paradigm or program? *Journal of Social Distress and the Homeless*, 23(2), 80–104.

APPENDIX A

Ecology of Homelessness

Ecology of Homelessness

FIGURE 1 Ecological model of homelessness.

APPENDIX B

Interview Guide/Protocol

Research Topic:

Faith and Homelessness: Examining the influence of the faith-based component of a transitional housing program on the attitudes and behaviors of homeless men.

Research Question(s):

The following three research questions will set the direction and serve as the focal points for this study: (1) What attitude and behavior changes occurred for homeless men because of living in a faith-based transitional housing program facility? (2) What factors supported or challenged a faith-based intervention approach? And, (3) How did a faith-based approach transform the dispositions of homeless men living on the streets?

Purpose of Sub-group Interviews:

After the pre- and post-surveys are administered and data analysis concluded, I will interview five (5) participants who had been in the program 9 months or more and five (5) participants who were in the program under 9 months. The purpose of interviewing this sub-group is to get the entire picture about my research questions, specifically, what changes in attitudes and behaviors, if any, resulted from being enrolled in the Men's Center program. The ultimate goal of each interview is to determine whether a faith-based approach to providing comprehensive mental health services helped homeless men find permanent housing, and if not, why not.

Interview Participants:

A total of ten (10) men will be interviewed for this study. Interviews will be offered to a participant who agrees to be interviewed and at one end of the perspective or the other. By interviewing these two (2) sub-groups, my objective is to deepen my understandings, findings and insights to answering my research questions.

Location:

Interviews will be conducted over a nine (9) to twelve (12) month period at the San Diego Rescue Mission (SDRM) located at 120 Elm Street, San Diego, CA, 92101.

Resources:

Participant interviews will be conducted with the assistance of a portable audio recorder pending permission by each participant. Also, a notebook and pen will be used to jot down notes regarding participant comments during interview and non-verbal observations.

Types of questions:

I will ask background questions, and then I will move to more specific questions related to my research questions. The questions are in sequential order and will follow a logical scope and sequence.

Sub-Group Interview Questions:

# of Questions	Key Questions	Justification
1	How did you find out about the program?	To understand the referral contacts and connections leading them to want services from the SDRM (San Diego Rescue Mission)
2	What made you decide to come here?	To determine what elements made the SDRM a better choice than another service provider and what made coming here their primary choice over other transitional housing programs for the homeless
3	What caused you to become homeless, and how long have you been on the streets?	To gain a greater understanding of what factors caused the homeless situation; the length of time indicates whether their experience was episodic, long-term, or chronic
4	What has been the most difficult part of staying here?	To identify the challenges participants face when they are enrolled in the program and whether the factors are internal, external, or a combination of both
5	What has been the best part of staying here?	To define elements of success as to why participants stay in and with the program

6	What program element(s) did you like the most? Least?	To be able to identify, from a programmatic and behavior perspective, what programs are working well and assisting with self-sufficiency
7	Do you think you will ever be homeless again in the future? Why?	To see how confident they are with their decision to want and need change and to understand the extent to which they embrace getting off the streets and turning their lives around
8	What are your plans after you leave/graduate from the program? Where do you plan to live?	To look at long-term goals and listen to their next steps or goals after they leave the program and to gauge what the future looks like and the road map for them to get there, as finding permanent housing is crucial to preventing recidivism
9	How did the spiritual programmatic aspect affect or change you?	To understand the core question regarding spirituality and to what degree having a faith-based approach helped with ending homelessness
10	In what way(s) does a spiritual component matter or not matter to ending homelessness?	To understand the impact a faith-based approach has and how much of a factor it is in providing the turnaround that most participants need to secure permanent housing

These questions will guide my interviews, and additional sub-questions may emerge based on participant responses.

APPENDIX C

Demographics and Background Information

1. Age: **Mean: 44.3169, Median: 46.5000, Min. 23, Max. 69**
2. Do you consider yourself a person of faith? **131 or 92.3% said yes, 8 or 5.6% said no, 3 or 2.1% did not respond.**
3. How many years have you lived in San Diego. **Mean: 23.3617, Min. 1, Max. 62.**
4. How long have you been at the San Diego Rescue Mission? **Mean: 9.6690, Min. 1, Max. 20 months.**
5. What is your racial/ethnic background?
 - A. White/Anglo or European American, **80 participants, 56.3%**
 - B. Hispanic or Latino, **18 participants, 12.7%**
 - C. Black/African American, **26 participants, 18.3%**
 - D. Asian, Asian American, Pacific Islander, **3 participants, 2.1%**
 - E. Native American, **0 participants, 0%**
 - F. Arabic/Middle Eastern, **0 participants, 0%**
 - G. Bi-Racial (if yes, please describe), **20 participants, 7%**
 - H. Other (if yes, please describe), **4 participants, 2.8%, and 1 or .7% no response**
6. Highest level of schooling you completed:
 - A. Grade school, **6 participants or 4.2%**
 - B. Junior high or middle school, **10 participants or 7%**
 - C. High school or GED, **69 participants or 48.6%**
 - D. Vocational school, **5 participants or 3.5%**
 - E. Some college, **35 participants or 24.6%**
 - F. Associate degree, **9 participants or 6.3%**
 - G. Bachelor's degree, **5 participants or 3.5%**
 - H. Master's degree, **None**
 - I. Professional degree (MD or JD), **None**
 - J. Doctorate, **None**
 - K. No schooling, **3 participants or 2.1%**
7. Relationship Status:
 - A. Single, never married, **76 participants or 53.5%**
 - B. Married, **5 participants or 3.5%**
 - C. Separated or Divorced, **53 participants or 37.3%**
 - D. Widowed, **8 participants or 5.6%**
8. What is the longest period that you have been homeless? **Mean: 2.7958 years, Median: 3 years.**
 - A. Never been homeless, **17 participants or 12%**

- B. Less than one year, **42 participants or 29.6%**
- C. In between one and two years, **36 participants or 25.4%**
- D. More than two years, **47 participants or 33.1%**

9. Have you ever been arrested?

No: **14 participants or 9.9%**, Yes: **128 participants or 90.1%**

If yes, were you homeless at the time. No: **72 participants or 56.3%**, Yes: **53 participants or 41.4%**

10. Are you a military veteran?

No: **128 participants or 90.1%**, Yes: **14 participants or 9.9%**

If yes, what branch did you serve.

11. What is your employment history (please check the one that best describes your history):

- A. More than 30 years of work experience, **40 participants or 28.2%**
- B. More than 20 years of work experience, **31 participants or 21.8%**
- C. More than 10 years of work experience, **35 participants or 24.6%**
- D. More than 5 years of work experience, **12 participants or 8.5%**
- E. One or more years of work experience, **9 participants or 6.3%**
- F. Less than 1 year of work experience, **11 participants or 7.7%**
- G. No work experience, **3 participants or 2.1%**, **1 participant or .7% no response**

12. Do you have, or have you ever had an addiction or substance abuse issue?

No: **18 participants or 12.7%**, Yes: **124 participants or 87.3%**

If yes, what is/was your drug(s) of choice. **Crystal Meth and Alcohol**

13. Have you stayed in a faith-based transitional housing facility program before?

80 participants or 56.3% said no and 62 participants or 43.7% said yes.

14. Are you currently involved in a faith community?

37 participants or 26.1% said no, 103 participants or 72.5% said yes, and 1 participant or .7% did not respond.

15. Would you be willing to be interviewed in the future?

39.4% or 56 participants said Yes, and 31.7% or 45 participants said No.

APPENDIX D

Pre- and Post-Attitude and Behavior Homeless Survey

Please check from the **attitude** statements below that best apply.

1. I like myself.

Strongly Agree	Agree	Unsure but Probably Agree	Unsure but Probably Disagree	Disagree	Strongly Disagree
6	5	4	3	2	1

2. I can solve my own challenges in life.

Strongly Agree	Agree	Unsure but Probably Agree	Unsure but Probably Disagree	Disagree	Strongly Disagree
6	5	4	3	2	1

3. I have a strong support system.

Strongly Agree	Agree	Unsure but Probably Agree	Unsure but Probably Disagree	Disagree	Strongly Disagree
6	5	4	3	2	1

4. Being a man of faith is extremely important to me.

Strongly Agree	Agree	Unsure but Probably Agree	Unsure but Probably Disagree	Disagree	Strongly Disagree
6	5	4	3	2	1

5. Being in this program has given me a positive outlook on life.

Strongly Agree	Agree	Unsure but Probably Agree	Unsure but Probably Disagree	Disagree	Strongly Disagree
6	5	4	3	2	1

6. I believe I will never be homeless again.

Strongly Agree	Agree	Unsure but Probably Agree	Unsure but Probably Disagree	Disagree	Strongly Disagree
6	5	4	3	2	1

7. I can make it on my own.

Strongly Agree	Agree	Unsure but Probably Agree	Unsure but Probably Disagree	Disagree	Strongly Disagree
6	5	4	3	2	1

8. Being in this program has deepened my faith.

Strongly Agree	Agree	Unsure but Probably Agree	Unsure but Probably Disagree	Disagree	Strongly Disagree
6	5	4	3	2	1

9. I believe I can overcome negative situations in my life.

Strongly Agree	Agree	Unsure but Probably Agree	Unsure but Probably Disagree	Disagree	Strongly Disagree
6	5	4	3	2	1

10. Being homeless helped me re-evaluate my life.

Strongly Agree	Agree	Unsure but Probably Agree	Unsure but Probably Disagree	Disagree	Strongly Disagree
6	5	4	3	2	1

Please check from the **behavior** statements below that best apply.

11. I can control myself.

Strongly Agree	Agree	Unsure but Probably Agree	Unsure but Probably Disagree	Disagree	Strongly Disagree
6	5	4	3	2	1

12. I can overcome obstacles in my life.

Strongly Agree	Agree	Unsure but Probably Agree	Unsure but Probably Disagree	Disagree	Strongly Disagree
6	5	4	3	2	1

13. I am quick to change my point of view.

Strongly Agree	Agree	Unsure but Probably Agree	Unsure but Probably Disagree	Disagree	Strongly Disagree
6	5	4	3	2	1

14. I know what I need to do to turn my life around.

Strongly Agree	Agree	Unsure but Probably Agree	Unsure but Probably Disagree	Disagree	Strongly Disagree
6	5	4	3	2	1

15. I am self-sufficient with taking care of myself.

Strongly Agree	Agree	Unsure but Probably Agree	Unsure but Probably Disagree	Disagree	Strongly Disagree
6	5	4	3	2	1

16. I have people in my life that I trust.

Strongly Agree	Agree	Unsure but Probably Agree	Unsure but Probably Disagree	Disagree	Strongly Disagree
6	5	4	3	2	1

17. I have other people in my life I can count on.

Strongly Agree	Agree	Unsure but Probably Agree	Unsure but Probably Disagree	Disagree	Strongly Disagree
6	5	4	3	2	1

18. I am a substance abuser.

Strongly Agree	Agree	Unsure but Probably Agree	Unsure but Probably Disagree	Disagree	Strongly Disagree
1	2	3	4	5	6

19. I would steal if I felt it appropriate.

Strongly Agree	Agree	Unsure but Probably Agree	Unsure but Probably Disagree	Disagree	Strongly Disagree
1	2	3	4	5	6

20. I have a personal relationship with my higher power.

Strongly Agree	Agree	Unsure but Probably Agree	Unsure but Probably Disagree	Disagree	Strongly Disagree
6	5	4	3	2	1

21. Would you be willing to be interviewed in the future?

Thank you for participating in this study.

APPENDIX E

Research Participant Consent Form

***Faith and Homelessness: Examining the Attitudes and Behaviors of
Homeless Men Living in a Faith-Based Transitional Housing Program Facility***

Douglas E. Luffborough, III is a doctoral candidate in Leadership Studies at the School of Education at the University of San Diego. You are invited to participate in a research project he is conducting for the purpose of examining the attitudes and behaviors of homeless men living in a faith-based transitional housing program facility.

The project will involve a pre- post- survey and subgroup interviews. The pre-post- survey will ask background information and specific questions relating to the attitudes and behaviors of homeless men enrolled in the San Diego Rescue Mission Men's Center Program. After the survey data analysis is completed, a subgroup of participants will be interviewed. Each interview will last about 60-minutes. The interview will take place at the San Diego Rescue Mission.

Participation is entirely voluntary, and you can refuse to answer any question and quit at any time. Should you choose to stop, no one will be upset with you and your information will be destroyed right away. If you decide to quit, nothing will change your status in the program.

The information you give will be analyzed and studied in a manner that protects your identity. That means that a code number will be used and that your real name will not appear on any of the study materials all information you provide will remain confidential and locked in a file cabinet in the researcher's office for a minimum of five years before being destroyed.

There may be a risk that filling out the pre- post- survey and participating in the subgroup interviews may make you feel tired. Sometimes people feel anxious or sad when talking or reflecting on the things you will be asked about. If you would like to talk to someone about your feelings, you can call the San Diego Mental Health Hotline at 1-800-479-3339. Remember, you can stop the interview at any time you feel tired or for any other reason.

The benefit to participating will be in knowing that you helped faith-based leaders learn how to better support homeless men living in a faith-based transitional housing program facility. All participants, regardless of whether you complete the entire questionnaire, and interview will receive a Starbucks gift card worth \$10 as an incentive for your participation. If you have any questions about this research, please contact Doug Luffborough at (619) 750-4182 or Dr. Lea Hubbard at the University of San Diego at (619) [260-5938](tel:619-260-5938).

I have read and understand this form, and consent to the research it describes to me. I also have received a copy of this consent form for my records.

Name of Participant (Printed)

Signature of Participant

Date

Signature of Principal Investigator

Date

APPENDIX F

Men's Center Program Sample Daily Schedule

5:00 am – 6:30 am	Medication Disbursement
6:45 am – 7:30 am	Morning Chapel
6:45 am – 7:45 am	Relapse Prevention Class
7:45 am – 8:45 am	Boundaries Class
7:45 am – 8:45 am	Real Life Skills Class
7:45 am – 8:45 am	Drug Education Class
8:45 am – 12:30 pm	Work Therapy Sessions*
11:00 am – 12:45 pm	Medication Disbursement
12:30 pm – 1:30 pm	House of Prayer
1:30 pm – 2:30 pm	God's Way, Not Your Way Class
2:30 pm – 6:00 pm	Work Therapy Sessions*
5:00 pm – 6:15 pm	Medication Disbursement
6:00 pm – 7:00 pm	GED Class
7:00 pm – 8:00 pm	Foundations Class
6:50 pm – 8:00 pm	Evening Chapel
8:00 pm – 9:00 pm	Discipleship Class

*Each participant signs up for one or more Work Therapy assignment(s) within the San Diego Rescue Mission. These roles include: Warehouse and Thrift Stores, Mission Services, Intake/1st Step Program, Food Services, Maintenance/Janitorial, and Media Center.

APPENDIX G

Example of Analytic Memo

ANALYTIC MEMO

Date: April 11, 2016
Time: 7 pm to 9 pm
Location: San Diego Rescue Mission
Purpose: Attended Chapel

I arrived around 6:48pm for chapel services at the San Diego Rescue Mission. Brother Greg Robinson, the Resident Assistant was leading the charge tonight and getting everyone situated to start chapel. Brother Robinson started off by talking about the different color badges participants have and how yellow badges receive special privileges for good behavior and length of time in program. Tonight, I was asked to come up and speak before chapel started to introduce myself and share why I was attending chapel and my research project. I felt a little nervous in front of over 100 homeless men from all lifestyles. I explained my background and the purpose for my study. Men appeared interested in participating in my study and the head nods and “amen” that followed were words of affirmation that confirmed their agreement at the importance of such a study.

As I made my way back to my seat, the smell of dried alcohol and smoke filled the room as the praise and worship began. One by one men trickled in to take their usual seat. Some appeared excited for chapel while others reluctantly took their seats. A different church group comes out each night to lead chapel. Tonight it was the 47th Street Church from Southeast San Diego. For the first song, men were reserved, sitting back and not participating much but as the fourth song began men were standing up, hands raised and the mood and spirit in the room shifted to one of excitement, expectation, and hope. Not everyone stood but even the ones that stayed seated were more attentive and

participatory (clapping their hands or moving their heads up and down to the rhythm and beat of the drums). I found myself joining them at one point unintentionally. I felt the spirit of God in that moment and thought to myself that there just may be some merits to conducting this study.

As the praise and worship session concluded, men were high-fiving one another and talking amongst each other. It was safe to say that the spiritual ice had been broken and the presence of God was present with us in that moment. The pastor of 47th Street Church approached the podium and asked everyone to open their Bibles with him to Jeremiah 17:9. Apparently, it was a requirement for all participants to bring a Bible to chapel each night. One of the staff members handed me a Bible to look along. As I thumbed through the Old Testament to the book of Jeremiah, it was clear that this was a faith-based program. The message that night centered on the men changing their hearts regarding the program and where they are in life. The pastor preached; “The heart is deceitful above all things.” The men were asked to reflect on where they have been, but, more importantly, where they were now going with God in their lives. The message concluded with an invitation to receive alter call or the opportunity to invite Christ into their heart and serve God moving forward in their lives.

Upon the conclusion of chapel, the men had free time and while some stayed to “fellowship” with one another, others went back to their rooms or went outside for a final smoke break before going to bed. Two men (Sam and John) came directly up to me after chapel sharing their interest in being a part of my study. One was new to the program and the other one had been there for several months. What they both had in common was a desire to talk about their experiences of being homeless and both were eager to take my

survey and agreed to an interview. I set up a time the following week after chapel to meet with them and enroll them into my study.

The entire ride home I reflected on the experience that I was just a part of with a room filled of middle-aged homeless men living at the San Diego Rescue Mission. My own experience of being homeless came back to me and I was so thankful for the transformation that I not only went through but also survived to be where I am today. In the back of my mind, I wondered if the spiritual shift I made would be the similar spiritual shift those who completed the program also made. Moreover, for those who do not complete the program, I wondered what factors challenged them along the way. The men in the room were someone's grandfather, father, brother, husband, and uncle to many who were separated from their families because of poor choices, addictions, or just fell into tough economic conditions. As a husband and father, my heart broke for each of the men in their current circumstance, but I was encouraged with the opportunity to tell their story and examine the influence of the faith-based component at the San Diego Rescue Mission on the attitudes and behaviors of homeless men.

APPENDIX H

Factors That Supported or Challenged Change

Table H1

Factors That Supported or Challenged Change

	9 months more	9 months less
Factors that supported change	(Sergio, Pablo, John, Sean, and Bill)	(Sam, Juan, Patrick, Walter, and Donald)
Classes/more classes (8/10)	5	3
Faith-based interventions (8/10)	4	4
Staff member support (5/10)	3	2
Scripture knowledge (4/10)	2	2
Safe haven (3/10)	0	3
Chapel (2/10)	2	0
Factors that challenged change		
Substance abuse (7/10)	3	4
Rules and regulations (7/10)	3	4
Living with others (6/10)	3	3
Incarceration (5/10)	2	3
Family separation (5/10)	2	3
Chronic homelessness (4/10)	1	3
Anger management (2/10)	0	2
Mental health (2/10)	0	2
Gang involvement (2/10)	1	1
Lack of work experience (1/10)	1	0

Institutional Review Board Project Action Summary

Action Date: April 14, 2016

Note: Approval expires one year after this date.

Type: ☐ New Full Review ☒ New Expedited Review ☐ Continuation Review ☐ Exempt Review
☐ Modification

Action: ☒ Approved ☐ Approved Pending Modification ☐ Not Approved

Project Number: 2016-04-194

Researcher(s): Douglas E. Luffborough III Doc SOLES
Dr. Lea Hubbard Fac SOLES

Project Title: Examining the Attitudes and Behaviors of Homeless Men Living in a Faith-Based Transitional Housing Program Facility

Note: We send IRB correspondence regarding student research to the faculty advisor, who bears the ultimate responsibility for the conduct of the research. We request that the faculty advisor share this correspondence with the student researcher.

Modifications Required or Reasons for Non-Approval

None

The next deadline for submitting project proposals to the Provost's Office for full review is N/A. You may submit a project proposal for expedited review at any time.

Dr. Thomas R. Herrinton
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