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**From homeless to home: Building a path; The Resource Room
as part of emergency shelter**

Deats, Cathy Leigh, D.S.W.

City University of New York, 1990

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**FROM HOMELESS TO HOME:
BUILDING A PATH
THE RESOURCE ROOM AS PART OF EMERGENCY SHELTER**

BY

CATHY LEIGH DEATS

**A dissertation submitted to the Graduate Faculty in
Social Welfare in partial fulfillment of the
requirements for the degree of Doctor of Social
Welfare, The City University of New York.**

1990

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This manuscript has been read and accepted for the Graduate Faculty in Social Welfare in satisfaction of the dissertation requirement for the degree of Doctor of Social Welfare.

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Abstract**HOMELESS TO HOME: BUILDING A PATH
THE RESOURCE ROOM AS PART OF EMERGENCY SHELTER**

by

Cathy Leigh Deats**Adviser: Professor Rebecca Donovan**

Homelessness is a serious and growing social problem in the United States today. Homelessness is no longer an urban phenomenon, but has reached into and is affecting suburban areas as well. However, suburban communities and governments are reluctant to recognize or admit this problem.

The program described herein addresses the needs of the homeless population in a suburban area of New Jersey. The development of the Resource Room in Cornerstone House, a twenty-two bed emergency shelter for individuals and families, is traced in three main categories. First, the organizational context is discussed. This study follows the formation of a coalition to respond to homelessness from its first gathering to the opening and first six months of operation of the emergency shelter with comprehensive case management resources. Second, a description of the community in which the shelter is located is given, followed by a discussion of the varied ways the Coalition tried to establish a shelter and the resistance and encouragement encountered along the way. Third, a thorough program description is included in order to guide others in shelter program development in suburban areas.

Goals of the program are (1) Clients will acquire a non-

temporary living arrangement and (2) Clients will have an improved sense of self-worth. Findings included successful placement in 54% of the cases and improved ISE scores in 57% of the cases. Other findings include: one-third of clients were employed and 82% of admissions had significant symptoms of depression.

Recommendations include: (1) Emergency shelter should be measured in weeks rather than months; (2) adequate and affordable housing must be provided to alleviate the problem of homelessness; (3) Mental health assistance should be available for homeless persons.

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I. INTRODUCTION

Homelessness is a serious and growing social problem in the United States today. It has captured the attention of the media as evidenced by the increase in newspaper articles and television news reports over the past ten years, fundraising efforts like "Hands Across America", and the Housing Now March on Washington in October 1989. Policymakers in state and federal government are becoming involved in the problem through legislation and programs to assist homeless persons. Researchers are beginning to study homelessness and its effects from Boston to St. Louis to San Francisco. Private citizens are involved in coalitions to assist homeless persons and in individual programs which shelter homeless families. Others encounter homelessness on a daily basis as they commute to work in large cities through public transportation systems, with reactions varying from sympathy to anger to disgust.

In its report to Governor Thomas H. Kean on October 7, 1983, the Governor's Task Force on the Homeless defined homelessness as follows:

The homeless includes any person or persons who identify themselves as in need of immediate shelter assistance. This definition includes any person or persons who, after potential resources are explored, remain in need of continued shelter assistance.¹

This definition would include those living on the streets, those "doubled up" in overcrowded apartments, persons in shelters and persons in danger of eviction. The homeless

¹ State of New Jersey, Statement of Governor Thomas H. Kean, Task Force On the Homeless, October 24, 1983, p. 7.

population in the State of New Jersey has been estimated at 28,000 in 1987 by the State Department of Community Affairs.² The New Jersey Right To Housing group estimates the state's homeless population to be between 40,000 and 50,000 for the same year.³ Regardless of the numerical estimate of the size of the homeless population in New Jersey, homelessness is no longer an urban phenomenon but has reached into and is affecting suburban areas of the state. Homelessness in the suburbs is not a result of overflow from urban areas. Instead, suburban residents whose incomes cannot keep up with rising housing costs are losing their housing. Some have lost housing subsidies with the Housing and Urban Development budget cuts, others have lost housing as the result of condominium conversions and gentrification. Lower-middle-class people living in the suburbs are thus joining the ranks of the homeless population.

However, suburban communities and governments are reluctant to recognize or admit this problem. They do not often see the stereotype of a homeless person -- an alcoholic in the gutter or "bag lady" carrying everything she owns -- on the streets of their towns. Communities are reluctant to open a shelter for fear that homeless people from the cities will flock to their town because of its presence. While it is true that the number of available shelter beds is far below any

² Gannon, Bill and Donna Leusner, "Loss of Affordable Housing Forces Thousands More Into Homelessness," Newark Star-Ledger, March 27, 1988, p. 35.

³ Ibid., p. 35.

estimate of the homeless population⁴, service providers have found the populations they serve to be overwhelmingly prior residents of their service area and not "out-of-towners".⁵

The program described herein addresses the needs of the homeless population in a suburban area of New Jersey. The homeless population in this area is not as visible as in an urban area. Rarely does the emergency assistance network in this area encounter a person or family whose last residence was the street or an abandoned automobile. This program thus addresses those we call "newly homeless"; that is, while their last residence may or may not have been their own, they have not spent substantial time on the street, in abandoned buildings or cars, or in public shelters. Programming to meet the needs of these homeless persons is different than programming designed to provide for the needs of persons who have spent months or years living essentially on the streets. The description of this program and the findings of this study will be organized into several components:

- (1) organizational context
- (2) community context
- (3) program description

The organizational context is concerned with the

⁴ The number of shelter beds in New Jersey supplied by The State of New Jersey Department of Human Services, December 1989.

⁵ Statistics kept by individual shelter operators indicate that shelter residents are more than 90% from the town in which they are located. This information provided by Essex County Shelter Operators and the Essex County Division of Community Action.

formation of organizational form and structure in response to the needs of this population. Building coordination and cooperation in an organization requires energy and determination. This is especially true for the issue of homelessness in a suburban area. It is difficult to convince people to respond to a need which they do not perceive is there. This study will follow the formation of a coalition (The Coalition for Emergency Assistance) to respond to homelessness from its first gathering to the opening and first six months of operation of a twenty-two bed emergency shelter with comprehensive case management resources. Over this period of six years, the formation and operation of the organizations involved went through many changes in order to focus on the goal of responding to the emergency needs of area residents. The form and structure of the Coalition for Emergency Assistance and The Salvation Army as administrative organization will be discussed.

The community context is another important component in the response of a community to the problem of homelessness. The general resistance of suburban communities to the development of programs for homeless persons is a serious force to be addressed. A description of the community in which the shelter is located will be given, followed by a discussion of the varied ways the Coalition tried to establish a shelter and the resistance and encouragement encountered along the way.

A thorough program description is included for several reasons. First, there are comparatively few shelter programs

in suburban areas and even fewer which have been described sufficiently enough to either replicate a program or describe the population being served. The process of the development of this program in its context is intended to offer guidance for those interested in responding to homelessness in suburban areas. Second, the process of coalition building and coordination is necessary to address the problem of homelessness in the suburbs. This description is intended to stress the need for coordination and cooperation on a project such as this. Third, the utilization of volunteers in a shelter program is not a new idea but one which bears reinforcement. This description is intended to offer guidance in the effective use of volunteers in a shelter program to maximize services to this population.

The National Association of Social Workers, in its policy statement on Homelessness states:

Homelessness is a multifaceted problem resulting from failures in the health, welfare, economic, housing and educational systems. People who are homeless today include educated and skilled workers without a job, families, the mentally and physically disabled, the elderly and the young. There is a severe shortage of safe and sanitary emergency shelters that have programs and staff to provide services designed to shorten the stay of homeless people and to help prevent future homelessness.⁶

It is not the intention of this study to create a new category of homeless persons: the "newly homeless" or

⁶ Social Work Speaks: NASW Policy Statements, National Association of Social Workers, Silver Spring, MD: 1988, p. 67.

"suburban homeless". It is its intention to investigate thoroughly the provision of services to homeless individuals and families in order to understand their needs better and respond to them more effectively. Throughout this project and the analyses, frustrations, endless meetings and seemingly insurmountable obstacles, the persons involved in planning and administration needed constant reminders that this process was focussed on people; not "the homeless"⁷ or "them" (as in "them" and "us"). We needed to call to mind the man struggling to house his family as his salary did not keep pace with rising housing costs, or the woman with two preschoolers who finally had enough strength to leave her alcoholic husband only to find she could not afford to support them on her own. For to forget what our actions are about is to make them at best miss the mark and at worst, futile. It is hoped that this document is, as the process was, focussed on the human beings for which this program was created.

⁷ Throughout this paper, reference to "homeless persons", "homeless individuals" and "homeless families" is used deliberately to replace the dehumanizing and distancing term "the homeless". The alternative terms are also used in hope of increasing awareness that homeless people are not one large homogeneous group.

II. LITERATURE REVIEW

A. Extent of the Problem

A review of the literature reveals that homelessness is a serious and growing social problem. However, there is little agreement on the numbers of homeless people. Estimates range from a low of 250,000 to 350,000 nationwide on an average night, as reported by the Department of Housing and Urban Development to a high of 2 to 3 million each night as reported by the Community for Creative Non-Violence, an advocacy group and shelter provider located in Washington, D.C.⁸ HUD arrived at their estimate by interviews with shelter providers. It was later reported that some interviewees were not aware of what geographical area was to be included in their estimates, and many admitted not knowing much about the extent of homelessness outside their immediate communities.⁹ The CCNV figures, which the organization itself admits lack scientific reliability, were estimated based on a one percent rate of homelessness across the nation. The group based its percentage on a sample of local shelter providers who estimated numbers of homeless persons on their experience with their own localities. This one percent figure, based on urban areas, was then generalized to the entire nation. Both the HUD and the CCNV figures have been widely quoted in the

⁸ U.S. General Accounting Office, Human Resources Division, Homelessness: A Complex Problem and the Federal Response, April 9, 1985, p. i.

⁹ Ibid., p. 9.

literature, sometimes without qualification regarding where the numbers originated. Many studies of the homeless population which attempt to estimate the numbers of homeless persons have focused on counting the people who utilize shelters or implementing a one night "snapshot" study in which shelters are surveyed regarding the demographics of their clients. The latter approach hopes to eliminate the double counting which can occur in compiling statistics from multiple shelters -- there is no way of controlling for the person who utilizes more than one shelter in the period of time under study. This is not enumerating the homeless population, but reporting on shelter use. The fact is that no one knows how many homeless people there are. Even the attempts to count the number of people utilizing shelters will be inaccurate due to the common practice of limiting the stay of a client to a period of from two to four weeks.

The Chicago Homeless Study, undertaken in 1985-86, was based on a probability sampling of homeless persons in shelters on two separate nights, and an enumeration of those encountered between midnight and six a.m. in a search of nondwelling unit places in a probability sampling of Chicago's census blocks. Interviewees were paid \$5 for participating and a total of 722 homeless persons were interviewed in the surveys. The authors pursued this study to distinguish between the numbers of the "literally homeless", those with no conventional dwelling, and the "precariously housed", those whose stay in conventional housing is marginal due to extreme poverty. The authors' final estimate was 2,722 persons

literally homeless in Chicago on the average night. They do, however, note that with a poverty population of 600,000, there are at least 100,000 persons in Chicago in extreme poverty who would become literally homeless at the "merest misfortune".¹⁰ They maintain that there is nothing to be gained by confusing the numbers of the "literally homeless" with those of the "precariously housed".

Regardless of the apparent impossibility of counting the number of homeless people, there is agreement that their numbers are increasing. Without baseline data, the rate of increase is not calculable, but there has been a 66% increase in the number of shelter beds between 1980 and 1984.¹¹ The Human Resources Administration of the City of New York studied the needs of homeless adults in 1984. They reported that the average number of adults using shelter beds in January 1980 was 2,023. In January 1984, this number had increased to 6,110.¹²

B. Characteristics of Homeless Persons

Studies of the characteristics of the homeless population have been conducted by shelter operators, researchers, and state agencies. An article in The New York Times reports that

¹⁰ Rossi, Peter H., James D. Wright, Gene A. Fisher, et.al., "The Urban Homeless: Estimating Composition and Size," Science, 235 (March 13, 1987), p. 1340.

¹¹U.S. General Accounting Office, op. cit., p. 10.

¹² NYC Human Resources Administration, New York City Plan for Homeless Adults, April 1984, p. 9,11.

the HRA of the City of New York has found that: (a) of the 27,000 homeless people sheltered by the city, half are children in families headed by single women, (b) nearly all of the 4,500 families sheltered are on welfare and are black or Hispanic, and (c) the most varied group is single men who range from ex-mental patients to unemployed college graduates.¹³

The Human Resources Administration has produced the most comprehensive studies of the shelter population, ranging from a description of housing histories of sheltered clients¹⁴ to an analysis of characteristics of first-time shelter users.¹⁵ In their study of housing histories of families seeking shelter, they found that 86% of the families were headed by women who averaged 27 years of age with 2.7 children. Ninety-five percent of the families were black or Hispanic; 83% were currently receiving public assistance. In the study of shelter users at four sites in New York City, previous psychiatric hospitalization was reported in 15-27% of the cases, depending on the shelter.

Marcuse observes: "The one characteristic the homeless

¹³ Basler, Barbara, "City's Homeless: Portrait of a Growing and Varied Population," The New York Times, 11-17-86, p. B1.

¹⁴ NYC Human Resources Administration, Characteristics and Housing Histories of Families Seeking Shelter from HRA, October 1986.

¹⁵ NYC Human Resources Administration, New Arrivals: First-time Shelter Clients, June 1982.

have in common is that they are poor."¹⁶ There is some consensus in the literature in reference to this seemingly obvious observation. A study of homeless men in Ohio found economic barriers to be the major cause of homelessness in 43% of the sample. The authors state that this group of men "have been and probably can be in the labor force"¹⁷, but with low skills and low wages they cannot afford housing. McChesney studied homeless families in California and found poverty to be the most common characteristic shared by these families in Los Angeles shelters. The city has a median rent of \$491 per month for a one-bedroom apartment; the average monthly AFDC payment to a mother with one child is \$448.¹⁸

Homeless persons have also been described as "isolated and in need of human encounters and relationships". McChesney suggests that the difference between poor people who become homeless and those who do not seems to be having relatives to turn to.¹⁹ It is possible that many families who are homeless did in fact turn to family for as long as possible.

¹⁶ Marcuse, Peter, "Why Are They Homeless?", The Nation, 244 (April 4, 1987), p. 426.

¹⁷ First, Richard J. and Beverly G. Toomey, "Homeless Men and the Work Ethic," Social Service Review, 63 (March 1989), p. 124.

¹⁸ "Homeless Families: How They Got That Way," Society 25(November/ December 1987), p. 4.

¹⁹ Ibid., p. 4.

Many relatives of homeless persons are incapable of assisting them due to their own poverty. In their study of homeless and housed families, Bassuk and Rosenberg found that support networks of homeless mothers were fragmented while the housed mothers had frequent contact with their own mothers and other female relatives, and also had extended family nearby.²⁰

The incidence of mental illness in the homeless population is another area of disagreement in the literature. The New York Times reports: "Today, of the estimated 45,000 homeless in New York City, at least a third are thought to suffer mental illness."²¹ In her article entitled, "Homelessness in America: Myths and realities," Mowbray states: "...estimates of the segment of homeless with a background of psychiatric hospitalization vary from 10% to 97%."²² These studies perhaps are unable to determine, depending upon their definition of mental illness, how much was present before the state of homelessness and how much was brought upon the individual by that same state. Friedland and Marotto reported in a paper to the Annual Meeting of the

²⁰ Bassuk, Ellen L. and Lynn Rosenberg, "Why Does Family Homelessness Occur? A Case Control Study," American Journal of Public Health 78 (July 1988), p. 783-788.

²¹ Goleman, Daniel, "To Expert Eyes, City Streets are Open Mental Wards," The New York Times, 11-4-86, p. C1.

²² Mowbray, Carol T., "Homeless in America: Myths and Realities," American Journal of Orthopsychiatry, January 1985, p. 5.

American Sociological Association that homelessness itself may create mental problems for a large number of 'the homeless' in the future.²³

Within the literature on homelessness, there is an extensive and diverse reporting specifically on the homeless mentally ill population. Torrey focusses on deinstitutionalization and its relationship to the homeless mentally ill population in his book Nowhere to Go.²⁴ Regarding the prevalence of mental illness in homeless persons, he states: "There is now a reasonably good consensus that approximately one-third of homeless individuals are seriously mentally ill."²⁵ In addition, he states that in studies of individuals living on the streets, this percentage is higher. Belcher and First studied 132 persons released from one state hospital in Ohio during a three month period, and followed them for six months following discharge. It was found that 36% of the subjects experienced homelessness during the six-month period and 30% were homeless during the entire

²³ Friedland, William H. and Robert A. Marotto, The New Homeless and Community Public Policy, paper presented at meeting of the American Sociological Association, Aug. 26-30, 1985.

²⁴ Torrey, E. Fuller, Nowhere To Go, Harper & Row, New York: 1988.

²⁵ Ibid., p. 7.

period.²⁶

C. Causes of Homelessness

In addition to these varied views of the characteristics of homeless people, there are varied opinions as to the cause of homelessness. There are three major causes for homelessness which are repeated as themes in the literature: (1) deinstitutionalization of mental patients, (2) economic factors, and (3) lack of affordable housing. In addition, there is some opinion that homeless families "seem to have greater behavioral and psychological problems than similar non-homeless families" and that "such families are less able to adapt to the problems of a tight housing market."²⁷

(1) Deinstitutionalization

The deinstitutionalization of mental patients in the 1970s has been much cited as the basic cause of homelessness. Following the Community Mental Health Centers Act of 1963, patients confined to mental hospitals were released to the care of the community. Within fifteen years, the census went from 500,000 to less than one-third that number.²⁸ Community

²⁶ Belcher, John R. and Richard J. First, "The Homeless Mentally Ill: Barriers to Effective Service Delivery," The Journal of Applied Social Sciences, 12(Fall/Winter 1987-88), p. 73.

²⁷ Main, Thomas J., "There is No Quick Fix," The New York Times, 11-27-86, p. A25.

²⁸ Rochefort, David A., American Social Welfare Policy, Westview Press: Colorado, 1986, p. 54.

resources were inadequate to provide care for these persons, and many of them are homeless today. Less than 800 of the originally estimated 2,000 community mental health centers needed to provide community care were established.²⁹ Studies estimating the percentage of homeless people who are mentally ill vary from 10% to 97%, with the most common percentage being 25% to 33%.³⁰ Along with deinstitutionalization, more restrictive commitment policies have been implemented. In the State of New Jersey, for example, a person is required to be an immediate danger to himself or others in order to be involuntarily committed, and this is a regulation shared by many other states. It often results in the "revolving door" system wherein patients are admitted, stabilized, released to outpatient care in which they cannot or will not participate; this is followed by readmission, stabilization, etc. A 1982 survey of psychiatric inpatients in New York City revealed that 24% of them had had ten or more previous psychiatric admissions.³¹ While it is inaccurate to say that the deinstitutionalization of mental hospitals is the main cause of homelessness, it is certainly a significant contributing

²⁹ U.S. General Accounting Office, op. cit., p. 20.

³⁰ Mowbray, op. cit., p. 5.

³¹ Karras, A. and D.B. Otis, "A Comparison of Inpatients in an Urban State Hospital in 1975 and 1982," Hospital and Community Psychiatry 38(1987), p. 963-967.

factor. The idea of deinstitutionalization as reform was conceptually sound; the problem arose when the community care and housing to be afforded the former mental patients was not funded in great enough quantity to handle the influx of these persons into the communities. In addition, during the 1970s, changes were taking place in the housing market. Redevelopment and gentrification in inner cities accelerated, and nationwide 1,116,000 single room occupancy units were lost.³² The changes in the housing market combined with the exodus of patients from mental hospitals combined to cause a severe crisis for this vulnerable population.

(2) Economic Factors

Economic factors as the root cause of homelessness are also widely reported in the literature. Homeless people are often employed in marginal jobs which disappear -- jobs in supermarkets, restaurants, etc.³³ The City of New York Human Resources Administration reports that 25% of recent applicants to the men's shelter are there because of job loss.³⁴ A problem for those unemployed persons without income is the common requirement of an address to establish eligibility for public assistance programs. In their study of homeless

³² Hopper, Kim and Jill Hamberg, The Making of America's Homeless: From Skid Row to New Poor 1945-1984, Community Service Society of New York, New York: 1984, p. 34.

³³ Ibid., p. 6.

³⁴ NYC Human Resources Administration, New Arrivals, op. cit.

families in St. Louis, Hutchinson et al found that more than 85% of the adults initially coming to the Salvation Army Lodge were unemployed.³⁵ It appears that this figure includes those on public assistance, and it is not known what length of time the persons were unemployed. In HUD's national survey of shelter providers in January 1984, the respondents estimated that 35% of homeless persons in their shelters had been unemployed less than nine months.³⁶ The reliability of the figures in these last two examples is questionable.

In their study of 793 homeless men, First and Toomey classified the subjects into three groups: long-term needs group (the severely disabled) were 24% of the sample; moderate needs group (moderately disabled with potential for semi-independent lifestyle, 33% of the sample; and the short-term needs group (those with a short-term crisis), 43%. The authors describe the third group as "the reserve that makes cheap labor possible".³⁷ They point out that many homeless people have reached the bottom of the labor market and believe that with changes in employment policy to increase wages for

³⁵ Hutchinson, William J., Priscilla Searight and John J. Stretch, "Multidimensional Networking: A Response to the Needs of Homeless Families," Social Work, Nov-Dec 1986, p. 427.

³⁶ U.S. Department of Housing and Urban Development, A Report to the Secretary on the Homeless and Emergency Shelters, May 1984, pp. 22-25.

³⁷ First, Richard J. and Beverly G. Toomey, op. cit., p. 124.

low-skill jobs, these men could be "helped to return to independent living with minimal investment from human services programs".³⁸ While this study identifies a large percentage (43%) of homeless men whose needs are basically economic, it supports the theory that the homeless population is quite diverse and that there is not one single answer for the problem of homelessness.

(3) Lack of Housing

Robert M. Hayes, director of the Manhattan-based Coalition for the Homeless, is perhaps the strongest advocate for the primary cause of homelessness being lack of affordable housing. His well-known three-word solution to homelessness is "housing, housing, housing".³⁹ Evidence for his conviction is found in the fact that in 1981 under President Reagan, a radical shift in housing policy occurred. The Wall St. Journal recently reported that funds for housing programs fell to \$8 billion in fiscal 1986, down 70% from \$30 billion in 1981.⁴⁰ This resulted in fewer government subsidies and decreased construction funds for low income housing. Other causes of decrease in low income housing stock include gentrification taking place in urban areas, the closing of

³⁸ Ibid., p. 124.

³⁹ Hayes, Robert M., "No Place to Call Home: It Doesn't Have to Be This Way But Government Doesn't Care," Newsday, 11-16-86, p. 5.

⁴⁰ Celis III, William, "Crumbling Projects," Wall St. Journal, 12-15-86, p. 1.

deteriorated buildings abandoned by landlords, and stricter enforcement of fire and safety codes. Statistics show that there is an upward trend in the number and proportion of households paying high percentages of their income for rent: In 1975, 2 million low income households spent over 70 percent of their income for rent; this number rose to 3.1 million in 1981 and 3.7 million in 1983.⁴¹ In the final analysis, many authors conclude that the only way to accurately describe the homeless population is to say that it is heterogeneous and varied, and that homelessness has multiple causes.

D. Programs for Homeless Persons

In her analysis of public and private sector provisions for homeless people, Stoner describes four qualities of current programs for this population: (1) they are predominantly under private auspices, (2) there are disproportionately fewer shelters for women than men, (3) existing shelters for women tend to operate with lower standards than those for men, and (4) there are few professionally trained people directly involved in staffing shelters.⁴² After discussing several shelter programs, Stoner suggests a three-tiered approach to development of housing and services: first, basic emergency shelter for the

⁴¹ U.S. General Accounting Office, op. cit., p. 25.

⁴² Stoner, Madeline R., "An Analysis of Public and Private Provisions for Homeless People," Urban and Social Change Review, 1984, p. 5.

initial emergency; second, transitional housing for the provision of social services; and third, long-term residence to provide permanent homes. In her examination of emergency shelter programs, she observes that the smaller programs have full occupancy and high turnaway rates and this she credits to the provision of humane and dignified care. Kaufman describes an approach similar to that of Stoner as she relates the experience of the State of Massachusetts in implementing a three level approach to service. She observes that the use of a network of agencies, key in this approach, has assured that unique responses to homelessness have been developed based on individual community need. She states: "There is not one right response, but a variety of responses depending on the extent of the problem and the adequacy of existing resources."⁴³

Most shelters (especially public ones) provide only crowded overnight accommodation for up to two weeks. Some innovative programs have been tried, but they tend to progress slowly and no one knows if these more comprehensive services will make a difference. One such program in California, the Community Living Room, was developed as a drop-in center with case management and food and shelter available. The experience of this program leads the authors to state that emergency shelters should be small, located within the mainstream of community life, and should be part of a

⁴³ Kaufman, Nancy K., "Homelessness: A Comprehensive Policy Approach," Urban and Social Change Review, 1984, p. 25.

comprehensive network of services.⁴⁴ Hutchinson, et. al., studied homeless families at The Salvation Army Emergency Lodge in St. Louis for six years and state: "The findings of this study clearly show that partnerships among agencies are required to meet the multiple needs of homeless families."⁴⁵ Their program provides shelter for up to 60 days, case management including relocation assistance, and follow-up at one, two, three and twelve months.

Fabricant outlines a community-based practice being tested with homeless persons.⁴⁶ He points out that in the present economic climate, there is a need to meet new and more intensified client needs. The current fiscal crisis has produced new populations which have "fallen below the safety net"; among these new populations are homeless individuals and families. Practice under the safety net should include (1) case advocacy and stabilization (2) class advocacy and heightened visibility of the problem and (3) organizing to broaden the movement. In his discussion of the first step in addressing the needs of the homeless person, Fabricant points out that services are fragmented: shelter may be provided by

⁴⁴ Segal, Steven P. and Jim Baumohl, "The Community Living Room," Social Casework, February 1985.

⁴⁵ Hutchinson, et. al., op. cit.

⁴⁶ Fabricant, Michael, "Creating Survival Services," Administration in Social Work, 10:3(Fall 1986).

one agency and advocacy by another; the client must negotiate several different agencies or systems in order to stabilize. In addition, survival services developed should be "as independent as possible of the bureaucratic, political and economic needs of established social service agencies".⁴⁷ Galbreath discusses the homeless assistance efforts currently in existence and concludes that they are fragmented and uneven. He is in agreement with Fabricant as he states that

(1) At the local level, homeless assistance involves coordination of resources in a wide spectrum of local agencies and institutions, and this is difficult to achieve; and

(2) the basic elements of homeless assistance (income support, housing assistance, social support services) are part of larger assistance networks, particularly those administered by federal and state government.⁴⁸

E. Volunteers in Social Service Programs

While there is a substantial literature on volunteer utilization and training, this review will focus on the more limited literature describing volunteers in social service programs. Most of the literature is descriptive in nature, often recording the process of volunteer program development and implementation.

Reports of the numbers of volunteers in the United States

⁴⁷ Ibid., p. 79.

⁴⁸ Galbreath, Sam, "Assisting the Homeless: Policies and Resources," Journal of Housing, 43 (September/October 1986), p. 216.

are as divergent and problematic as those which attempt to number homeless persons. In 1983, a Gallup survey reported a total of 92 million volunteers.⁴⁹ This number included religious volunteers and "informal" volunteers (those who work alone rather than with an organization). Although the survey reported a 9.5% increase over the previous two years, the methodologies and definitions in the studies compared were different. These same surveys attempted to categorize where volunteers work -- education, community action, religious activities, political activities, social welfare, recreation and fund-raising. The social welfare category accounted for 3% and 6% respectively.⁵⁰ According to their projections of numbers of volunteers in the United States, this represents between 2.5 and 5.5 million volunteers.

In social service programs, volunteers have functioned as case aides, welfare family support persons, and advocates. Wineburg and Wineburg describe the use of volunteers in Project Independence, a program for welfare mothers to develop careers through job training and job search, day care, transportation, and other services as needed.⁵¹ The focus of

⁴⁹ Encyclopedia of Social Work, 18th ed., National Association of Social Work, Silver Spring, MD: 1987, p. 842.

⁵⁰ Ibid., p. 842.

⁵¹ Wineburg, Robert J. and Cate Riley Wineburg, "Localization of Human Services: Using Church Volunteers to Fight the Feminization of Poverty," Journal of Volunteer Administration, Spring 1986, pp. 1-6.

the program was female single-parent families, due to their financial need. Since the program was designed to use a person-to-person approach, volunteers from churches were recruited to work specifically with one family as "sponsors". This "personalized service" naturally limits the numbers of families to be assisted; however, the authors emphasize the rewards to both the family and the volunteers. The volunteers, often culturally quite different from the families, see first-hand the difficulties faced by poor women.

A more formalized volunteer program for child welfare families is described by Harnett.⁵² The Intergenerational Support System is a program in which senior volunteers were matched with families from the caseload of a child welfare agency. The description of the development of this program yields several points to consider when a program such as this is developed. The author stressed the importance of having a volunteer coordinator working closely with the volunteers, the training which is necessary particularly around values issues, and the ongoing support found in regular volunteer group meetings. The author also notes the difficulties inherent in implementing an innovative program in an established bureaucratic agency.

These difficulties are echoed in an article describing an

⁵² Harnett, Joan, "An Intergenerational Support System for Child Welfare Families," Child Welfare, 68 (May-June 1989), pp. 347-353.

advocacy program in the Social Work Department of a large urban voluntary hospital.⁵³ When this program utilizing volunteers was being initiated, there was resistance from several departments of the hospital, including the administrative department of ambulatory care and the personnel department, concerned about clearly delineating volunteer roles. The resistance was overcome due to the commitment of the social work administration to advocacy work and the ability to negotiate with hospital administration, demonstrating the advantages (financial and otherwise) of the program. Once again, the process of orientation and training and the supervision of volunteers were emphasized, as well as the necessity for recognizing and dealing with the cultural differences between volunteer and client.

Haeuser and Schwartz discuss several key issues with regard to volunteers in social service programs: professional resistance, the role of the volunteer, and the training of volunteer administrators. The authors attribute the professional resistance to a general lack of education for social workers in utilizing and interacting with volunteers.⁵⁴ Another reason for staff resistance to

⁵³ Ruiz-Salomon, Paul, Leonard Tuzman and Elaine Wolbrom, "Advocacy - Proactive/Reactive A Model Volunteer Advocacy Program in Health Care," Journal of Volunteer Administration, 6 (Fall 1987), pp. 7-13.

⁵⁴ Haeuser, Adrienne Ahlgren and Florence S. Schwartz, "Developing Social Work Skills for Work With Volunteers," Social Casework, 61 (December 1980), pp. 595-601.

volunteers may be the fear that their jobs will be reduced or eliminated due to the use of volunteers; written agency policy which distinguishes the functions of personnel and job descriptions can alleviate this fear. When the role of the volunteer is clearly expressed in the context of other staff roles in the agency, the opportunity for misunderstanding and mistrust is decreased. It is the authors' conclusion that the education of social workers should include an opportunity to specialize in volunteer administration. These social workers would deal with the relationship between volunteers and professionals, while negotiating the constituencies involved: volunteers, staff, agency leadership, clients and community.

In conclusion, there are several key points from the literature to consider in the development of services to homeless individuals and families. First, there is general agreement that emergency services of food and shelter are of primary importance to this population. This is the assistance which responds to the immediate crisis of homelessness and provides for basic survival needs, which must be met before other intervention. Maslow's hierarchy of human needs theory⁵⁵ is applicable to this situation, and has been supported by outreach efforts for homeless mentally ill persons especially. The approach to these persons on the

⁵⁵ Maslow, Abraham, Toward a Psychology of Being (2nd ed.), Van Nostrand Reinhold Co., New York: 1968, p. 153.

street is to offer coffee or food, often repeatedly over many weeks and months, before offering more specific "help". Second, it has been shown that provision of shelter is not the ultimate answer to the problem of homelessness. Shelters or motels are not appropriate long-term living arrangements. The need for space and privacy is violated in much of the shelter available. Since the homeless population is so diverse, both in characteristics and causes of homelessness, their needs are diverse as well. Many services needed, such as education, medical attention and rehabilitation cannot be adequately provided in a shelter. Third, it appears that cooperation among service providers in a community is a key factor in the provision of survival services for homeless persons. Since services needed by homeless persons are many and varied, cooperation is necessary to provide meaningful and appropriate service to the clients in a timely manner. Finally, several characteristics of the provision of survival services (the advocate role, the importance of service provider auspice, and scarcity of resources) lead to the belief that the administration of these services is not compatible with most traditional (i.e., bureaucratic) social service agencies.

III CONTEXTUAL SETUP

A. Organizational Context

The Salvation Army, founded in 1865, is a religious, charitable, non-profit organization patterned and operated on a quasi-military model. It is a branch of the Christian church and its motivation is love of God and practical concern for the needs of humanity. This motivation is expressed by a spiritual ministry, the purposes of which are to:

preach the Gospel, disseminate Christian truths, supply basic human necessities, provide personal counseling, and undertake the spiritual and moral regeneration and physical rehabilitation of all persons in need who come within its sphere of influence regardless of race, color, creed, sex or age.⁵⁶

In their early days, only Salvationists (formal members of the church) provided for the social service needs of community members. As the Army expanded and the profession of social work became more formalized, lay professional social workers were hired to provide social services to those living in poverty and those suffering from hunger or homelessness.

In the United States, The Salvation Army has 1,073 Corps Community Centers, of which the Montclair Corps in New Jersey is one. The Montclair Corps operates under the New Jersey Divisional Headquarters. The New Jersey Division is organized under the Eastern Territorial Headquarters (one of four) which is in turn subordinate to the National Headquarters. International Headquarters for the Salvation Army is in

⁵⁶ Salvation Army Mission Statement

London, where the movement originated. Since the emphasis for social service programming is on provision of basic human necessities, The Salvation Army has been involved in concrete services since its inception. William Booth, the founder of the movement, believed the Army should provide "soup, soap and salvation" in that order.⁵⁷

Throughout its history, the Salvation Army has changed its focus but not its basic mission. The survival of the organization depends in large part upon its ability to change in response to community needs. The innovations of the Army are usually in response to a crisis or problem. In reality, the organization responds to a crisis (homelessness, fire, famine) within the framework of its mission (to serve those in need). The implication for the organization's future is that it will continue to be reactive in program, and it must continually evaluate that program to insure relevance. An example is the Army's past involvement in services to unwed mothers. With the legalization of abortion and widespread availability of birth control, there were fewer unwed mothers to serve. The Army then developed a "new" focus on prostitutes and streetwalkers of the cities and is providing food, shelter and transitional living situations for this population (and using the buildings formerly used to house unwed mothers' programs!).

⁵⁷ One of the many slogans of the early years of the Salvation Army. The slogans were an oral tradition. This information was provided by Major Ernest Cox.

At the Corps Community Center level, social service programming varies widely according to the financial resources of the Corps, caseworker availability, and motivation of the Corps Officer(s). Since the Corps is the local church unit, certain activities are common to all these centers. There are worship services, Sunday School classes, bible study and outreach activities such as programs for youth similar to scouting programs, and men's and women's fellowship and service groups. The social service program of the Corps can be as limited or as ambitious as the leadership desires. Although the formal organization of the Salvation Army is strongly bureaucratic in operation, the local units can be quite creative with programming, especially if their leaders are knowledgeable about rules and regulations and are willing to work through the obstacles of formal procedure.

While The Salvation Army with its military model of organization and operation is essentially bureaucratic, it does not completely conform to principles of bureaucratic operation. Fabricant states that "survival services should be as independent as possible from the bureaucratic, political and economic needs of established social service agencies".⁵⁸ It appears that in The Salvation Army, this is at least partly true. The Army has integrated its bureaucratic need for survival of the organization with its mission to those in society who are most in need. Many social service agencies

⁵⁸ Fabricant, Michael, op. cit., p. 79.

are reluctant to work with the least desirable members of society: homeless persons, chronic alcoholics, prostitutes and those with very low incomes. Epstein believes that even the profession of social work has in many ways deserted the poor.⁵⁹ The Salvation Army has a reputation of serving the poorest of the poor. This reputation has assisted the Army with its economic needs as well; the generally favorable image the public has of The Salvation Army has helped maintain its stable financial base which is mainly from private donations. This stable financial base reduces the Army's dependence on other agencies in the community, including the agencies which grant public funds.

The political needs of the organization are perhaps the most troublesome to the provision of survival services. People in need of these services usually have no political power. In order to advocate for the rights of these people, well-established and powerful organizations must be confronted. It is difficult to reconcile the role of advocate and the role of service provider in an organization with its own needs for survival. The very fact that the organization operates as a bureaucracy limits the extent to which employees may go to advocate for clients (and still maintain their position in the organization). The Salvation Army does have concern for its reputation and continued growth and thus does

⁵⁹ Cloward, Richard A. and Irwin Epstein, "Private Social Welfare's Disengagement from the Poor: The Case of Family Adjustment Agencies," in Mayer Zald, ed., Social Welfare Institutions, J. Wiley (New York: 1965).

not encourage controversy. There is one important difference, however, in this agency: the mission statement is truly lived out as fully as possible with regard to individual self-determination and the worth of every person. This adherence to the purpose of the organization minimizes the influence of survival needs on the optimum provision of service to the client. It is also possible that the Salvation Army has deliberately integrated the needs of the organization with the needs of the client.

B. Organizational Form

While an organizational form was not specifically selected for the program's operation, flexibility was built in by utilizing a blended form of organizational structure. The Salvation Army, as the administering agency for Cornerstone House (the emergency shelter), contributed the stability of an entrenched bureaucracy to the operation of this new program. The Coalition for Emergency Assistance, as the author of the original program, contributed flexibility in its lack of formalized structure and rules. Thus, while the Salvation Army was directly responsible for the administration of the program, it was not simply a Salvation Army program functioning under the organizational structure of the Army, which is a very bureaucratic one. Instead, a blended organizational form was utilized in order to bring balance into the administration of this program. The key to the operation of a program in this context appears to be the ability on the part of the developer to know when to maximize the qualities of each of the "purer" forms: bureaucracy or

coalition.

Tracing the history of this program's development in the organizational context of both the Army and the Coalition will provide insight into the observations above. From the time of its inception in 1983, the Coalition for Emergency Assistance was a loosely structured, informal organization with a clearly focused purpose: to provide for the emergency needs of residents, especially those involving the basic human needs of food and shelter. A conscious decision was made not to organize as a non-profit agency. Even in the beginning stages of development, the Coalition visualized itself as a focused and purposeful group whose role would change as the program it developed would change. For example, in the first year of the Emergency Assistance Program's operation, the role of the Coalition was one of close program supervision. Monthly meetings were held and monthly statistical reports from the Salvation Army were examined thoroughly. There was much discussion about the meaning of various demographic and descriptive statistics. Much time was spent discussing the ways the program was sheltering people and examining alternatives to the practice of housing people in motels. After the first year of operation, when the first shelter was opened in the rented third floor of a local rooming house, a committee of the Coalition interviewed candidates for and agreed on the hiring of the first shelter manager (who incidentally still manages the shelter to this date).

After the first year of operation of the shelter at this location was completed, the role of the Coalition began to

change. Program stabilization had been completed: the Army was now fully involved in the contract process with local government for purchase of service, the shelter was operating smoothly (as smoothly as an emergency shelter ever operates), and agencies had become accustomed to referral procedures and program guidelines. The shift in the role of the Coalition had been gradually developing, but the incident which illustrates it clearly arose when there was a necessity to increase program staff. Up until this point, the program was operated with a professional social worker as "caseworker" and the Salvation Army Corps Officer as administrative head. With the increasing caseload, more grant proposals to be written and expansion of the shelter component of the program, it was proposed that a caseworker be hired and the existing caseworker be promoted to "Director of Social Services" of the Salvation Army Montclair Corps, giving this person responsibility for all supervisory and some administrative aspects of the emergency assistance program (caseworker supervision, shelter operation supervision, statistical reporting and grant writing).

At this point, the Coalition wanted to play an active role in the selection of the caseworker. The Salvation Army, whose employee the caseworker would be, wanted to maintain its authority as the hiring and contracting agent in this process. This conflict caused a necessary examination by the Coalition of its role in the program, now two years after its formation. With the assistance of an informal "mediator" (a member agency of the Coalition with little vested interest in the decision's

outcome), it was decided that the Coalition's role had indeed changed, and that with respect to the Emergency Assistance Program it functioned in an advisory and auxiliary capacity. As an advisory board, it could guide program decisions but not make them; as an auxiliary board, it could assist in areas of new program development in very specific ways such as special projects supervision, fundraising or community outreach.

Delbecq's analysis is pertinent here: the organizations (Coalition as well as The Salvation Army) had come to a point where their roles needed to be redefined. The participants needed to make clear choices about "types of participation, that is, decision-sharing, consultation, information-giving, and liaison, as opposed to rolling all forms of participation into a single decision structure or process".⁶⁰ The organizations are then faced with the decision to adapt to the new role or die (or kill each other?). In this case, adaptation to the new role was the choice, although it did not happen smoothly or without further conflict. The major strength in this situation which did influence the continued life and health of the Coalition / Salvation Army relationship is that the two organizations share a common value system for the most part with regard to priorities of service and concerns.

C. Auspice

⁶⁰ Delbecq, Andre L., "The Social Process in Introducing Innovations in Human Services," in Rosemary Sarri and Yeheskel Hasenfeld (eds.), The Management of Human Services, Columbia University Press (New York: 1978), ch. 13, p. 313.

It is useful to examine the role of auspice in relation to the blended organizational form of the program. Several aspects of organizational auspice will be examined and related to the program: values, autonomy, prestige, accountability, and structure.

1. Values

As noted above, the Coalition and The Salvation Army are in general agreement about the basic values underlying the purpose of the program. The Army and the Coalition agreed on an emphasis of responding to the needs of some of the most vulnerable members of the community. The value of the intrinsic worth of the individual was operating along with the value of the dignity of the individual in the development of the program. An emphasis was placed on the minimization of rules for persons to qualify for emergency assistance; Coalition members were in agreement that since part of the problem of people in need was the inability of the traditional entitlement programs to respond quickly and efficiently to a financial crisis, the program they developed should have quick assessment of and response to emergency needs. The value of self-determination was discussed at length and affected such decisions as how much assistance workers would give clients in their search for employment or housing, and where to draw the line between doing for the client and allowing the client to do for herself. This is an ongoing struggle in this program, as it is (or should be) in any other vital social work program.

It should be noted that perhaps the concordance of basic

values between the Salvation Army and the Coalition was a result of deliberate choice rather than a lucky occurrence. The Salvation Army was one of the original member organizations of the Coalition. Following six months of program development meetings, the Army was chosen to administer the program. Perhaps they were chosen partly because their values were in close agreement with the Coalition's values. Other reasons for the choice included the Army's willingness to undertake the program and their proven ability to operate it. These three factors combined to influence the decision; the shared values were likely the most important to the Coalition. As will become evident, this does not guarantee agreement on issues.

2. Autonomy

The second aspect of auspice to be discussed is autonomy. This is usually described in terms of mandated vs. voluntary organizations. In this case, both the Coalition and The Salvation Army are voluntary organizations. But because The Salvation Army is bureaucratic in structure and the Coalition is a true coalition in structure, there is a wide variation in autonomy. Mizrahi and Rosenthal define coalitions by the following characteristics: (1) they are temporary (2) they have both core and peripheral members (3) they are formed for a limited purpose (4) they imply the joint use of resources and (5) resources are attached to each member and may be withdrawn at any time.⁶¹ The Coalition for Emergency

⁶¹Mizrahi, Terry and Beth Rosenthal, Urban Social Change Coalitions, Unpublished Paper.

Assistance conforms to this definition, although "temporary" is a relative term; the Coalition has been in existence six years and is only now beginning to reorganize and find a new focus. With the flexibility of more autonomy comes the threat to the stability of the organization. The Coalition, as a loose, informal and temporary organization has the need of only enough stability to keep it focused on the problem or task at hand; the overriding purpose of the coming together of the members in itself provides a certain amount of stability.

The flexibility of The Salvation Army in program development and innovation at this point was in part due to the nature of the leadership at the time of the Coalition's formation. The Corps Officer was a very committed and dynamic individual whose commitment to the mission of The Salvation Army was greater than his commitment to the organization "The Salvation Army". The person in the position of Corps Officer can influence the expansion of program only to the limits of his true leadership ability. This officer knew which rules to follow closely and which he could bend; without the ability to do this, program development and innovation would be a tedious and time-consuming process. His leadership ability gave new meaning to the phrase, "if you followed all the rules exactly, nothing would ever get done". It is therefore conceivable that had another officer been in charge of the Montclair Corps at this critical time, the program might not have been administered by The Salvation Army.

3. Prestige

The third facet of auspice is organizational prestige. Historical evidence of competence leads one to believe in future competence. This is certainly the case with The Salvation Army. With a history of serving the poorest of persons or persons with problems others do not wish to serve, The Salvation Army is known for its work with alcoholics, and those who are hungry or homeless. This reputation is true in a general sense, but since the Corps Community Centers are virtually run by the Corps Officer(s) with great autonomy, local Corps reputations vary from poor to excellent. The Montclair Corps had a good reputation in the community. This reputation was enhanced by the Corps Officer already mentioned and his commitment and energy. In addition, through the operation of The Emergency Assistance Program, other resources were attracted as word of the Army's competence in the community spread.

The Coalition's prestige came from its individual members' organizations and the power of their combination. Included in the Coalition membership were not only social agencies -- mental health centers, local United Way, YMCA and YWCA, Red Cross -- but also governmental entities such as the public welfare department and health department, churches, voluntary organizations such as the Junior League, and the town school system. This broad base of membership gave legitimacy to the Coalition. In addition, some of the representatives were leaders in the community capable of attracting resources on individual reputation alone. The Coalition possessed an informal power which was important in

its planned activities.

4. Accountability

Accountability is the fourth aspect under discussion. As a sectarian agency, The Salvation Army may not be as accountable to the general public or clients as a mandated agency (such as a public welfare department) might. Even a public welfare department is sometimes accountable only by virtue of having a "watchdog" supervisory agency at a higher level of government assuring that they are following the rules. In general, The Salvation Army is accountable by its own standards. Local Advisory Boards monitor the operations of the Corps Community Centers, Divisional and Territorial Headquarters. But the responsibility to the community is encouraged and monitored by higher levels of Salvation Army administration. This is a dangerous situation for all involved because of the organizational distance between the service and monitoring functions.

In many Salvation Army Corps, public funds are utilized in social service programs. The accountability required by government contracts is generally quite strict, and this may force an accountability to client and community alike. For example, the regulations regarding licenses for shelters state that client rights in the issue of expulsion be clearly stated along with appeal procedures. These rights might or might not be considered and included in the written rules of a shelter during program development. The contract requirement that they be included forces the issue. The recordkeeping required of the government contract is usually more extensive than that

required by the Divisional Headquarters of the Salvation Army. An illustration: when the Montclair Corps ordered a Divisionally approved computer system for recordkeeping, the software included was not sufficient for the requirements of most government contracts. A separate software package was purchased to handle these requirements.

The Coalition, without history or legitimacy in its early stages of development, had as its focus the needs of a certain population. Member organizations with differing levels of prestige and demands from their own administrations focused their requirement of accountability on the organization administering the program -- The Salvation Army. Thus, the social service program of the Army was accountable from its beginning by virtue of being the creation of the Coalition. This unusual configuration brought benefits with it as well as struggles. Whereas the Emergency Assistance program may not have been accountable enough to clients and community had it been the creation of The Salvation Army alone, with the Coalition as its "parent", accountability was required from the beginning. Since the program was small and exploratory at the start, the accountability took the simple form of statistical and narrative reports. These reports held the program accountable by monthly review and discussion. The administering organization was regularly questioned regarding information such as why clients were housed in one of three forms of shelter (the shelter facility, a motel, or another shelter from which space was rented), hotline procedures and relationships with other agencies in the community.

5. Structure

The last aspect of auspice to be discussed is structure. The Coalition and The Salvation Army have unique and quite different structures. This is the major issue in program development, both from an organizational operational viewpoint and as a basis for innovation. The Coalition is a loosely structured, informal organization with no history by virtue of the fact that it is task-focused and temporary. The Salvation Army, as an entrenched bureaucracy, brings to this marriage of organizations stability, sanction, credibility and authenticity. While we applaud these important characteristics, we also note that this type of organization - - a stable, trusted, tested one -- blocks creativity and innovation.⁶²

The answer for the development of the initial program and successive ones, including the Resource Room described here, is to utilize these linked organizations in balance, creating a blended organizational form. There is no pure organizational form in any case, and balance is the key task in managing this form. The manager must be smart enough to know when to maximize which form. When she needs flexibility and quick action, the coalitional form is tapped. When she needs the stability and credibility for resource acquisition, the bureaucratic form is utilized. This is an oversimplified description for the sake of clarification. In reality, as

⁶² Ibid., p. 309.

will become clear later, it is not a matter of simply choosing where to go for what. The context of this entire scene cannot be forgotten: personalities, member organizations, political climate, timing, resource availability and all other monkey wrenches which figure into the process of program development and innovation.

D. Community Context

Montclair is a town of 38,000 residents in Essex County, New Jersey. Essex County consists of twenty-one municipalities which range in size from Newark, an urban city of 329,000, to the great majority of small suburban towns which have an average population of 18,000.⁶³

Montclair residents represent diverse racial and ethnic backgrounds. The population is 65% white and 33% black. The median age is 36.2; 22% of the population is under the age of 18. The Township has easy access to New York and is commonly viewed as an affluent suburb with a median income well above the national average. About 36% of the residents are tenants; there are several low-income housing complexes in the town. The schools are racially integrated through a magnet program which employs voluntary busing; parents are free to choose which school their child will attend. Because of its diversity and density, its educational, cultural and social opportunities, Montclair is viewed by some as "as much an

⁶³ The New Jersey Municipal Data Book, NJ Associates: 1987.

urban microcosm as a traditional suburb".⁶⁴

In a community like Montclair, residents are generally unaware of homelessness as a problem in their own town. They often find it difficult to reconcile the images of New York City's most obvious homeless "street people", those they see on their way to work, with the lovely town in which they live. They may fail to see the connection between rising property values (and taxes and thus rents) and the lack of affordable housing. They may feel financially comfortable enough to believe homelessness could never happen to them. If people view homelessness as more an individual personal problem than an economic one, they may have difficulty recognizing the problem locally and realizing its impact on their town.⁶⁵ This attitude is supported by (or is the basis of) the "not in my backyard (NIMBY)" syndrome characteristic of many communities: people want homeless persons to be sheltered, but in some location other than the one in which they live.

One strength in the town which has been evident in its history is the sense of community Montclair appears to enjoy. The citizens of Montclair involve themselves in every issue, from recreation to recycling, hunger to the arts. There are many and diverse active clubs and organizations which demonstrate the energy and commitment of the people of

⁶⁴ The League of Women Voters of Montclair-Glen Ridge, This is Montclair, Compton Press, Morristown, NJ: 1982.

⁶⁵ This conclusion was based on more than fifteen presentations to community groups and churches, to a wide variety of audiences.

Montclair. This sense of community, as well as the commitment to diversity as a strength, has made coordination of the program serving homeless persons a much easier task. People in Montclair are accustomed to working together on issues important to them. The issue of homelessness was important enough to enough people with enough power to make something happen.

At the same time, the commitment to diversity has not been translated at the policy level to providing housing for varied income levels. While Montclair has several subsidized housing developments, the interests of those who profit by gentrification and condominium conversion are powerful. The town is also struggling with many fiscal pressures as rising costs of insurance and garbage disposal, to name two specific problem areas, are forcing budget cuts in many areas of municipal government. There is no simple solution to the provision of housing services to those in need. Montclair has taken the first step in provision of emergency shelter, and this is one step few suburban towns have taken.

IV PROGRAM DESCRIPTION

A. Theoretical Framework

Crisis theory is the basis for the intervention practiced in the Emergency Assistance Program in which the project is being implemented. Although not owned by one particular discipline, crisis theory has evolved as a framework within which to examine stressful situations and find guidelines for intervention at these times. The basis for the crisis approach is found in a set of assumptions, hypotheses and concepts developed by Rapoport and Parad from the initial work of Lindemann and Caplan.⁶⁶ For social workers, this theory provides a conceptual frame of reference for short-term focused intervention in mental health clinics, welfare offices, medical settings and other programs in which emergency needs are encountered. A summary of the assumptions, hypotheses and concepts is as follows:

1. An individual's state of equilibrium with his environment is subject to stresses of varying degrees over the life span. A hazardous event initiates the disturbance of equilibrium, and may be the result of an outside occurrence or of increasing internal pressure.

2. The impact of such a hazardous event disturbs the individual's equilibrium and puts him in a vulnerable state. To restore equilibrium, the individual uses his normal

⁶⁶ Golan, Naomi, "Crisis Theory," in Francis Turner (ed.), Social Work Treatment, 2nd ed., Free Press (New York: 1979), pp. 499-533.

problem-solving responses. If this does not work, he tries previously untried methods of coping. If the problem cannot be solved, avoided, or redefined, tension increases.

3. At this point, a precipitating factor can bring about a turning point in which the normal and emergency responses have failed and the individual is in a state of active crisis. A period of reorganization follows until a new state of equilibrium is reached.

4. During the development of the situation, the individual can see the stressful events as a threat (to self), loss (of status, role or capacity), or challenge (to survival or growth). These differing views of the events elicit different emotional reactions; to view the situation as a threat calls forth anxiety. The individual who sees the situation as a loss may experience feelings of deprivation and mourning, while the one who sees it as a challenge may feel anxiety as well as hope.

5. While the crisis situation is not a pathological experience, it may reflect on earlier unresolved problems. Crisis intervention provides opportunity to resolve previous difficulties.

6. While the length of time between the initial event and final resolution of the crisis varies widely, the actual state of disequilibrium is time-limited, usually lasting up to four to six weeks.

7. Each category of crisis situation (e.g., death of a spouse, rape) appears to follow a sequence of stages which can be predicted in a general way.

8. While the individual is working on the resolution of a crisis situation, she is particularly open to help. A small amount of assistance appears to produce maximum effect. New styles of adaptation can be learned. However, if appropriate help is not available during the crisis, the person may become less capable of functioning in times of stress at a later time.⁶⁷

The crisis approach is not a universal cure-all for life problems; neither is it merely an exercise in symptom removal. It has evolved in social work practice to a specialized intervention directed at emergency and stressful situations. Its applicability to the problem of homelessness has been described in studies of casework services provided in shelters as well as those focused on intervention with homeless persons who live on the streets.⁶⁸ The project described herein was developed to address the needs of newly homeless individuals and families in shelter care. This intervention was designed especially to respond to crisis theory in two major areas: (1) the directing of clients to experience the crisis of homelessness as a challenge and (2) the utilization of the reorganization period to improve adaptation to future stressful events.

⁶⁷ Ibid., p. 501.

⁶⁸ See for example Goleman, Daniel, "To Expert Eyes, City Streets are Open Mental Wards," The New York Times, Nov 4, 1986; Segal, Steven P. and Jim Bauhmol, "The Community Living Room," Social Casework, 66(February 1985).

The danger in this interpretation of theory for the individual or family is that the environmental systems (economic and political in this case) may be discounted or ignored. The history of the Emergency Assistance Program has demonstrated that despite excellent intervention, there are outside uncontrollable influences, such as the rental housing market, which affect how well or how quickly a family can relocate to permanent housing. It is the intention of this program to maximize client stabilization and adjustment while maintaining awareness of these other systems operating in their lives and the life of the organization and indeed the program.

B. Program History and Context

In April, 1983, representatives from community agencies and churches in Montclair, NJ met to discuss the issue of the apparent emergency needs of residents. The meeting was convened to address the needs of a specific client, for whom it seemed the assistance needed could not be provided by any agency in town. The group of representatives discussed the problems of this specific client, who was homeless, and made plans to continue to meet regularly to discuss how to best meet the emergency needs of the residents of the town. The group called itself the Montclair Coalition for Emergency Assistance.

As this group continued to meet, a plan of action was prepared. With the help of member agency resources, a formal program of emergency assistance (shelter, food, clothing, etc.) was developed and funding was obtained to operate as a

pilot program for one year. During that time, it was hoped that the level of need could be assessed and further formalization could be accomplished. The Salvation Army Montclair Corps was chosen to administer the program.

During the first year of operation, the Emergency Assistance Program served 521 cases, a total of 1288 persons. Shelter was provided to 104 of these persons, with a total of 512 nights' shelter provided.⁶⁹ Since the program did not have a shelter facility, the lodging was provided at area motels and other shelters in a purchase of service arrangement. The Coalition and The Salvation Army agreed this was not an adequate arrangement for families who needed to bus their children into town for school (there are no motels in Montclair). The Coalition launched a search for a building in Montclair which would be appropriate for a shelter. Since there were no funds available to purchase a building in town, and the churches which volunteered to house a shelter were inadequate (needing extensive renovation, inappropriately located, etc.), space was rented from a licensed rooming house. The entire third floor of the house was rented by The Salvation Army and converted with minimal expense into a three-room dormitory-style shelter which could house nine people.

The problem of homelessness became more severe over the

⁶⁹ Deats, Cathy L., Homelessness in Montclair: A Report of the Emergency Assistance Program, unpublished paper, May 1987.

next three years. While nine beds were adequate for the needs of the area with the supplemental use of motels and other shelter facilities, a change in state welfare regulations increased the demand for shelter over the summer of 1987. From that point on, The Salvation Army could rarely find a vacant motel room in which to house a homeless client or family if the shelter was full. The Coalition, whose role had gradually changed from one of intensive program supervision to a largely advisory role, began to tackle the shelter problem anew. The search for an appropriate building was renewed. This time, an adequate building was found. The Township of Montclair owned a vacant apartment building adjacent to the property of the municipal building. The building was being held for possible demolition to increase parking space for municipal employees. The chairperson of the Coalition with her many strong political ties convinced the Township Manager to approach the Town Council with a proposal for The Salvation Army, acting for the Coalition, to lease the building and renovate it for operation as a shelter. This was accomplished and renovations were expected to be completed by December, 1988. The actual completion date was February, 1989. Capacity of the shelter is 22.

In April of 1988, following the securing of the lease, a program development committee was organized to develop a comprehensive program of assistance for the shelter residents. The committee consisted of the Social Service Director and caseworker of The Salvation Army, the Director of Public Welfare for the Township of Montclair, and the Outreach

Chairperson for the Junior League of Montclair-Newark. The outline for program development by Taber⁷⁰ was used.

The program which resulted, a Resource Room for shelter clients, was appropriate at this time due to the level of development of the entire Emergency Assistance Program. As noted above, this comprehensive program of emergency assistance was conceived of and initially developed in response to a community crisis: the inability of any one agency, mandated or voluntary, to respond appropriately (i.e., in a meaningful way) to the problem of homelessness in the town of Montclair. As Reid states in his discussion of inter-agency coordination, the agencies reacted to this crisis by making a joint action against a common threat.⁷¹

During the first five years of operation, the program grew in size and expanded in scope. The budget grew from \$25,000 in 1983 to \$150,000 in 1988; the staff increased from one to five. The shelter bed space more than doubled from nine beds to twenty-two beds when the facility opened in February of 1989. The Resource Room was developed to focus the energy of program growth on new intervention with clients in their personal crisis of homelessness.

The program is also relevant to the overall program

⁷⁰ Taber, Merlin, A., "A Theory of Accountability for the Human Services and the Implications for Social Program Design," Administration in Social Work, 3/4 (1987), pp. 115-126.

⁷¹ Reid, William, "Interagency Coordination in Delinquency Prevention and Control," Social Service Review, December, 1964.

development in that as the entire program has grown, the function of the Coalition for Emergency Assistance (the organizing body) has changed. In its early stages, the Coalition was responsible for program development, monitoring and evaluation. It maintained very close supervision of the program which was administered by The Salvation Army. As the administering agency gained more control over funding sources and personnel, the role of the Coalition changed to one of advisory organization in a stricter sense. This development was not without difficulty. As noted above, Delbecq points out in his discussion of innovation that the organization (Coalition) had come to a point where their role needed to be redefined.⁷² What followed was a struggle to make clear choices regarding types of participation, i.e., decision-sharing, consultation and information sharing.

A more pragmatic reason for the development of this program at this time is the increasing length of stays in the shelter for homeless persons. In the analysis of statistics regarding numbers of persons served as well as number of days in placement, it was discovered that average length of stay in the shelter had increased from 12 to 28 nights from fiscal 1986 to 1987.⁷³ While the reasons for the increase were of concern and subject to further study, plans were begun for

⁷² Delbecq, Andre L., op. cit.

⁷³ Deats, Cathy L., op. cit.

facilitating placement of the individuals and families as much as possible. The present program was originally developed to make permanent placement as quickly as possible for the client. The development committee looked to crisis theory to inform practice, as was described above.

One further factor in the stimulation of new ideas for client service and program change was the political environment in which the program and agency are located. The State of New Jersey is facing a crisis of homelessness which is complicated by a legal battle of whether provision of shelter is a right or privilege. Until July of 1987, the State operated its mandated Emergency Assistance Program as a time-limited one with fault provision. This meant that if a family had adequate time to plan for the crisis of homelessness (eviction notice being one criteria for "adequate time"), the State was not obligated to provide emergency assistance. In cases in which the State did provide assistance (such as in the case of fire), it was limited to two months. As a result of lawsuits brought against two municipalities in New Jersey by the Department of the Public Advocate, the fault provision in the emergency assistance regulations was removed and the time limit was extended to five months. The suit is continuing to remove even the five month limit. This situation has led to the present full-to-capacity status of not only emergency shelters, but hotels and motels as well. These concerns contributed to the development of expanded bed space in the Montclair Emergency Assistance Program as well as innovation in the program to

enable clients to be relocated as quickly as possible.

C. Program Planning

The program development committee met biweekly for approximately four months. The committee used the program design framework developed by Taber⁷⁴ which includes the following components:

1. problem analysis
2. goals
3. target population
4. objectives
5. service plan

The first step in the program design was an analysis of the social problem being addressed. The committee spent the first two meetings discussing what contributes to the problem of homelessness, the impact of the problem on society, and the impact of the problem on the individual. Members of the committee suggested the following contributing causes: lack of rent control, housing market (high rents), lack of housing, unemployment, illiteracy, public assistance levels too low, divorce, desertion, abuse, mental illness, refusal to accept help (personal motivation), alcohol and drug abuse. The discussion assisted the program director in setting the stage for the actual program development. There was much resistance to taking the work of program development "all the way back" to a discussion of the perceived underlying causes of the

⁷⁴ Taber, Merlin A., op. cit.

problem being addressed. The attitude expressed was, "We have been addressing this problem for five years; let's get on with just making our program better." The committee was urged to humor the program director and trust the process.

Once the committee entered into the process, the members became quite involved in explaining and exploring their beliefs about the problem of homelessness. This led to a clarifying of the purpose of the program because the underlying assumptions were examined. Discussion continued regarding the impact of the problem on society and the impact of the problem on the individual (client). With general agreement on the multitude of reasons for homelessness and the diversity of this population, it was decided to focus on one small part of the homeless person's problem: the location of non-temporary housing and the sense of self-worth of the client. These then became the goals of the program:

1. Clients will acquire a non-temporary living arrangement.
2. Clients will have an improved sense of self-worth.

In the outline being utilized, the next component is the target population. The process began by describing the general population of homeless persons in the catchment area of the program. This population consisted of single individuals and families living in any town in Essex County. This distinction excluded the four cities of Essex County: Newark, Irvington, Orange and East Orange. The target population was the "newly homeless": those who were rendered homeless within the past four weeks. The client population is

then drawn from the target population with certain restrictions. The first restriction falls under the heading of "pragmatic": there are only 22 beds in the shelter. Therefore, clients from the largest town and the town in which the shelter is located will receive first priority, followed by other towns in the catchment area and, if space further permits, clients from the cities in Essex County. Another limiting factor is ethical; the program will accept only voluntary clients. This naturally raises the issue of disabled clients and whether or not their disability renders them "involuntary". It was determined that the client would be interviewed and would be given a choice of whether or not to participate in the total program; if they chose not to participate, referral would be made to another program. A third consideration in selecting the client population is capability. We need to ask, "What does the client need in order to benefit from this program?". Besides being voluntary participants in the shelter program, clients need to be able to participate in group living and be free of mood-altering chemicals. Translated into program guidelines, this would mean that clients with severe uncontrolled mental illness would not be appropriate clients, nor would active drug or alcohol users.

The objectives of the program were developed from the two goals: (1) Clients will acquire non-temporary living arrangements, i.e., a rented room or apartment, or shared living in which the client pays a share of the rent; (2) Clients will have an improved sense of self-worth. The

objectives are as follows:

(1) Clients will be assessed and provided with necessary referrals within 10 days of admission.

(2) Clients will have an income source established within three working days of admission.

(3) Non-temporary placement will be achieved within eight weeks of admission.

(4) Self-worth of clients will be improved from the time of admission to the time of placement.

The extrapolation of these objectives from the goals of the program was a direct result of the prior step of problem analysis. T. J. Cartwright states: "The nature of a problem determines the strategy appropriate for dealing with it."⁷⁵ The committee which assisted in the development of the new program chose to identify the problem of homelessness as first, a housing problem, both emergency and long-term, and second, as being exacerbated by the state of crisis the client is in surrounding his or her homelessness and other possible problems. Therefore, the program was developed to address the relocation of the client into non-temporary housing as well as the self-esteem of the client which the committee believed was an integral part of a person's ability to deal with crisis. An outline of the process described is found in Appendix A.

D. Program Implementation

⁷⁵ Cartwright, T.J., "Problems, Solutions and Strategies: A Contribution to the Theory and Practice of Planning," in Gilbert, Neil and Harry Specht, Planning for Social Welfare, Prentice-Hall, Englewood Cliffs, N.J.: 1977, p. 119.

The program which was developed is a Resource Room staffed by volunteer Resource Advisors who will assist clients in obtaining non-temporary housing through case management, utilizing resource files of housing and employment, advocacy for entitlement programs, and financial assistance for relocation. The services of the Resource Advisors will be provided to the residents of the twenty-two bed emergency shelter. The target population will be homeless individuals and families whose last place of residence was Montclair. As space is available, families and individuals will be admitted whose last place of residence was (1) other Suburban Essex towns or (2) non-Suburban Essex towns. It was expected that the total number of persons served in six months would be between seventy-five and one hundred.

This program places the case management component of work with homeless persons under the same roof as the shelter. It had been found in previous studies that clients were "lost" to the casework process partially due to the physical setup of the shelter and the casework office: they were located in different buildings six blocks apart. It was also found that clients housed at motels (farther away) rather than the shelter were even less likely to keep appointments with the caseworker.⁷⁶

1. Personnel

The Resource Room is staffed by volunteer "Resource

⁷⁶ Deats, Cathy L., op. cit.

Advisors" under the direction of a caseworker. Twelve to fifteen volunteers are utilized to staff the Resource Room four days a week for three hours per day. The supervising caseworker works five days per week, five hours per day. The caseworker is responsible for: (1) intake and assessment of clients (2) supervision of advisors (3) Resource Room management. The volunteers are responsible for: (1) provision of referrals and resource information to clients (2) maintenance of case records (3) providing a minimum of six hours of time per month during the hours of Resource Room operation (4) attendance at monthly staff meetings. The volunteer pool for this project is the Junior League of Montclair-Newark, which agreed to fund the furnishing of the Resource Room as well as to provide volunteers from its membership for at least three years. The Junior League was a founding member of the Coalition and continues to be an active member organization. In addition to these volunteers, other community members are eligible for training. The volunteers receive four hours of training prior to beginning work in the Resource Room and continue with inservice training of two hours every six months. Training in the areas of interviewing, assessment, and intervention are completed first, followed by specific training in resources and recordkeeping (see Appendix B).

The Resource Room Program is located organizationally under the Social Service Department of The Salvation Army Montclair Corps. The Director of the Social Service Department supervises the Caseworker, and indirectly the

volunteers, as well as the shelter operations staff (Manager and Relief Managers). The Social Service Director is responsible for development, monitoring and evaluation of the program, conduct of staff meetings and training, and coordination of ancillary client services.

2. Policies and procedures

The development of program guidelines and shelter rules was another step in the implementation process. The program development committee was responsible for this task and The Salvation Army refined and approved the guidelines and rules following review. Referral procedures and office procedures were developed by The Salvation Army Corps Officer and Social Service Director, who had experience with the administration of the previous shelter. The guidelines are minimal and their function is to guarantee that the shelter and Resource Room programs operate smoothly while respecting the residents' privacy and safety. The atmosphere which the Coalition and The Salvation Army wanted to create was one of sanctuary and support within the resource constraints under which the program was operating.

3. Program Site

The completion of renovation work on the building which houses the program was the single most important factor in determining the actual start date of the program. Once the funding was secured and the bidding process completed, a member of the Coalition was assigned to be liaison to the general contractor. The Salvation Army personnel were involved from the beginning in the physical plant planning

process. The Social Service Director met several times with the architect to insure that the physical plant would support the residents' needs and the philosophy of the program. Within the constraints of building structure and funding, this was accomplished.

4. Politics and Costs

The development of the original Emergency Assistance Program was accomplished by the Coalition for Emergency Assistance. Through the years of development, operation and change (from 1983 to the present), issues of turf, control and cooperation were dealt with and, for the most part, resolved in a satisfactory manner. This did not mean that the new program would face "smooth sailing" and lack of conflict. But there is a certain amount of confidence on the part of the member agencies of the Coalition in the administering agency, the day to day operation of the program, and each other.

The plan for dealing with issues such as turf, handling of clients, and control was to deal with them in as open a manner as possible in the framework of a regular Coalition meeting. While this method of handling conflict may be time-consuming, since the basis of the program is a coalition, it will maintain a sense of cooperation. This appears to be a trade-off for efficiency in the coalitional model: the problem of administration is balance. The power necessary to maintain the coalition is located in a neutral agency, which has no vested interest in any one agency. The United Way has acted in this role since the inception of the Coalition and has been effective in this role by acting as mediator and, at

times, judge.

Funding for the program was obtained from many sources. Once again, a committee of the Coalition was assigned the fundraising task. The committee chair was not only familiar with grant sources but was also well-known and respected in the community. More than \$285,000 was raised in eight months for the renovation of the shelter building. Sources of funding were the State of New Jersey, private foundations, member churches and agencies of the coalition, personal donations, and a non-profit housing corporation. Funding for the operation of the Resource Room program will come from state and county purchase-of-service grants, fee-for-service from other agencies such as the Essex County Division of Welfare, and private foundations.

E. Program Evaluation

The type of study of this program undertaken is a descriptive/explanatory study. First, the results of the study will describe the population involved. Data will be collected on age, sex, race, family status, family size, town of origin, source of income, and reason for homelessness. This data will be collected at the time of intake and with this data, a description of the population served by the program will be developed.

The dependent variables to be studied are: (1) placement in permanent housing (2) self-esteem and (3) depression. The operational definition of placement in permanent housing is the relocation of the individual or family from the emergency shelter to the most appropriate non-temporary placement. For

example, relocation to a rented room or apartment, boarding home or rooming home is considered permanent. Relocation to another emergency shelter or time-limited program of less than three months will not be considered a permanent placement.

Self-esteem is operationalized in Hudson's Index of Self-Esteem.⁷⁷ This twenty-five item self-reporting scale will be administered at two points in the evaluation process: at program entry and at program exit. Following the same administration schedule, depression will be operationalized in the Center for Epidemiologic Studies - Depressed Mood Scale (CES-D).⁷⁸ This scale has twenty self-scoring items. Both scales, with descriptions of reliability, validity and norms can be found in Appendix C. The scales will be administered to adults only. In the case of an illiterate client, the scales will be administered by the caseworker.

Data collected regarding the independent or program variables will focus on (1) number of days from date of admission when income source is established and (2) number of days from date of admission when all referrals are completed. Each resource advisor will record a summary of her session with the client and indicate specifically, by referral, the outcome of each contact.

⁷⁷ Corcoran, Kevin and Joel Fisher, Measures for Clinical Practice: A Sourcebook, Free Press (New York: 1987), pp. 188-9.

⁷⁸ Ibid., pp. 118-9.

The length of time each client household remains in the shelter is also important to this study. Data regarding length of stay will be analyzed in relation to household status and household size as well as to the independent program variables of number of contacts and referral follow-up. Limitation of the length of stay of a client who is actively involved in relocation is not a specific program requirement. However, information regarding length of stay is important in resource planning and allocation as well as to policy issues of "emergency" assistance.

In addition to the self-esteem and depression measures described above, the client will be asked at discharge to complete a client satisfaction scale. The Client Satisfaction Questionnaire by C. Clifford Attkisson (CSQ-8)⁷⁹ was chosen for administration at discharge because it is easily administered and measures the client's perspective on the value of services received.

A summary of the measures to be used for evaluation is as follows:

(1) Demographics - age, sex, race, family status, family size, town of origin, income source, reason for homelessness.

(2) Measures of "success" (relocation) - recording of permanent placement following emergency shelter and expected length of time of that placement.

(3) Measures of "success" (self-esteem and depression) -

⁷⁹ Ibid., pp. 120-122.

Index of Self-Esteem and CES Depressed Mood Scale administered twice: T1=program entry, T2=at placement or discharge.

(4) Measure of time in emergency shelter before permanent placement - in number of days.

(5) Measure of client satisfaction - Client Satisfaction Questionnaire (CSQ-8) administered at discharge.

There are several limitations to this evaluation plan. First, there is a lack of control over clients entering the program. Any individual or family eligible for the emergency shelter program is also enrolled in the Resource Room program. There will be no random selection of clients and this affects the generalizability of the findings. Second, the objectives of the program may not be accurately measured by the instruments used in the study.

Although every effort was made to select the best instruments possible, taking into consideration the population to be studied and resource limitations, the possibility exists that the goals of the program cannot be adequately expressed in the objectives or that the objectives cannot be adequately measured by the instruments. Although this limitation may be present in most social service studies, it needs to be expressed.

Finally, and of most concern to this study, the independent variable cannot be totally controlled or standardized. The resource advisor will develop a relationship with the client in their work together. This relationship will differ in each situation. While the measuring of the program variables will concern those

qualities common to all these relationships, there will exist other variables which may affect outcome. Once again, while this may be a common limitation in the study of social service programs, awareness of its possible effects can prevent misinterpretation of results.

V. FINDINGS

A. PROCESS DESCRIPTION

A brief process journal was kept for the period of time from acquisition of the property to program initiation as well as for the period of the time of the study. Since there were multiple facets of the program being developed concurrently, the description which follows will be organized in a "time line" manner. The subjects to be covered in this manner include (1) property (physical plant) (2) program development (3) funding (4) organization / coordination (5) staffing (i.e., volunteer development).

JANUARY 1988 - JUNE 1988

As was stated in the previous chapter, at the time of property acquisition (January 1988), the Coalition for Emergency Assistance and The Salvation Army had nearly a five-year history of working together to assist low-income people in financial crisis, especially homeless individuals and families. There was already a strong base of support among the community organizations of all types for the provision of shelter to community and area residents. There were people with important political ties, both governmentally and within the non-profit community, active on the Coalition. The program of emergency assistance initiated in 1983 and the nine-bed shelter initiated in 1984 were stabilized and operating with minimal problems. The outreach through speaking engagements done by program representatives had informed and educated a small but important audience in the community.

When the crisis due to changing welfare regulations caused the demand for shelter to far outstrip the number of beds available in this suburban area, the Coalition became more aggressive in its search for a larger facility. This search included seeking more rented space in the same building where the nine-bed shelter was located, renewing the canvassing of possible church buildings and logging all properties owned by the Township of Montclair itself, in hope of acquiring an unoccupied building in a central location. It was during this search that the building now serving as Cornerstone House was located. It had been a rooming house before being acquired by the Township. They purchased it, relocated the tenants, and planned to raze it in order to expand their parking area, as it adjoined the municipal building parking lot (Appendix D-1). At the time the Coalition approached the Township Manager and Council, the building was vacant, had been vandalized, and was awaiting demolition.

The first contact between the Coalition and the Township was through the Chairperson of the Coalition, former president of the United Way of North Essex, and the Township Manager. The issue of acquisition of the building was discussed and it was decided that a long-term lease would be in the best interests of both the Coalition and the Township. Since this arrangement made the issue a matter of contract, it was discussed in closed session with the Township Council. The lease was negotiated between the Township of Montclair and The Salvation Army Montclair Corps for a ten-year period for

\$15,000.00 per year. The Township signed the lease and then it moved to The Salvation Army for signature. Since the term of the lease was ten years, neither the Divisional Headquarters nor the Territorial Headquarters of the Salvation Army had the authority to sign it. And so it moved to the National Headquarters, where it was rumored it might need to go to International Headquarters in London for signature. Approximately eight weeks after it had arrived at the local Corps in Montclair, the lease was signed at National Headquarters in Verona, NJ.

At the same time the lease was being negotiated, the program development committee was formed and began meeting. The committee consisted of the Director of Social Services for The Salvation Army in Montclair, the Caseworker in the emergency assistance program, the Director of Welfare for the Township of Montclair, and the Outreach Chairperson of the Junior League of Montclair-Newark. The Director of Welfare was chosen as a representative of the town who knew the low-income population to be served; the Junior League representative was essential due to the fact that the volunteer resource advisors for the program would be Junior League members. The Salvation Army caseworker was the direct service worker of the program and the Director of Social Service, as program developer, chaired the committee. The committee met every other week for a period of four months in order to develop the new shelter program. Using the framework

developed by Taber⁸⁰ the committee moved through a series of steps in the development of the philosophy and constructs of the new program. The framework included the following components:

1. problem analysis
2. goals
3. target population
4. objectives
5. service plan

A detailed description of this process is found in Chapter Four, and the committee's outline is found in Appendix A.

In the area of staffing, the Junior League Outreach Chairperson was preparing that organization for the new program. She reported to the Junior League on program development and renovations while she recruited prospective volunteers for Resource Room operation. There was significant interest in the project and with sixteen volunteers signed up by May for a projected September start, the first training of volunteers was held at The Salvation Army in June. The training was done by a professor at Rutgers University School of Social Work. It focussed on awareness of the homeless population, interviewing skills, and task-centered intervention. The volunteers were also trained in Resource Room procedures by The Director of Social Service. It was

⁸⁰ Taber, Merlin A., op. cit.

decided that the title given to the volunteers would be Resource Room Advisors in order to circumvent any negative connotations the word "volunteer" might have to clients and the community. The professional staff wanted to create a spirit of cooperation and teamwork from the beginning, and felt the title of volunteer would detract from that sense.

In the meantime, the Coalition was working diligently to raise the funds necessary for renovation of the building to be used for the shelter. The chairperson of the fundraising committee was a talented, energetic woman with deep community ties and knowledge of the local foundation community. With the preliminary estimation of \$250,000 necessary for renovating the building, she set to work raising these funds. In addition, her committee worked with The Salvation Army Director of Social Service who was responsible for the grants writing done for the program from 1984 to the present. A major grant proposal was submitted to the New Jersey Department of Community Affairs, several private foundations were approached, and a mailing to the churches requesting donations was completed.

Following the signing of the contract, bids were solicited for the renovation of the building. A contractor was awarded the contract for a bid of \$285,000. It was expected that work would be completed between May 1988 and October 1988; the September opening was delayed due to the length of time it took to complete the signing of the contract with The Salvation Army. A Coalition member was assigned the task of being liaison with the contractor and monitoring the

progress of the renovation. The Salvation Army Corps Officer was the coordinator of the architect, contractor, Coalition and Township. Since the building would fall under the guidelines of the Rooming House licensing in the state, the architect was required to follow not only the Health and Safety codes and Building Codes of the Township, but the Rooming House guidelines of the state as well. In addition, the Director of Social Services consulted with the architect regarding room design and layout. This was an important part of the renovation process; her input enabled her to build into the physical plant designs which would enhance the effectiveness of the program and plan for "human" needs. For example, family rooms were designed to be self-contained, including bathroom facilities. The finished shelter has seven bedrooms and six bathrooms. Also, the bathrooms were designed for multiple person use; that is, one section of the bathroom contained sink and toilet and another sink and bathtub-shower, similar to arrangements commonly found in motels. Diagrams of floor layouts can be found in Appendix D.

One disappointment in design was in the choice of licensing arrangements. If the shelter had sought a boarding home license rather than a rooming house license, the capacity of the shelter would have been eighteen. A decision was made to seek the rooming house license and have a capacity of twenty-two, for both financial and occupancy reasons. The twenty-two beds were needed, and the difference of four beds would have made budget constraints tighter. The drawback to the rooming house license is that meal preparation is not

permitted. Therefore, the families in the shelter rely on a "kitchen" consisting of refrigeration facilities and microwave. The single persons on the second and third floors have only refrigeration available. Since the previous shelter had operated in this manner, with residents taking meals by voucher in area restaurants, it was not a big program change but it was definitely less convenient for the residents. It has not proved to be as unmanageable a problem as was foreseen, however, since so many residents work and there is a luncheon program within walking distance of the shelter which serves a hot meal every day.

JULY 1988 - DECEMBER 1988

As of July first, the renovation work had begun, the program development committee had completed its work, nearly \$200,000 had been received or pledged, coordination between the Coalition and other agencies was progressing, and the first class of volunteers had been trained.

The plans for the three-story shelter called for Resource Room office, interview office, two family bedrooms each with bathrooms, and kitchen on the first floor, manager's bedroom and bath, three bedrooms, two full bathrooms and sink alcove on the second floor, and two bedrooms and bathroom on the third floor. The first floor was planned for families and each bedroom could sleep four. The second floor was planned to be flexible; a single person in one room, and two larger rooms sleeping five and four respectively. The third floor was designed for individuals of the same sex, two bedrooms sleeping four and two respectively (Plans are found in

Appendix D). While this total is twenty-three beds, occupancy was twenty-two as not all rooms with families were expected to be filled to capacity. While the renovation work had begun and made good progress, the work necessary turned out to be more extensive than originally planned. The plans called for a new heating system, electrical and fire detection and alarm systems, new walls throughout the house, storm windows and insulation, as well as a rebuilt stairwell to conform to building codes. The exterior of the house was in relatively good shape, with only painting necessary.

The program development committee completed their work and the results of their planning were submitted to The Salvation Army for the development of specific program policies and procedures. The Salvation Army Corps Officer and Director of Social Service collaborated in this facet of program development. The Salvation Army had its own general guidelines for Social Service Policy to be followed. It was the desire of the Coalition to minimize rules and restrictions as much as possible. There were budget constraints which affected policy as well, and considerations regarding the flexible nature of the shelter (that is, being able to house individuals as well as family units). As an example, with regard to referral procedure, The Salvation Army was open to acceptance of referrals from other agencies or churches as well as a client's self-referral. The Coalition was concerned that member agencies have the right to refer clients as well as to have those clients receive preference over clients out of the service area. Budget constraints demanded that a

certain percentage of the beds be occupied by clients whose stay was purchased by various public assistance agencies. Along with the flexibility afforded the program by accepting both individuals and families came the reality that at times there would be only a "male" or "female" vacancy; that is, it was possible that there would be both an empty bed in the shelter and a homeless person who could not be housed.

This illustration demonstrates the conflicting interests and needs of the varied systems operating in the development of program. While the overriding concern was service to the client, at times organizational needs took precedence. There is no ideal program wherein needs other than those of the client are never put first. This compromising was a very difficult concept for those outside the administering organization to understand. Many times at regular Coalition meetings, procedures or decisions were questioned in ways which demonstrated that the assumption was that a nearly-perfect program could in fact be developed. In reality, the goal was to do the best job possible with the resources at hand. Despite this struggle during this time, the organizational coordination between groups was quite smooth. The organizations which needed to work together were very task-focussed, they had a history of working together, and there was much communication inter-organizationally at this time.

The success of the fundraising committee was apparent from the beginning of this time period. With the granting of \$125,000 from the New Jersey State Department of Community

Affairs, other private foundations were more willing to participate. The churches in town were approached by the Montclair Clergy Association, who pledged to raise \$30,000 from these churches. The Junior League had granted funding as well as a supply of volunteers for three years. By September of 1988, funds had been raised in the amount of \$285,000. This fundraising was focussed on renovation money, so at the same time The Salvation Army sought program funds. Since their previous shelter program had been funded by contract, an increase in those funds was requested. In addition, the State of New Jersey had implemented a Family Shelter Strategy Program which could provide funds for assisting AFDC families.

While the first class of twelve volunteer Resource Advisors had been trained, the renovation work was progressing more slowly than anticipated and there had been other unfortunate delays. The Resource Advisors, who had looked forward to a September and then October start, were anxious to begin work. In order to keep them interested and motivated, a number of tasks were assigned which needed to be done for the Resource Room but which did not need it to be operating in order to complete. One task was the compiling of a mailing list of landlords of multi-family dwellings in Montclair; two Resource Advisors took on this task. Another was the gathering of certain classes of resources into an organized whole, such as resources for employment and training. Another Resource Advisor took on that task, calling and/or visiting agencies which could help homeless clients with training and/or job placement. In addition, the Junior League

committee chair in charge of these volunteers was kept informed as to progress by the Director of Social Service. The Director also attended some meetings of this committee herself in order to update members on progress and encourage continued motivation.

JANUARY 1989 - AUGUST 1989

This period includes the actual opening of the shelter, named Cornerstone House by the Coalition, and the entire period of operation under study. During this time, renovations were completed and program opening was achieved. Resource Advisors and staff were fully operational. Data were gathered for program evaluation. Funding issues were refined and organization/coordination continued.

The most important determining factor for the start of the program was the progress of the building renovation. Delays in initiation and coordination of the many projects necessary in a renovation are very frustrating to social service personnel attempting to initiate a program, especially an emergency program for which there is so much need. After several deadlines came and went, it appeared that January first of 1989 would be an accurate date for completion. The formal opening ceremony of the shelter was then set for January 12th by the Coalition, and invitations were mailed.

Unfortunately, delays in receiving both electrical fixtures and carpeting caused the building to not be totally ready for occupancy at that time, let alone be suitable for an open house for the community and the press. At the last minute, a decision was made (by the Corps Officer) to

completely finish and decorate one bedroom and the office in order to have something visible for the ceremony. The remainder of the building was presentable but not suitable for occupancy, and certainly disappointing to Coalition members who had wanted the entire building to be ready for the opening. Of greater concern was that the building was also not suitable for residents, and they were not able to move in until February 26th. For the January 12th ceremony, the rooms were all finished through the painting stage, but carpeting and almost all electrical fixtures were not installed.

The opening ceremony was held, with government officials from the Township and County present as well as community leaders, agency representatives, and interested residents. There was some press coverage in local papers and a brief item on the network news. The shelter facility was well-received, with community comment focussing on the privacy and spaciousness of the rooms. There was virtually no comment regarding the suitability of the location for a shelter and no NIMBY ("not in my backyard") fallout, despite an aggressive television reporter knocking on neighborhood doors and asking what they thought about having a shelter in the vicinity.

With the formal opening in the past, the focus was completion of the shelter in order to obtain a certificate of occupancy so the program could begin. The Coalition liaison to the contractor composed a list of items to be completed. On first inspection, the building did not pass due to minor carpentry problems. In addition, the inspection had been delayed due to confusion over which Township department was

responsible for hooking up the direct fire alarm system and at what point the telephone company had to be involved. When the C.O. was granted, only four rooms had been completely carpeted and furnished, so families and individuals were gradually admitted as rooms were completed.

On February 26th, families were admitted from the old shelter which returned to the rooming house rental market. The Resource Advisors had been scheduled, two per day, for the four days per week the Resource Room was open. They were scheduled from nine to twelve and were to see half of the clients each day. Each household or case visited the Resource Room twice per week for an interview at which time plans were made for relocation and followed through, vouchers given for food and meals, and problems resolved on such issues as employment, benefits, schooling for children, job training, and medical needs. The supervising caseworker processed all intakes and supervised the work of the Resource Room. For the first month of the program, the shelter was not at capacity so Resource Advisors did not need to rush through interviews. The supervising caseworker instructed each team on procedures as they came on board. This involved such functions as phone operation, office procedures, voucher provision and introduction to referral resources. The most unusual finding during the first two months of operation was that the shelter ran so smoothly. This was attributed to the extensive planning which took place beginning well over a year before the program was initiated. The Resource Advisors, uncomfortable at first, quickly formed relationships with

clients and were excellent listeners and helpers. Clients remarked on the comfort and privacy of the facility. The resident manager made a smooth transition from a nine-bed to a twenty-two bed shelter. There were some difficulties, but solutions were for the most part quick in coming from consultation between Director of Social Service and Corps Officer, sometimes with consultation with the Coalition. For example, the phone system was inadequate from practically the first day; two phone lines were not enough for the supervising caseworker, Resource Advisors and clients. Besides the Resource Room itself, an interview room on the first floor was for general client use especially for phone contact with housing and employment resources. An additional phone line was installed in this room for client use, freeing the two main lines for regular office use. Likewise, the refrigerator in the kitchen was too small; it was replaced with a larger one.

Other problems were not so easily solved; staffing for the shelter allowed open operation for eighteen hours per day rather than twenty-four. This created a problem for those with nowhere to go from noon to six. While there are lunch programs in the town within walking distance as well as the Salvation Army building and a public library, in inclement weather or in case of illness, provision had to be made for staff coverage in the building. This continued to be a problem until September, when a church opened a hospitality room for Cornerstone residents two blocks from the shelter. The Coalition and The Salvation Army continue to struggle with

this issue due to budget restrictions and the size of the shelter (being small, it costs more per resident to support).

In the area of funding, it appeared that the program could be self-sufficient on a break-even basis. Although it had been difficult to project needs in a state purchase-of-service contract, the administering agency had been flexible enough to allow The Salvation Army to adjust their contract at mid-year and on an as needed basis until they had more experience with occupancy rates, income and expenses. For example, utility costs had been estimated but there was no experience with this newly insulated redesigned building. There was also no experience or concrete projection of the balance between individuals or families. It was quickly discovered, however, that an overabundance of singles would make caseloads higher and Resource Advisors overwhelmed. During this period, the county standardized reimbursement rates for state contracts as well as public assistance payments. This meant that per diem reimbursement rates were uniform and budget planning became much more predictable. Careful monitoring of expenses was done in order to make requests for funding in 1990 more realistic. Organizational coordination was quite difficult during this period of rapid change. The Salvation Army administration had to make decisions regarding policy and program changes on a weekly basis; there was no time to consult with the Coalition on every single detail. Most program changes or modifications did not require this kind of consultation, but communication

should have been attended to more at this time. The Coalition was quite concerned about arrangements for residents who did not work during the day when the shelter was closed. While The Salvation Army was just as concerned, a decision had been made to not institute any major program changes or additions for the first six months of operation. The reasons for this were to allow the program to stabilize, to allow the staff to concentrate on the service they had contracted to provide, and to allow for the best use of limited resources by not stretching either staff or monetary resources to the breaking point. There was much energy invested in supervising the volunteer Resource Advisors and providing for their needs; if they did not have a positive experience, the entire program would be in jeopardy.

This decision on the part of The Salvation Army was vigorously questioned. There were people and groups in the community who wanted to volunteer time or special skills, and the Coalition thought anyone who wished to help should be allowed to do so, regardless of what the offer was or whether it was needed or not. What was not recognized was the enormous investment volunteers are nor what energy was needed to operate a program smoothly enough so it stabilizes well. Persons or groups who called with offers were spoken to, their names and desires recorded, and told about the six month policy of no major changes or projects. Most people understood, and for many their opportunity to serve did arrive after the six month period. Others viewed this stance as a refusal of an offer for help. Examples of the projects begun

after the period of study are a clothing network where the shelter could call and request good used clothing from a person who maintained records of individuals holding boxed clothing of a certain size, and a hospitality room which partially solved the dilemma of residents with nowhere to go in the afternoon hours.

The gathering of data used for evaluation was also a smooth process. Much time was spent planning for this through use of forms and recording procedures. A computer consultant was utilized prior to shelter opening in order to design intake and monitoring forms to conform with the data needed to perform an evaluation. Instruments which were administered to clients were chosen not only for reliability but for ease in completion. Not one client in the period of the study declined to use the self-administered instruments despite verbal and written statements of non-obligatory participation.

In viewing the total process of some twenty months, several conclusions or "Keys to Success" are presented:

(1) Planning, in all aspects of the process, was of prime importance. From the careful consideration of the basic problem addressed to the evaluation of the program, taking the time for planning was a valuable investment. The time to begin planning a program is not after the facility is acquired, but well before. Since there were several delays in the rehabilitation plans for the property, there was ample time for this group to plan. It is fairly certain in property

acquisition and development that there will be unforeseen delays. This time should be used to the fullest to provide for staff development and program development. Planning to some administrators is an important concept, but not a realistic one. The attitude is sometimes, "Who has time to plan? We're too busy running our program!". It is true that carving time from a schedule already too full, especially in emergency services like shelter provision, is difficult, but it can and must be done. The program development committee of this program made a regular biweekly meeting time of one hour in order to accomplish the work of program development. The time of one hour or even one hour and a half is generally not prohibitive. The size of the group should be taken into account in this regard; a group of four as was the case in this study can accomplish sufficient business in one hour; a group of six would likely need more time.

It is also important to have a framework with which to work, especially if the committee members have little experience in program planning. The group in this case was sophisticated enough about program development, and all had a good understanding of the existing program. Their difficulty was not in working with a framework but with the necessity in the framework chosen to go "all the way back" to the beginning with conceptualizing the problem. Their experience with the program led them to believe that this issue was settled and needed no reexamination. However, the act of this exercise not only clarified program possibilities and limitations, but gave the group a common task on which they quickly coalesced.

The outline used was both conceptual and concrete; there were decisions to be made about goals and objectives as well as delineating specific populations for service and evaluation tools and program guidelines. Planning is an activity which does not end when the program is implemented. Built into the program implementation was the opportunity for input by staff, Coalition members and administration. Regular informal meetings were held between administrative personnel and social work staff. Regular Coalition meetings continued with administrative and social work staff present. Monthly meetings were offered to volunteer Resource Advisors for case consulting, program critique and later on in the program, inservice training. The procedures of operation for the Resource Room were broadly set and flexible; they were modified as a result of trial and error in some cases, and to enhance services to the clients in others. The following example illustrates the importance of being able to change procedures:

A sixty-two year old woman needed shelter because she had lost her job as a live-in caretaker when her patient moved to a nursing home. For several days, the Resource Advisors noticed her carrying her bags everywhere she went. When asked about this, she stated she had not known she could leave them in her room. After the first two weeks of her stay, she did not return. A message was left for her at her cousin's house, which she listed as emergency contact. She came back the following day stating that 'my two weeks were up', referring to the guideline that stated cases are reviewed and reapproved every two weeks. We assured her this did not mean she had to leave simply because she had not secured housing in two weeks. The staff were more careful in the future

to explain this part of the program and the language of the guideline was changed.

Another area of planning which needed flexibility was in the use of volunteers as Resource Advisors. While volunteers are used extensively in Salvation Army programs, this was the first time they were used in direct service with shelter residents in this Corps. So planning was exceptionally important when it came to volunteer utilization. The Director of Social Service acted as Volunteer Coordinator, relying on consulting sources for training in order to accomplish this task. The timetable for volunteer utilization was disrupted by the delays in lease acquisition and renovation; five full months were lost. These were crucial months for the volunteers as they had already been partially trained in anticipation of the opening date. They were excited about the new program and eager to start despite their apprehension about working with clients who would probably be quite different from them in both values and socioeconomic status. When it became apparent that the delay was a reality, an effort was made to keep the volunteers involved in the project despite the absence of the Resource Room. Several tasks were identified which could be accomplished during the delay and which would later make operation easier. These tasks were given to those volunteers most eager to begin and most disturbed by the delay. The tasks involved creating resource files for the areas of employment and housing. The work was accomplished, the volunteers vulnerable to frustration and perhaps dropout were glad to be doing the important work of

preparation, and it became apparent to the volunteers that the Salvation Army considered them an integral part of the work of the Resource Room.

(2) During different periods of time, different facets of the process were important. The organizational/coordination aspect was quite important in the beginning stages of program development. The physical plant was of prime importance in the stage just preceding the projected opening of the program. The volunteer component became of greatest importance during the five-month delay in opening.

In the beginning stages of program development, the work of the Coalition was of great importance. It was necessary to concentrate on the coordination of the various committees with the administering agency (The Salvation Army). For example, the fund-raising committee was focussing on renovation monies in the amount of \$300,000; but where would program operation funds come from? After consultation with the fund-raising chairperson, The Salvation Army knew what to expect for program start-up funds and began the process of writing grants for other funding. Some unknowns made it difficult to formulate an accurate budget. There was no way of knowing what funding sources would be operating for clients; that is, how many public assistance clients would be in the shelter, without placing quotas on such clients which was philosophically unacceptable. There was also no experience on some overhead costs, such as utilities; the completely renovated building would bear no resemblance to the residence it had once been. There were many fixed costs, however, and

a fairly realistic budget was adopted which later turned out to be quite accurate.

It was also necessary to coordinate the Coalition with The Salvation Army regarding the building renovation. The Coalition designated an individual member to act as liaison between the contractor, The Salvation Army, and the Coalition. This individual was to visit the building almost daily and communicate between the three parties. He would also report at Coalition meetings on the progress of the renovations. This was important in order to minimize misunderstandings and miscommunication. The contractor in a renovation must have an accessible and informed person with whom he can be in contact immediately. This minimizes delays and enhances the relationship between agency and contractor, which is extremely important. This does not, however, eliminate delays which can be long and extensive in the business of renovation, where completion of one part of work hinges upon beginning another.

At another time in the development of this program, research was of primary importance. When the Coalition was approaching the Township regarding utilization of the property for the shelter, they needed to have statistics regarding who homeless people were in Montclair, their ages, family composition and economic status. When grants were written, it was necessary to have not only statistical information but evidence of service provision in narrative form. This information, having been gathered for the Coalition on a regular basis was fairly easy to generate. Many programs for homeless persons lack the kind of information which will allow

them to expand and which will give funding sources confidence in their ability to serve this population. This is another case in which lack of time is cited as a reason for not completing this task. The fact remains that few people will give an agency money because they helped "a lot" of people find permanent housing. Once again planning is operating here. The Resource Room program procedures and statistical forms, including evaluative instruments, were created before the program opened. Demographics were collected on virtually one hundred percent of the sample; evaluative instruments, though monitored, were completely collected on only one third of the sample and partially (and usably) collected on seventy five percent. It is important to remember that the future of a program may rely on spending the extra time gathering data, and as in program development, finding the time is well worth the effort.

(3) Volunteer development is a time-consuming but very rewarding investment. In all stages of the process, consideration of the volunteers, their tasks and feelings, was critical to the success of their experience. Addressing the problem of program delays with volunteer utilization has already been addressed. Another important consideration is the image of the volunteer. The volunteer needs to feel as if she is an accepted and unique part of the staff. The volunteer has a specific function in the agency, and accommodations must be made for that function in order for the entire system to work. The volunteers in the Resource Room were given the title "Resource Advisors". When staff refer to

a worker for a client, the reference is "who was your worker on Monday?" or "The worker will be with you next". This eliminates any negative connotation the word "volunteer" may have, both for clients and for other staff. Clients often feel "short-changed", believing erroneously that a volunteer is not quite as good as the "real thing". Staff likewise must be educated regarding the volunteer role. To this end, job descriptions of all staff, including volunteers were developed. The job description of the Resource Advisor is included in Appendix B.

The volunteer also needs a forum in which to be heard as well as a forum in which to learn new skills. The monthly staff meetings held for all staff were attended by approximately half of the volunteer staff at any one time. For those unable to attend a meeting, time was provided on the volunteer's regularly scheduled day for airing of concerns with the Director and sometimes for specific instruction regarding resources for clients. Often, this time, which was available after all clients had been seen, was a time for reflection and discussion of values and perspectives. For many volunteers, this experience was their first contact with the welfare system and they did not like what they encountered. Since the Junior League has an advocacy arm, it is hoped this experience for the volunteers will lead to better awareness of the need for advocacy for public assistance recipients. For others, the frustration of working with people who are seemingly "unmotivated" or who appear to have no goals or vastly different goals is difficult to deal

with. With an accepting, non-judgmental forum, these volunteers develop exceptional capacity to listen and to care.

It cannot be stressed enough that the utilization of volunteers is not a way to save money on personnel or save time in a program. Proper care and utilization of volunteers requires not only training in management and good "people skills", but an enormous amount of time. Volunteers must be recruited, trained, listened to, re-trained, counseled and guided. They must feel as if what they are doing is important to the agency, the clients and themselves. This takes much energy and commitment on the part of the agency and the Volunteer Director. As such, the utilization of volunteers saves neither money nor time but provides for a richer program with fuller service to the client.

(4) The context, both political and community, in which the process takes place must be carefully considered and "massaged" (a gentler form of "manipulated") in order to have a project such as this get off the ground, let alone be successful. As mentioned above, the property used for Cornerstone was owned by the town. It was one of several appropriate properties investigated by the Coalition. In a combination of beautiful timing, luck and openness of the township officials, the building was acquired. The Coalition used every political tie it had (and it had considerable strength among its members) along with well-prepared statistics demonstrating effectiveness of the previous program, the need for expansion, and the broad base of community support developed over five years by the Coalition.

It did not hurt that the township saw an opportunity to save demolition and paving costs of its plan to raze the building for parking space as well as generate income through a lease arrangement (the building lease is for ten years at \$15,000 per year). Considering that the township paid \$150,000 for the property, it appeared to be an agreement with advantages on both sides.

The community context is also important in the development of a program such as this. There were many years of community relationship building prior to the acquiring of the property for this project. There were the beginning years of coalition building where issues of turf and responsibility were hammered out. The middle years were characterized by the changing relationships among agencies, specifically the administering agency and the Coalition itself. The increase in numbers of homeless individuals and families spurred the changes of the past few years, including the development of this program.

During the beginning stage of coalition development, there was much time spent in getting the word out to the general community. This was done through speaking engagements, a slide show and informational brochure. Often these forays into the community brought support from another agency, church or group. Whether that support was in the form of membership in the Coalition (which was open to any agency or church or group in the service area), spreading the word, or financial donation, any contribution was honored. The community, as already mentioned, has a reputation of being

diverse and open to different opinions, beliefs and persons. This helped in the spreading of the word as an open-minded audience is easy to address. The Coalition, through the Salvation Army personnel, continues to spread the word through newspaper articles, speaking engagements and narrative and statistical reports.

B. PRESENTATION OF DATA

DEMOGRAPHIC AND SOCIO-ECONOMIC PROFILE

Forty-three cases of homelessness were encountered during the time period of the study. Thirty were single individuals and thirteen were family units. There were 24 single men and 6 single women. The families included two married couples without children, two married couples with children and nine single-parent female-headed households (See Table 1).

TABLE 1 - FAMILY STATUS

FAMILY STATUS	NUMBER OF CASES
Individual males	24
Individual females	6
Married couples, no children	2
Married couples with children	2
Single parents with children	9
TOTAL	43

One possible reason for the greater number of single individuals could have been the fact that the shelter was

newly opened. The county welfare agency, source of referral for most families in need of shelter, had to inform workers and units of the existence of the shelter and referral procedures for it. It was not until the sixth week of program operation that referrals came regularly from the county welfare agency. Another theory is that there are actually more single individuals than families who are homeless in the service area; this cannot be proven from the data in this study.

The balance of individuals and families was of considerable importance to the operation of the program. In order to accommodate those area residents who were newly homeless, Cornerstone was constructed with the flexibility to handle both single individuals and families of many different configurations. During the course of the study, it became clear that it was difficult to predict the balance of singles versus families. If the shelter were to house fifteen single persons and two small families, the caseload would be unmanageable for the staff. If the distribution were eight singles and three or four families, the caseload would be fully five cases less. As the program developed, it became obvious that a limit was needed on cases of singles in order to adequately serve the residents. Consequently, two months into the program a limit of ten singles was established, with the remaining twelve beds to be occupied by family units. Persons whose residence immediately before becoming homeless was Montclair comprised 56% of the cases; 35% were from other suburban Essex county towns. Only 9% of the cases were from

out of the designated service area (Table 2). This finding clearly demonstrates that there are newly homeless persons in this suburban area. It also counters the idea that homeless people will be "attracted" to a community because it has a shelter. The persons sheltered during the study were not only immediately from the suburban towns of Essex County, but were often long-term residents, as will be shown later in "Housing History". Those admitted from outside the service area were referred by agencies who had been unable to secure shelter for persons due to their shelters being at capacity, and Cornerstone having available beds.

TABLE 2 - TOWN OF LAST RESIDENCE

TOWN	NUMBER	PERCENTAGE
Montclair	24	56%
Other Suburban Essex	15	35%
Out of service area	4	9%
TOTAL	43	100%

Clients from Montclair sheltered during the study were 79% black and 21% white (Table 3). This percentage of black clients is somewhat more than the normal distribution in Montclair, 65% black and 33% white.⁸¹ While Montclair has a median income above the national average, black persons are

⁸¹ The New Jersey Municipal Data Book, *op. cit.*, p. 320.

overrepresented in the low-income categories as well as in the public assistance population. Since shelter residents are all in low-income categories if not under the national poverty level, it was expected that the findings of this study would reveal a larger percentage of black persons than is found in the normal distribution of the town.

TABLE 3 - RACE - MONTCLAIR CASES

RACE	NUMBER	PERCENTAGE
Black	19	79%
White	6	21%
TOTAL	24	100%

n=24 cases

There were 9 preschool and 17 school aged children in the sample. The remaining 47 persons were adults, all under the age of 65 (Table 4). This percentage of children in the homeless population (31%) is similar to data presented by other authors.⁸² However, since it is theorized that the study population contained a smaller number of families than would normally present themselves for shelter, it is possible

⁸² See for example Bassuk, Ellen and Lenore Rubin, "Homeless Children: A Neglected Population," estimating the number of homeless families with children represent more than 25% of the homeless population; U.S. General Accounting Office, Homelessness: A Complex Problem and the Federal Response, reports on various studies which range from 30 to 40 percent of homeless persons being families with children

that the percentage of children in the homeless population in this area is higher than 31%.

TABLE 4 - AGE OF SHELTER RESIDENTS

AGE	NUMBER	PERCENTAGE
Preschool (0-3)	9	12%
School age (4-17)	17	23%
Adult (18+)	47	65%
TOTAL	73	100%

n=73 persons

Income source was public assistance in 56% of the cases; employment was the income source in 33% of the cases. The remaining 11% received income from Social Security Disability, Supplemental Security Income, or Unemployment Compensation (Table 5). Residents were assisted in establishing an income source if they did not have one at admission. This was necessary not only from an economic standpoint, but in order to secure the proper medical benefits for the person. In several cases, clients reported that they had been denied public assistance benefits due to lack of address or lack of identification. However, the staff of Cornerstone had no problem establishing eligibility for public assistance with residents. This might be due to the fact that an agency referral is backed up with knowledge of the public assistance eligibility rules and follow-up; it might be because of the agency's reputation for providing service; or it might be because the agency is providing shelter, a much needed

commodity, which relieves the public assistance worker of the task of searching for a shelter placement for a homeless client.

TABLE 5 - INCOME SOURCE

INCOME SOURCE	NUMBER	PERCENTAGE
Public Assistance	24	56%
Employment	14	33%
Other	5	11%
TOTAL	43	100%

In this situation, the reality of the resistance of the public assistance system to provide for homeless clients is clearly demonstrated. Clients who had sought public assistance on their own (including emergency assistance) reported being told that they needed to have an address to receive benefits, that they could have an appointment three weeks in the future, or that since there were no rooms in town they could afford even on welfare, they could not have benefits. In all these cases, an application for benefits was not taken. When the staff of Cornerstone, however, called the appropriate welfare department and explained the client's situation, there was very little resistance encountered. This reinforces the need for advocacy on the part of homeless clients; on their own, it appears that they can be sent away or postponed in order to save the agency from extending entitlement benefits. Resource Advisors receive inservice as

well as on-the-job training in negotiating the welfare system; they in turn can inform the client of her rights as well as provide guidance through this system. Thus the client is being educated and assisted in taking control of the financial part of his life.

One third of clients admitted were employed. While some held steady full-time jobs, many held jobs which were seasonal, part-time or poorly paid. Often these employed persons were "priced out" of the housing market. In this suburban area of rising taxes, condominium conversions and gentrification, full-time employment which pays \$4.50 per hour requires an expenditure of more than sixty percent of gross income for rent for an average one-bedroom apartment.⁸³ Employed persons who had lost rooms or apartments due to illness or rising rents not only had to secure new housing, but needed to accumulate one and one-half month's security and often one month's real estate broker fee in order to relocate.

A call was received from the police department at midnight. A young woman had been locked out of her home which she shared with relatives and they would not let her back in. She was sheltered immediately. She had moved to this area only one month before in order to secure a job in a retail firm. She was to stay with relatives until she secured an apartment. The apartment which she shared was crowded and this contributed to constant disagreements between the tenants. Although she worked steadily in a full time job, it took her more than

⁸³ AFDC grant information from the Essex County Welfare Department; rental figures from the Right to Housing Coalition, Newark, NJ.

two months to accumulate enough money for the month and a half security payment and month's rent common to this area. She moved out of the shelter 75 days after admission.

HOUSING HISTORY AND REASONS FOR HOMELESSNESS

Approximately half of the residents (51%) were renters immediately prior to entering the shelter. Another 39% had lived with friends or relatives immediately before admission. Only four cases (10%) had been on the street or in automobiles or abandoned housing prior to entering the shelter (Table 6).

TABLE 6 - HOUSING ARRANGEMENT

HOUSING ARRANGEMENT	NUMBER	PERCENTAGE
Rented residence	22	51%
With friends or relatives	17	39%
No residence	4	10%
TOTAL	43	100%

Since this program addresses the needs of the newly homeless as opposed to those without a residence for long periods of time, these findings were expected. In the cases of those who had lived in automobiles or abandoned housing, none had spent more than two weeks living in such an arrangement. All were single individuals who did not know where to call for assistance at the time of their evictions. The finding which raises the most concern is that 39% of the

newly homeless had lived with friends or relatives immediately prior to admission. These are individuals and families who are "doubled up": sharing living quarters with another household. They are vulnerable to eviction with little warning and no legal rights. Often the resident household is the leaseholder and when that household is threatened with eviction due to overcrowding, their concern is rightly with their own shelter and so the "visiting" household is asked to leave. The fact that close to half of all admissions represent persons who are doubled up is one to be quite concerned about. In the cases of these doubled up families, there was often an eviction in the past, sometimes as long ago as eighteen months, as temporary stays become more and more permanent.

Mrs. D and her four children had been living with her mother for fourteen months after she and her family were evicted for non-payment of rent. The rent had risen from \$475 to \$700 per month in a year and a half. Finally, the mother's landlord began court proceedings to evict all nine members of this household. The proceedings would be stopped if the additional family left the apartment. They were admitted to Cornerstone House in order to allow the mother to maintain her lease.

Client housing history for the previous five years was determined at intake. More than half the sample (51%) had lived in their last residence six months or less (Table 7). In addition, more than half of the sample (58%) had lived in three or more places in the last five years before admission (Table 8)..

TABLE 7 - TIME IN MONTHS AT LAST RESIDENCE

HOUSING HISTORY	NUMBER	PERCENTAGE
Last residence		
6 Months or less	22	51%
7 Months or more	21	49%
TOTAL	43	100%

These statistics demonstrate a background of frequent moves and indicate stays of well under a year for the last residence before shelter placement in more than half of the cases. The range of number of places lived in the past five years was one to fifteen. Yet the area in which the residents lived while making many moves was confined to one or two towns. The data do not support the idea that operating a shelter in a suburban area will attract transients and people from urban areas. There appears to be enough of a problem in the suburban areas to fill to capacity a shelter of proportionate size to the population created within these areas.

TABLE 8 - NUMBER OF PLACES LIVED LAST FIVE YEARS

HOUSING HISTORY	NUMBER	PERCENTAGE
Places last 5 years		
3 or more	25	58%
less than 3	18	42%
TOTAL	43	100%

The most common reason for needing shelter placement was eviction (74%) (Table 9). This category was further broken down into eviction for non-payment of rent (28%), eviction due to "doubling up" (more than one household sharing a single-household unit) (28%) and "other eviction" (19%). The "other eviction" category included two persons who had live-in jobs which were eliminated, one illegal eviction and one eviction by a new landlord who reclaimed the apartment for his own use. There were four cases of persons with no housing after completing either an alcohol detoxification or rehabilitation program (Table 9A).

TABLE 9 - PRECIPITATING CAUSE OF HOMELESSNESS

REASON FOR HOMELESSNESS	NUMBER	PERCENTAGE
Eviction	32	74%
Domestic violence	4	9%
Prison release	2	5%
Voluntary	1	2%
Other	4	10%
TOTAL	43	100%

Recently released from a hospital detox program, Mr. W. arrived at the shelter with the phone number of the local residential rehabilitation center which accepts indigent patients. He had been told his stay at the hospital was ended and that he should call the rehab every day to check and see if they had an opening. He spent the first two days calling and the first two nights on the street.

TABLE 9A - REASONS FOR EVICTION

REASON FOR EVICTION	NUMBER	PERCENTAGE
Non-payment of rent	12	38%
Doubled up	12	38%
Other	8	24%
TOTAL	32	100%

n=32

Once again, the common practice of families doubling up and the resulting homelessness is demonstrated. Families are doubled up because they cannot afford housing on their own or they have been unable to locate appropriate housing following their own eviction, fire or other emergency.

Ms. M arrived at the shelter with her two-year-old son. She was referred by the County Welfare Department. The house in which she was living had been sold; it had belonged to her adoptive mother prior to her death the year before. When the other adult children in the family made new housing arrangements for themselves, they left her out "because I wasn't really a part of the family".

MENTAL HEALTH CHARACTERISTICS

Both the Center for Epidemiologic Studies Depressed Mood

Scale (CES-D) and the Index of Self-Esteem (ISE) were administered at intake and discharge. Since these scales were self-administered, complete sets of intake and exit scales were not obtained in all cases. Those who were asked to leave the shelter for violation of rules or those who left without informing the manager where they were going did not have exit scales. There were no exit scales for those still in residence at the end of the study period. Complete sets of intake and exit scales for both measures were obtained in fourteen cases. These were used for evaluation purposes for time one and time two administration of the measures. Intake data were collected in thirty-three cases for both the CES-D and the ISE.

The CES-D was chosen due to its ease in administration and its good known-groups validity; it discriminates well between psychiatric inpatients and the general population. The clinical criteria report indicates that seventy percent of psychiatric inpatients but only twenty-one percent of the general population scored at and above an arbitrary cutoff score of 16 (scoring is from 0 to 60, with a higher score indicating greater depression).⁸⁴ In the shelter population for which scores were available (n=33), six persons scored at or below 16 at intake. Twenty-seven persons scored above 16, indicating that they exhibited significant symptoms of depression. As a group, 82% of this homeless population had

⁸⁴ Corcoran, Kevin and Joel Fisher, op. cit., p. 118.

scores above 16 while as a group, only 71% of psychiatric patients scored above 16. This finding is extremely important for program development and operation. Much effort should be concentrated on countering this pervasive and serious depression. The mood of clients, regardless of cause, is a force to be addressed. Not only is the client in crisis, but her ability to handle that crisis is seriously impaired. All facets of program operation, from building layout and decoration to interviewing and rules need to be touched by this awareness.

Examination of the CES-D scale exit scores for the nineteen cases reveals that on discharge, 74% of the residents continued to score above the score=16 level. This indicates that again there was a higher percentage of clients with significant symptoms of depression among this homeless population than was found in the psychiatric patient population. There were, however, changes in the intake and exit scores which will be discussed in Outcome Data.

The Index of Self-Esteem (ISE) was administered at intake and at discharge. This instrument is a twenty-five item scale designed to measure the degree of difficulty the client has with self-esteem. The scale has been found to have good known-groups validity and very good construct validity. It was derived from tests with 1745 respondents, including single and married persons, clinical and nonclinical populations, and several ethnic groups, including Caucasians, Japanese and Chinese Americans and a smaller number of members of other ethnic groups. Blacks were not represented significantly in

the population on which this test was normed, presenting a restriction in terms of interpretation of the scores of the sample studied.⁸⁵ The cutting score for the ISE is 30(+ or -5); the range of scores is 0 to 100 with higher scores indicating more of a problem with self-esteem. Scores for the subjects of this study were evenly distributed around a mean of 30 at intake as well as at discharge. The differences in scores will be discussed in Program and Outcome Data. It appears that the differences in self-esteem between this population and the population on which the scale was normed are not significant.

PROGRAM AND OUTCOME DATA

Number of Nights in Care

The mean number of nights spent in shelter care was 50; the median was 43. Minimum nights were 2 and maximum were 166 (Table 10). The individuals spent significantly more time in the shelter than the families. The possible reasons for this are several. First, the persons with families, especially children, may have more motivation to stabilize their situation. The difficulties surrounding school enrollment, completion of homework and child care may be urgent enough for the families to push harder for relocation. A single person may not feel this responsibility for others and therefore, while looking to be in permanent housing, may not feel the same pressure. Several single men, in the course of their

⁸⁵ Ibid., p. 188,

stays, inquired as to whether they could rent the room they were in permanently!

TABLE 10 - LENGTH OF STAY IN SHELTER

NIGHTS IN CARE	INDIVIDUALS (n=30)	FAMILIES (N=13)	TOTAL (n=43)
Less than one month	9 (30%)	5 (39%)	14 (33%)
4 - 6 weeks	2 (7%)	5 (39%)	7 (16%)
More than 6 weeks	19 (63%)	3 (22%)	22 (51%)
TOTALS	30	13	43

$X^2=8.705$ DF=2 P<.02

The shelter is a clean, safe temporary home and superior to many rented rooms in the area. There is not an overabundance of furnished or unfurnished rooms to rent in the area. The local YMCA has a long waiting list for its \$50 per week rooms. The average rent for one room in the private market is \$75-80 per week. Another possible reason for the longer stays for single persons is the lack of assistance available to them for relocation. While a person with children on AFDC can receive all funds necessary for security, first month's rent, real estate fee and furniture, the single

person on public assistance has little comparable assistance. The State of New Jersey mandates that security may be paid and rent subsidized for the municipal welfare client. However, few welfare departments follow this regulation, citing the inability of the client to maintain housing as the reason for not supplying a temporary (up to one year) subsidy. The welfare departments may be fearful of receiving an avalanche of subsidy requests mainly because the maximum municipal welfare grants are so low (\$140 per month for a single employable individual and \$210 per month for a disabled individual).

Establishment of Income and Referrals

The number of days necessary to establish an income source were recorded from the case record. The number of days needed to make all necessary referrals from intake was also recorded. The mean working days taken to establish an income source was two; the mean working days taken to provide a client with all necessary referrals (based on assessment at intake) was four.

The concern of the program with these numbers was based on previous studies conducted in the Salvation Army nine-bed shelter which preceded Cornerstone House.⁸⁶ It was theorized by these findings that one very important factor in relocation was the client's income. It not only was important for its obvious economic value, but its establishment appeared to

⁸⁶ Deats, Cathy L., op. cit.

provide a link to other assistance and referrals. For example, if a client had lost a job due to a disability and was ineligible for State disability benefits, the income he was eligible for was general assistance (municipal welfare). They in turn are required to refer that person to SSI for benefits if the disability appears to be permanent. Medical care is provided by the municipal welfare department until Medicaid (linked to SSI) eligibility is established. Depending on the disability, the client might be referred to the State Division of Vocational Rehabilitation for re-training or assistance, a Mental Health agency, or any number of special agencies (MS Society, Diabetes Association, etc.).

The relatively short time it took for income to be established and referrals made can be noted but not directly linked to the length of a person's stay. There is an important philosophical or theoretical reason for targeting these two tasks (income establishment and referrals): crisis theory informs us that initial action needs to be taken quickly. It also tells us that concrete results of our actions in partnership with the client give that client an experience of success in one area which may then encourage further action.

Placement

Placement in a rented room or apartment was achieved in 54% of the cases within the time limit of the study. At the end of the study, 14% of the cases were unplaced and still in care (Table 11). Of the remaining 32%, 2% moved in with relatives or friends, an arrangement which is vulnerable to

homelessness again. Seven percent were referred to other programs prior to relocation. Other programs included another shelter to move a family closer to the childrens' school, hospital for inpatient medical treatment, and state psychiatric hospital for evaluation. Nine percent were asked to leave the program for violation of rules. These four cases were all single men; one violated the prohibition on active drinking and alcohol on the premises, and three others had refused to follow through on case plans regarding establishment of income. All had been warned of the possible action twice according to the policies for dismissal and appeal. All the men had been resident more than six weeks, and two for more than twelve weeks. The remaining fourteen percent had outcomes which were classified as "unknown"; that is, they left the shelter without informing anyone as to their plans. Of these six cases, five were single individuals and one was a family; all but one case stayed less than two weeks.

TABLE 11 - PLACEMENT OUTCOME

OUTCOME	NUMBER	PERCENTAGE
Room or apartment	23	54%
Relatives/friends	1	2%
Referred	3	7%
Evicted	4	9%
Unknown	6	14%
Unplaced	6	14%
TOTAL	43	100%

Depression

CES-D scores were obtained for time one and time two for fourteen persons. Time one was upon admission to the shelter and time two was at discharge. Twelve scores showed improvement, one had no change, and one declined. The range of improvement in the scores was from one point to twenty-eight points. The average change in score was 15 points. While 86% of the clients in this group became less depressed according to this instrument, only 14% had scores above 16 at time one and below 16 at time two (Table 12). It appears that for those for whom data are available, an improved mood (i.e., less depression) has taken place between the time of admission and the time of discharge. While no psychiatric history was taken at admission, a clinical assessment was done by the admitting social worker. This impression as to the presence of mental illness was formed by observation of client behavior during the interview, general history, and noting medications being taken by the client. This clinical diagnosis was compared with the score on the CES-D at admission. Clinical diagnoses of mental illness were made in ten of the forty-seven adults interviewed (21%). There were five cases of schizophrenia, three of clinical depression, one of bipolar disorder and one of sociopathic personality. All but one of the nine cases for which scores were available tested depressed on the CES-D; the person with the sociopathic personality had a score of ten.

TABLE 12 - CES-D SCORES DIFFERENCE T1 TO T2

CES-D SCORES	NUMBER	PERCENTAGE
Improved	12	86%
No Change	1	7%
Declined	1	7%
TOTAL	14	100%

n=14 persons

Self-Esteem

The ISE score differences from time one to time two showed improvement in eight cases and decline in six cases. In three cases, persons moved from a score below thirty to a score above thirty. The average change in score was 13 points (Table 13).

TABLE 13 - ISE SCORES DIFFERENCE T1 TO T2

ISE SCORES	NUMBER	PERCENTAGE
Improved	8	57%
Declined	6	43%
TOTAL	14	100%

n=14 persons

As was stated above, the self-esteem scores were quite evenly distributed around the cutoff score of thirty. It was hypothesized that the self-esteem scores would be lower in this population, and that there would be an increase in self-

esteem from admission to discharge. The data show that this is not true. Persons who entered the shelter scored nearly half and half above and below the cutoff score, and improvement in scores was neither marked or consistent. This may be because self-esteem is not an easily changed quality, or that the time period of the average stay was not long enough to effect a change.

Client Satisfaction

The Client Satisfaction Questionnaire (CSQ-8), an eight-item client service satisfaction scale was administered on discharge along with the CES-D and ISE. Evaluations were obtained in sixteen cases. It elicits the client's perspective on the value of services received. This scale was normed on 3268 inpatients and outpatients in 76 clinical facilities. Clients were from several ethnic groups and both sexes. A version of the CSQ-8 was also translated into Spanish. Mean scores for the four ethnic groups were not significantly different and ranged from 26.35 to 27.23.⁸⁷ The mean score for the client group (n=15) was 29.76. Scores range from eight to thirty-two. This indicates that the clients in this group were satisfied overall with the service they received. Of course data is missing from those who needed to leave the shelter for medical reasons or because they were asked to leave for violation of the rules. An attempt was made to collect this data, but the attempt was not

⁸⁷ Corcoran, Kevin and Joel Fisher, op. cit., p. 120.

successful. Either the whereabouts of the clients were unknown or they ignored mailed requests for completion of the scale.

Several important issues were raised by client comments on the CSQ-8. One person reported her satisfaction with the program, but also her frustration with being asked "so many questions". The Resource Advisors, who work with the clients, are scheduled for two days per month each. While they are scheduled for consecutive Tuesdays or Wednesdays, for example, in order to encounter the same clients, the client has two appointments per week in the Resource Room. If the Resource Advisor does not make careful notes or the Advisor on duty does not read the notes before seeing the client, repetition is possible. This is a point of frustration for the client who sometimes feels she must explain her situation again and again.

Another issue is that of communication of the attitude of caring on the part of the staff, both volunteer and professional. Several comments were recorded about specific people: "Barbara is very helpful.." "Cathy is hard-working and willing to help.." "Mr. Hardy is wonderful..." "I love the Major..". The commitment of the staff appears to be readily apparent to the residents. These comments may have been written because people were happy to be leaving the shelter. It is just as likely to be the result of staff communicating their desire to help and having sufficient training to offer that help.

It also appears to be important to have program

leadership with a certain amount of "charisma", that almost mystical quality which evolves from a combination of expertise and personality. The display of enthusiasm and hopefulness by the program leader can set the tone for others, both staff and residents, to "catch" that hope or at least to see it in action. The question in this type of work, where emergencies happen every day and almost all new admissions are depressed, is how the leader continues in this enthusiastic hope.

VI. SUMMARY AND RECOMMENDATIONS

In summary, the following will be presented: (1) the characteristics of the homeless population found by this study (2) keys to success of this type of program in suburban areas and (3) conclusions formulated as a result of this study.

The characteristics of the homeless persons in this study were quite diverse within the sample. Since Cornerstone House accepted both individuals and families, an unusual arrangement for a shelter, the diversity was expected. One-third of the residents were employed and still unable, at least at one point in their lives, to afford housing. More than half of the cases were on public assistance, with grants well below the average cost of housing in the area. Single males accounted for more than half of the cases, and their stays in the shelter were the longest. It appeared that for most, after the first two weeks in emergency shelter, a low-cost rooming house would have been more appropriate an arrangement. The clients were for the most part long-term area residents, many having gone to high school in Montclair.

The reasons for homelessness revealed by the study are of greatest concern. Eviction is the immediate cause of homelessness in 74% of the cases. The real concern is that 38% of the evictions are the result of doubling-up, the practice of more than one household sharing a one-household apartment. There are likely many households in this situation in which an eviction can happen immediately and without legal process. These doubled-up households cannot afford single-unit housing and are most vulnerable to homelessness

since they are illegal tenants in violation of occupancy rules.

The mental health characteristics of this group of people are also disturbing. Persons in crisis need every personal resource available to them to deal with that crisis and its resolution. The 82% of admissions with significant symptoms of depression are severely handicapped in the utilization of the program. The depression must be addressed in order for the person to accomplish that which is necessary to relocate. This could be a difficult but feasible process if there were enough affordable and adequate housing, but there is not. The person loses any number of important aspects of her life (spouse, job, support), then loses a home (not just housing), is depressed and seeking a new home in a market which is also extremely depressed. Meanwhile, the people of her town are saying the problem she is experiencing does not exist. It is not surprising that 46% of those in this study "failed" to relocate in rooms or apartments; it is surprising rather that 54% succeeded.

There are several keys to success which may be helpful in developing Resource Room / Emergency Shelter programs in suburban areas. It is the experience of the staff that this type of program development is a long and sometimes slow process, but that it can be facilitated by considering the following:

(1) Coalition building is necessary early in the process in order to marshal all the resources in the community: social, political, and financial. It is important that this coalition

building take in all manner of organizations found in a community: religious, social service, private and public. This project has shown that this type of coordination can be accomplished if there is sufficient interest and motivation in a problem such as homelessness. To borrow an old social work truism, start where the client (community) is; interest and motivation can be developed if there is a problem to be addressed which affects the life of the community. Homelessness does that, no matter what the state of awareness.

(2) The key to program development as demonstrated by this project is planning and flexibility. There was much planning done in property, program, and staff development. There is no substitute for the time spent in planning as much as practically possible. Every contingency cannot be anticipated, however, having a concrete plan enables persons involved to be clear on what is happening and what to expect. It was necessary in this process to "rein in" rather than to push or prod. Especially when details were falling into place rather quickly, people wished to push ahead quickly. It was found that adopting a rather steady pace was more fruitful. The times in this process when more speed was desired was in the signing of the lease and the renovation of the building. It is important to separate those facets of the process which are under our control and those that are not; two that were not were the Salvation Army bureaucracy and those working on the renovation! Throughout this entire process, a spirit of optimism and good sense of humor were necessary. What we wished for our residents as they faced their personal crises

of homelessness was what we needed ourselves in building this project.

(3) The use of volunteers in this program was essential to its success. As was mentioned before, volunteers should not be seen as either a money saving or time saving addition to a program; they are neither. Operating a successful and rewarding volunteer program requires a staff person responsible for volunteer supervision and development, which is costly in money and time but well worth the investment. This program was fortunate enough to have a core of extremely talented persons as Resource Advisors, from both the Junior League and the community. These women gave time and energy to assist residents and struggled to find answers for themselves to the question of why people are homeless. Just as the volunteer is a person who listens to others, she also needs someone to listen to her as she struggles to understand the people she works with. The provision of this resource person is necessary for the continued involvement and effectiveness of the volunteers.

Conclusions of this study are three. The first is that homelessness is not exclusively an urban problem. This project has demonstrated that homelessness exists in suburban areas as well. The suburban towns, both citizens and government, must recognize this and make provisions for caring for homeless persons who were previously residents. This will be a difficult task because homeless persons in these areas do not as a rule live on the streets. This may be because police departments and security personnel discourage loitering or

because the people are moving from the home of one friend to another to keep a roof over their heads. This project, as one addressed to the needs of the newly homeless, may have selected its clients this way. However, calls were routinely received regarding homeless persons spending the night in coffee shops or the hospital emergency room, in cars or abandoned buildings. Making up a small percentage of all admissions, these persons had been able to avoid "appearing" homeless by staying with friends, periodically staying one night in a motel, and generally staying unobtrusive. As "invisible" or "hidden" homeless people, they are not seen by the general population in the suburbs.

Secondly, just as homelessness is not exclusively an urban problem, it is not a problem of a certain "kind of person", i.e. mentally ill persons, alcoholics, ex-offenders, although people from these groups are certainly included in the heterogeneous population which makes up homeless people. It was discovered in the daily intensive work with the homeless people at Cornerstone House that homelessness is not a single generic problem with a single solution. The homelessness encountered in this population is often the result of a long series of other crises in a person's or family's life. For example, a family may have first lost a breadwinner through divorce or desertion, then the support of other family as the person became a drain on the financial and emotional resources of other relatives, and then, finally after months of struggle, a home. Arriving at the shelter "newly homeless", the person had been through two or three

major crises and had dealt with each with varying degrees of success. Carrying the baggage of previous crisis, the person faces homelessness and we focus on that. Resource Advisors have had shared with them histories of fire, death of loved ones, being crime victims or abuse victims. And while the shelter program is set up to deal with the crisis of housing, these underlying problems cannot be ignored, both for what they say about the problem of homelessness and for their impact on how the person deals with the present crisis.

This leads to the conclusion that homelessness is not for the most part a personal problem created by the person because of some shortcoming or inability to deal with difficulty. It is true that a substantial percentage of homeless people are mentally ill; if we had cared for those released from mental hospitals as part of the policy of deinstitutionalization, perhaps the numbers of homeless persons would be less. It is true that many homeless people are inadequately educated, underemployed or disabled in a variety of ways. These are the people most vulnerable to displacement in a shrinking affordable housing market.

If homelessness is not exclusively an urban problem, not a single generic problem, and not totally a personal problem, then what kind of problem is it? Homelessness is first a problem of housing. The federal housing budget was cut 70% from 1981 to 1987; single room occupancy (SRO) hotels are disappearing; condominium conversion and gentrification are reducing further the housing stock available to low-income individuals and families. Vacancy rates of 2% and less are

common in the area under study. While the average length of stay in shelter care in this study is slightly more than six weeks, just four years ago it was slightly more than two weeks for the same area. It is the experience of this program that affordable housing is becoming progressively more difficult to locate.

Another aspect of the housing problem which this author views as connected to the housing problem of homelessness is the declining ability of middle class persons to purchase a home. The United States Census Bureau reports that over the ten years beginning in 1975, median prices for a first home rose 125 percent while the average income of married couples aged 25 to 29 rose only 80 percent.⁸⁸ More than half the residents of the shelter paid in excess of 70% of their gross monthly income for rent prior to becoming homeless, and often the places to which they relocate put them in the same vulnerable position again. They are one accident, one illness, one paycheck short of becoming homeless again. And while considerably less catastrophic than facing homelessness, those who are unable to purchase homes remain renters, utilizing virtually the same housing stock available to all renters. It is thus the contention of this author that the roots of homelessness are economic and specifically related to lack of affordable and adequate housing.

An illustration from the study period involves the

⁸⁸ "Steeper Home Prices Dampen Young Couples' Pursuit of American Dream," Newark Star-Ledger, April 6, 1989, p. 5.

not were the Salvation Army bureaucracy and those working on the renovation! Throughout this entire process, a spirit of optimism and good sense of humor were necessary. What we wished for our residents as they faced their personal crises of homelessness was what we needed ourselves in building this project.

(3) The use of volunteers in this program was essential to its success. As was mentioned before, volunteers should not be seen as either a money saving or time saving addition to a program; they are neither. Operating a successful and rewarding volunteer program requires a staff person responsible for volunteer supervision and development, which is costly in money and time but well worth the investment. This program was fortunate enough to have a core of extremely talented persons as Resource Advisors, from both the Junior League and the community. These women gave time and energy to assist residents and struggled to find answers for themselves to the question of why people are homeless. Just as the volunteer is a person who listens to others, she also needs someone to listen to her as she struggles to understand the people she works with. The provision of this resource person is necessary for the continued involvement and effectiveness of the volunteers.

Conclusions of this study are three. The first is that homelessness is not exclusively an urban problem. This project has demonstrated that homelessness exists in suburban areas as well. The suburban towns, both citizens and

private bathroom facilities. Since the needs of families are quite different than those of single men, these populations should not share the same facility. This recommendation comes not only from the difficult experience of operating a shelter which accommodated both populations, but for practical concerns of building design. A building designed for families' privacy will not afford similar privacy to single persons.

(2) Adequate and affordable housing must be provided in order to alleviate the problem of homelessness. The population in the United States is changing in household composition. By the year 2000, it is projected that the United States population will exceed 106 million households, 21 million more than in 1983. Single individuals will be the fastest growing household type, with elderly people contributing most to this growth. The number of single parent families with children will also increase by half. Turner states, "Without major policy shifts, it is likely that the incidence of people unable to afford housing will continue to climb in the years ahead."⁸⁹ Federal housing programs should emphasize construction of low-rent housing stock in as many arenas as possible: incentives for builders, tax changes which would make low-income rentals advantageous, and emphasis on community responsibility for a share of low-income housing with financial support from the federal government. It should

⁸⁹ Neighborhood Reinvestment Corporation, The Federal Government's Role in Housing in the 1980s, Fact Sheet, undated.

be noted that transitional housing is not mentioned here; it is this author's experience and belief that (1) the question of "transitional to what?" has not been answered and (2) to emphasize transitional housing as a magic "bridge" between emergency shelter and permanent housing would perpetuate the myth that there is permanent housing available for homeless persons and postpone dealing with the problem by providing adequate affordable housing.

(3) Mental health assistance for homeless persons should be available and made a part of shelter programs. This assistance should be available to shelter residents and their families in both individual and group modalities. Most homeless people in this study exhibited significant symptoms of depression, not to mention other mental illness which may have preceded or been exacerbated by their homelessness. Homelessness needs to be seen as a stressful life event along with the more well-known stressful life events and losses like divorce, death of a family member, or loss of a job. Putting it in this perspective can also help the person see the homelessness as less of a personal failure, as it usually has some if not all facets which were beyond the control of the person.

(4) Advocacy for homeless persons, both by staff and by the people themselves, not only helps to change immediate circumstances such as gaining welfare benefits or acquiring a Section 8 certificate, but it empowers the homeless persons and prevents burnout in staff. The sharing which occurs in the Resource Advisor / Client relationship can be an

empowering experience for both. The Resource Advisor provides guidance in the day-to-day struggle for stabilization in the life of the client, working as a partner with the person who essentially does the work of relocation. The success experiences, no matter how small, demonstrate the worth of the client to herself and this can lead to more success. The work of the staff in this setting is often frustrating and difficult, because they work with many people with the same problems and see the inadequacy of the welfare system and housing market many times over. Both experiences are valid and important, and advocacy (or doing something) can give clients and staff a sense of involvement and power. It is the experience of the staff that clients act as advocates for one another as well.

Homelessness is likely to be a continuing and worsening problem in the coming decade as affordable housing becomes less available and number of households increase. If the federal government were to immediately restore all budget cuts for housing since 1980, there would still be a need for emergency shelter programs until the production could catch up with demand. The Housing Act of 1949 set forth the goal of "a decent home and suitable living environment for every American family". Forty years later, children are raised in welfare hotels, families live in their cars and in tents, and mentally ill persons wander in our streets. In the suburbs, families double up with friends and relatives, wander from place to place, and remain invisible.

APPENDIX A

OUTLINE FOR PROGRAM DESIGN

APRIL 27, 1988

I. PROBLEM ANALYSIS

What contributes to the problem?

- lack of rent control
- housing market (high rents)
- lack of housing
- unemployment
- illiteracy
- public assistance levels too low
- divorce / desertion / abuse
- mental illness
- refusal to accept help (personal motivation)
- alcohol / drug abuse

Impact of problem on society:

- cost of emergency aid
- destroys sense of self-worth
- loss of productivity - skills of unemployed
- difficulty enforcing rules / police protection

Impact of problem on individual:

- seen as criminals
- destroys sense of worth
- isolation from others / disorientation
- affects future generations (defiance, rebellion, no respect for rules of society)
- desensitizes person
- affects view of values (negatively)

II. GOALS

Clients will acquire permanent living arrangement.
 Clients will have an improved sense of self-worth.

III. TARGET POPULATION

The program will focus on homeless individuals and families whose last place of residence was Montclair. As space is available, families and individuals will be admitted who originate in (1) other suburban Essex towns and (2) other non-suburban Essex towns. These individual towns will be specified in the program specifications.

IV. OBJECTIVES

In program's first six months:

- (1) improve self-worth of clients in 75% of cases as measured by ?
- (2) achieve permanent placement in 50% of cases
- (3) assessment of client and provision of necessary referrals within 10 days of admission
- (4) establishment of income source within 3 working days of admission

APPENDIX A

V. INTERVENTION (PRESENTLY IN DISCUSSION STAGE)

casework with individual or family for assessment and referral
 groups for residents to share concerns and for mutual support
 weekly staff meetings to conference on cases, give mutual support, provide time for other agencies involved with client to offer input and receive output
 development of resource files for employment, housing, as well as social service referrals for counseling, alcohol treatment, literacy, etc.

VI. PROGRAM SPECIFICATIONS (NOTES FOR PLANNING)

Training for resource room workers needed to be specified and scheduled
 casework responsibility to be specified for "out-of-towners"
 contract between client and us?
 billing procedure and amount
 budget
 defining improvement in self-esteem: a test? scale of some kind? take note of eye contact, physical appearance, depression, logical conversation, care for self and shelter space, attitude, motivation
 forms, recordkeeping
 how to best use space

APPENDIX B



Cornerstone House

68 NORTH HOUSE^N AVENUE, MONTCLAIR, N.J. 07042
(201) 744-8666

Cornerstone House is a twenty-two bed emergency shelter for homeless individuals and families. As a joint project of The Salvation Army Montclair Corps and The Emergency Assistance Coalition of Greater Montclair, Cornerstone House strives to provide clean, and safe emergency housing with a maximum of privacy and strong concern for the needs of the individual or family in crisis.

To this end, The Resource Room was developed to be the focus of client activity with the aim of relocation to permanent housing. Trained volunteer Resource Advisors, under the direction of the Cornerstone House Director, assist the residents in this effort.

JOB DESCRIPTION - RESOURCE ADVISOR

The Resource Advisor is a direct service worker responsible for encouraging the shelter resident to participate fully in a plan for relocation.

1. The Resource Advisor's primary responsibility is to communicate with the client in a caring way. The Resource Advisor is often the only person at this point in the client's life who will listen to him/her.
2. The Resource Advisor offers guidance in establishment of regular income, housing search and other individual needs (i.e., child care, medical care).
3. The Resource Advisor maintains clear case records by entering case notes for each client contact.
4. The Resource Advisor issues vouchers for food and meals and other items as needed under the direction of the Resource Room manager.
5. The Resource Advisor attends regular staff meetings to learn about community resources and Resource Room procedures.
6. The Resource Advisor is directly supervised by the Cornerstone House Director or other Salvation Army personnel designee.

APPENDIX C

CES-D

Using the scale below, indicate the number which best describes how often you felt or behaved this way -- DURING THE PAST WEEK.

- 1 = Rarely or none of the time (less than 1 day)
- 2 = Some or a little of the time (1-2 days)
- 3 = Occasionally or a moderate amount of time (3-4 days)
- 4 = Most or all of the time (5-7 days)

DURING THE PAST WEEK:

- _____ 1. I was bothered by things that usually don't bother me.
- _____ 2. I did not feel like eating; my appetite was poor.
- _____ 3. I felt that I could not shake off the blues even with help from my family or friends.
- _____ 4. I felt that I was just as good as other people.
- _____ 5. I had trouble keeping my mind on what I was doing.
- _____ 6. I felt depressed.
- _____ 7. I felt that everything I did was an effort.
- _____ 8. I felt hopeful about the future.
- _____ 9. I thought my life had been a failure.
- _____ 10. I felt fearful.
- _____ 11. My sleep was restless.
- _____ 12. I was happy.
- _____ 13. I talked less than usual.
- _____ 14. I felt lonely.
- _____ 15. People were unfriendly.
- _____ 16. I enjoyed life.
- _____ 17. I had crying spells.
- _____ 18. I felt sad.
- _____ 19. I felt that people disliked me.
- _____ 20. I could not get "going".

Corcoran, Kevin and Joel Fisher, Measures for Clinical Practice: A Sourcebook, Free Press (New York: 1987), pp. 118-9.

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These consist of pages:

Appendice C-Index of Self-Esteem 134-136

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APPENDIX D

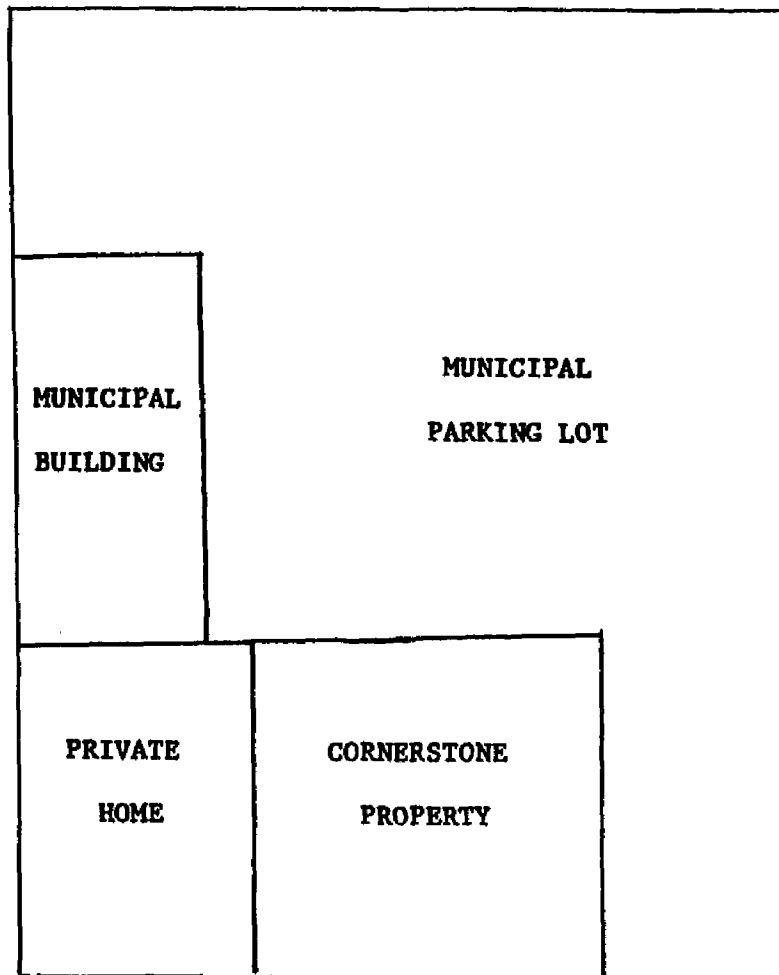
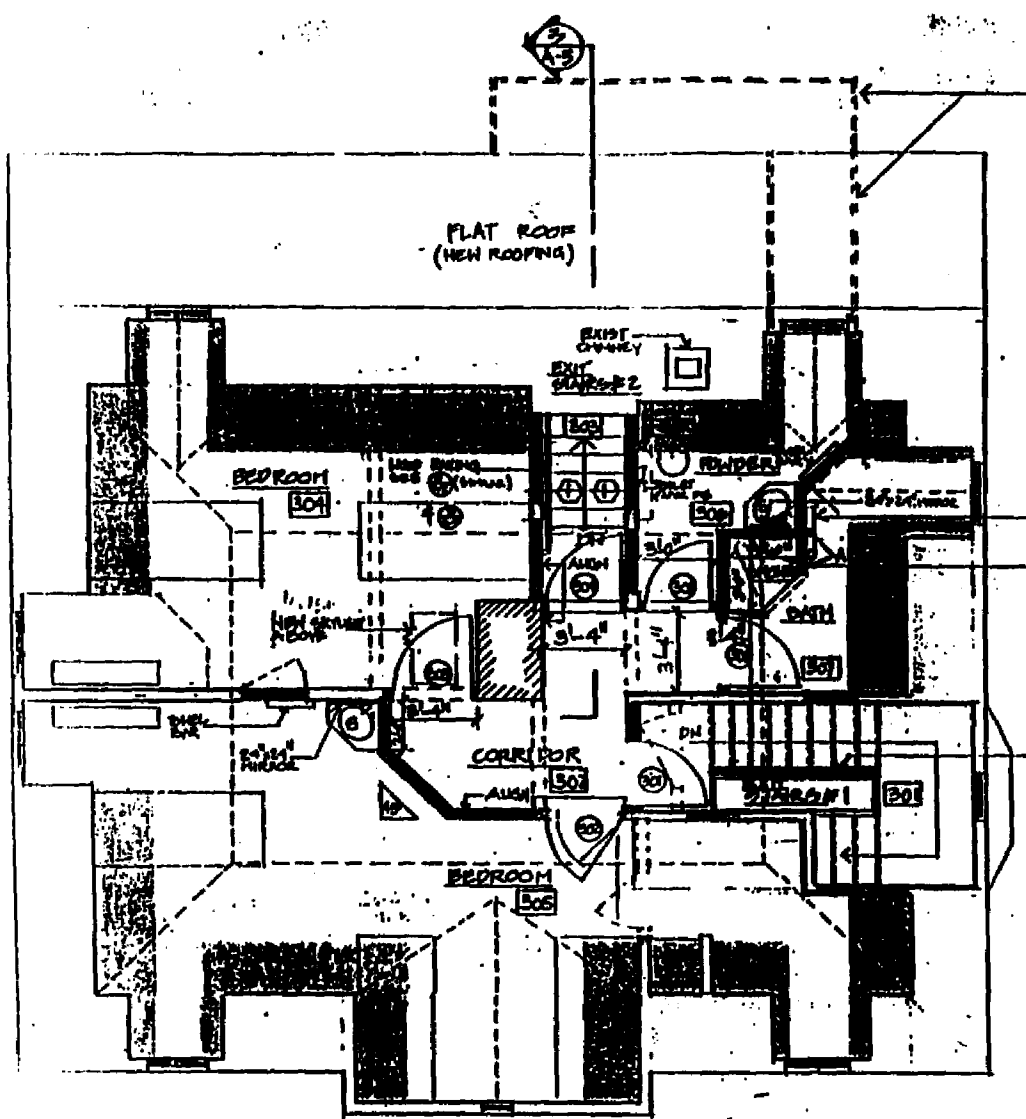


DIAGRAM OF PROPERTY LOCATION

APPENDIX D



LEGEND

[Solid Line] HABITABLE ATTIC CEILING HEIGHT ABOVE 5'-0" (ROOMING AND BOARDING HOUSE ACT OF 1979)

[Dashed Line] NON HABITABLE ATTIC CEILING HEIGHT BELOW 5'-0" (ROOMING AND BOARDING HOUSE ACT OF 1979)

HABITABLE ATTIC FLOOR PLAN SCALE 1/4" = 1'-0" (N) (BED)

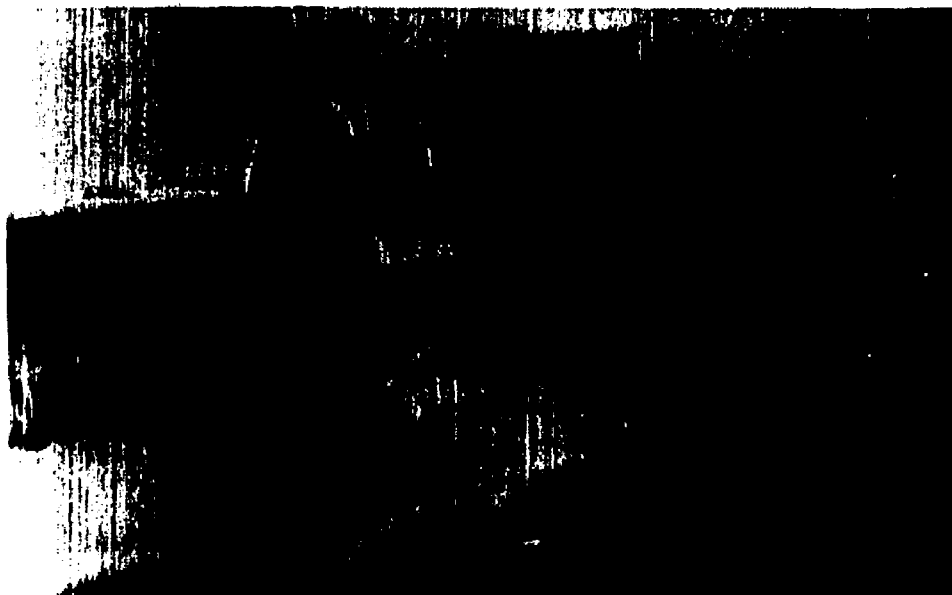
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APPENDIX E

Vol. 100, No. 47

PUBLISHED
EVERY THURSDAY

TUESDAY, NOVEMBER 20, 1980



REPORT ON EMERGENCY ASSISTANCE — Captain Eugene Pignord of the Salvation Army in Montclair reviews the first year of operation of an emergency assistance program, which is run by the Greater Coal-

ition of Montclair, with members of the group. Comprised of numerous social agencies and other groups in the township, the coalition has helped approximately 2,000 persons in a coordinated, effective manner.

Aid For Homeless

BY FRED MUMFORD

It began a couple of years ago with a bag lady that no one seemed to be able to help.

Social agencies and other groups in the township all wanted to aid the elderly woman without a home, but were unsure of who could best handle her dilemma.

Similar problems are a thing of the past now, however, as more than 18 public and private organizations in Montclair have banded together to form The Coalition for Emergency Services.

The Salvation Army administers the program that began Oct. 1, 1983, offering persons emergency assistance such as housing, food or rental assistance. The coalition addresses these critical needs in the area for those who require emergency help. Coordinated networking among the various participating groups is the key to the success of the one-year-old service.

Another highlight to the group's first presentation, held at the Glenfield School Community Center Friday, was the announcement that an

emergency shelter has been established in the township. Located in a commercial zone, the facility will provide shelter for up to ten persons a night.

Marjorie Draper, president of United Way of North Essex and a coalition member, said, "Previously, individuals and families in need of emergency shelter had to be referred outside of the community. There simply was no emergency shelter within this area that could house local residents."

Persons driven from homes because of eviction, alcohol problems, health reasons, or others were usually forced outside of the community. They were taken from a place where help could be offered and put in a disruptive neighborhood, such as Newark.

No food will be served at the shelter and persons will not be admitted as walk-ins. Individuals must go through a referral process. Housing for one night previously cost \$18 to \$33 a night out of town; it will now cost \$7 per night. A full-time site supervisor will be on the premises and get people up and going in the morning.

In its first year of operation more than 750 cases were served by the emergency assistance program. A case worker interviews each client, which might consist of an entire family, directing them to the organization that can best fulfill their individual needs.

Before the coalition formed, social agencies, churches and other groups in Montclair acted independently and were not familiar with services provided outside of their own confines. They now have a common referral process to follow in every case.

Lydia Barrett of the Township Welfare office, one of the participating organizations, said that the best guarantee against poverty is adequate employment opportunities and added that more housing in the township is needed.

Inquiries should be directed to The Salvation Army at 744-3312, or in an emergency, 744-3535, 24-hours a day.

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APPENDIX E

Homeless Shelter Open House Set

The Salvation Army, Montclair Corps, will formally open its newly-renovated shelter for homeless individuals and families, located at 68 North Fullerton Ave., today, with an open house between 4-6 p.m.

The formal dedication ceremony is scheduled for 5 p.m.

The Salvation Army has operated a shelter at another location in Montclair for the past four years. Its capacity was nine persons. The new shelter, named "Cornerstone," will house 22.

According to Major Ernest Cox of The Salvation Army, "Cornerstone" is the result of the work of the Coalition for Emergency Assistance of Greater Montclair. The Coalition, from its inception in 1983, has addressed the emergency needs of Montclair residents through the Emergency Assistance Program administered by The Salvation Army, Montclair Corps.

The major component of the program is the emergency shelter. Due to increasing need, the shelter was relocated in order to increase space.

The "Cornerstone" program is housed in a building leased by The Salvation Army from the Township of Montclair. Major renovations, totalling \$300,000, were recently completed. The fund-raising effort

was undertaken by the Coalition under the direction of Evie Penick. Funding came from a variety of sources, including the State Department of Community Affairs, private foundations and individual and group donations.

Major Cox noted that an important component of the new program is the resource room. Located in the "Cornerstone" building, the resource room is a place in which clients are assisted with their search for permanent housing, jobs and/or benefits. They will work with resource advisors, who are trained volunteers largely from the Junior League of Montclair-Newark. The resource advisors will be supervised by a caseworker.

Essex County appears to be the hardest-hit in the state with the problem of homelessness, as is evidenced by the number of homeless families assisted by the Essex County Welfare Department and the shortage of hotel and motel beds, according to Major Cox. The "Cornerstone" program will strive not only to assist in permanent placement for homeless persons, but to provide safe and adequate shelter for those persons as they are searching for housing.

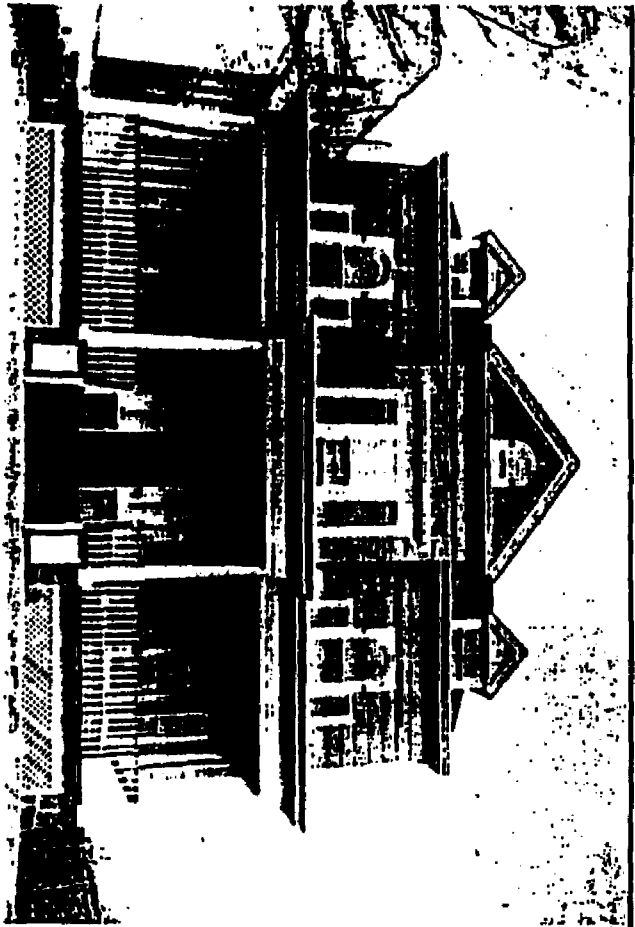
January 12, 1989

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Montclair, NJ

APPENDIX E

EVERY THURSDAY

JANUARY 19, 1969



CORNERSTONE BUILDING.—This home at 69 North Fairview Ave. was dedicated last Thursday as a 22-bed shelter for the homeless. Mayor Draper, Mayor of Cornerstone House, the shelter will be operated by The Salvation Army and the Coalition for Emergency Service of Greater Montclair.

(Bill Schwartz-Masters Studio)

Marjorie Draper's Vision A Reality For Homeless

BY DONALD L. MULLFORD

With a theme of uplift and special touches of caring in its program, a new 22-bed homeless shelter at 68 North Fairview Ave. called Cornerstone House was dedicated Thursday evening to the memory of Marjorie Draper, who died in September before her vision could become a reality.

The shelter, which replaces a 9-bed facility on Cherron Avenue, will be operated by The Salvation Army with the assistance of the Coalition for Emergency Service of Greater Montclair, a group of social service agencies and churches which was started in 1963 to address the needs of the homeless of Montclair. The former dilapidated building

home, which is adjacent to the Township Municipal Building parking lot, is being leased from the Township. It was rehabilitated at a cost of \$300,000 under the direction of architect Dennis Nyman, through funding from the State Department of Community Affairs, Essex County and a community fund-raising effort instigated by the Coalition

under the direction of Eric Packer. Mayor Draper, the head of the Coalition, said that they had hoped the shelter would be ready in time for the dedication, but that there was still additional electrical work, painting and carpeting to be done. Mayor Ernest Cox of The Salvation Army said that they hoped that a community fund-raising committee would be organized in about two weeks.

Cornerstone House will have a separate system managed by external volunteers from the Junior League of Montclair-Newark who will make those referred to the shelter in their quest for permanent housing, job and benefits. It will be named for the late Mrs. Draper, who devoted her life to many local organizations concerned with the disadvantaged, leading the United Way and organizing the Coalition in 1963.

Mayor Richard Shackelford, who worked with her in the early efforts, read from a Times editorial which spoke of her "legacy of efficient and dedicated services" and said that she had spent her life "figuring out ways of exact concern."

Present at the ceremony were County Executive Nicholas Amico, Mayor Clifford Landholm, Fourth Ward Councilwoman Audrey Fischer and her husband, Bobby Rafferty, Frederick Thomas, Chairman and many representatives of the social service agencies of the community which have been part of the broad effort.

Mayor Cox pointed out that many of the homeless do have jobs but that they do not pay enough for them to be able to afford to pay the rents being asked in the community.

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