INNOVATION PLAN
COUNTY OF FRESNO

THE LODGE

FY 2023 – 2024 ANNUAL UPDATE

Department of
Behavioral Health

Introduction

The Lodge is an innovation project launched in Fresno County in December 2020. It was a demonstration project that sought to learn if there is a model and approach that can be used to engage individuals who are homeless or at-risk for homelessness, who are in the pre-contemplation stage of change, and thus not involved in care or minimal care.

The Lodge is an exploring model which seeks to engage persons who are unhoused and who have a Serious Mental Illness (SMI), which may include but have not been sole focus, co-occurring disorders, to get them into some type of temporary lodging, address their basic needs and work to engage them in care. The Lodge is really a precursor to the Bridge Housing model, with a heavy emphasis on 24/7 peer support.

The Lodge project has been exploring a change to an existing practice in the field of mental health, including but not limited to application to a different population; by using Peer Support Specialists (trained in motivational interviewing; and other evidence-based practices to understand its effectiveness in engaging a specific population. In this case the population are individuals who are homeless or at risk of homelessness, with an emerging or chronic mental illness, and who are not engaged in the behavioral health system due to being in the pre-contemplative stage of change.

The Lodge was initially approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in May 2020. The service agreement for the Lodge was approved in December 2020 (but retroactive by the Board of Supervisors to be effective starting October 20, 2020), and the Lodge began welcoming individuals in March of 2021.

On April 27, 2023, the Lodge was approved for an extension for two more years by the MHSOAC to allow for additional data, as well as testing what kind of impact a longer stay may have on the participants' engagement outcomes.

The Lodge has completed four years and at the time of this annual update is entering its fifth and final year (as approved by the MHSOAC). The Lodge services are rendered by RH Community Builders.

Background

The Lodge was initially a $4,200,000 three-year Innovation project, which seeks to understand effective methods of engagement for individuals who are homeless or at risk of homelessness, with an emerging or chronic mental illness, and who are not engaged in the mental health system due to being in the pre-contemplative stage of change. The program is examining whether meeting an individual's basic, intrinsic needs can improve engagement in care, and whether peers with similar experience can be effective facilitators of that engagement.

The program was extended for an additional two years (for a total of five years) and an additional $3,160,000 was added to the project for the additional two years of services.

- The extension will allow the program to have close to four years of data for final evaluation, rather merely 1.5 years of data to assess the effectiveness and sustainability of the program.
- Challenges with housing also delayed the transition for those who were effectively engaged in behavioral health services but risked being unhoused when entering a program. Thus, the programs length of stay was extended from 45-days to 90-days to provide time to secure housing.
- RH Community Builders has continued to provide the Lodge's services.
- This project was approved by the MHSOAC in May of 2020 and an extension was approved in April of 2023.
- The initial three-year agreement was for $4,679,216 was executed with RH Community Builders. Of this amount, $3,822,396 was from Innovations funding and $856,820 from Federal Financial Participation. In FY 2023/24, RH Community Builders generated $315,917 in Medi-Cal revenues.

- An agreement for $150,000 was executed with the California State University Fresno Foundation's Social Research Institute for the purpose of program evaluation for the initial three years. With the approved extension, the agreement with evaluator will be extended by two additional years, to ensure completion of the evaluation. This project is led by a team of professionals and academic researchers who have worked with similar populations and social challenges.

RH Community Builder operates several housing related services and is keenly aware of the challenges inherent in providing housing programs for individuals experiencing homelessness and/or mental health challenges. RH Community Builders owns the space where the Lodge is being operated and thus has allowed for physical adaptions as needed to support those accessing the Lodge, including separation of space by gender, by those who identify as transgender, or need to be in less communal space.

The Lodge utilizes stages of change and Motivational Interviewing, an evidenced-based practice, as an indicator of readiness for change and assists individuals in moving toward the next steps of change. As best practice, The Lodge utilizes a housing first model based on harm reduction. The Lodge seeks to remove barriers to make it possible for individuals to have equitable access to care and services. The philosophy focuses that safe and stable housing will be the entry point to services, not the reward for entry into services. The staff are trained in Motivational Interviewing, harm reduction, and operate from a trauma-informed perspective.

Project Activities

The Lodge may serve up to 30 individuals at any given time. The Lodge is located on a direct public transportation route and has living and recreational space, including space for individuals to safely keep their pets on the premises.

The Lodge's team has worked to accommodate the needs of its lodgers, including private space for those who are gender non-binary or identify as transgender.

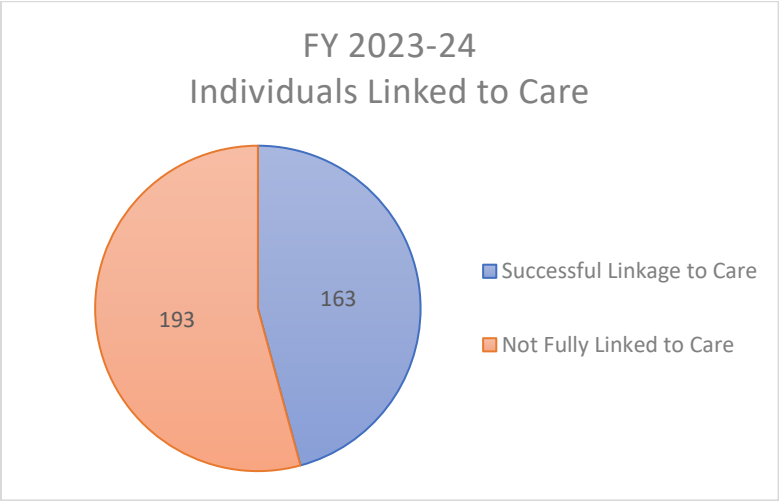
Fiscal Year (FY) 2023/2024 the Lodge hosted 356 unduplicated individuals. The duration of stay, the service needs, and linkages vary for those served at the Lodge.

Some program outcomes were measured by examining reduction in emergency room/department visits, reduction in hospitalization, and successful linkages to mental health and/or substance use disorder programs.

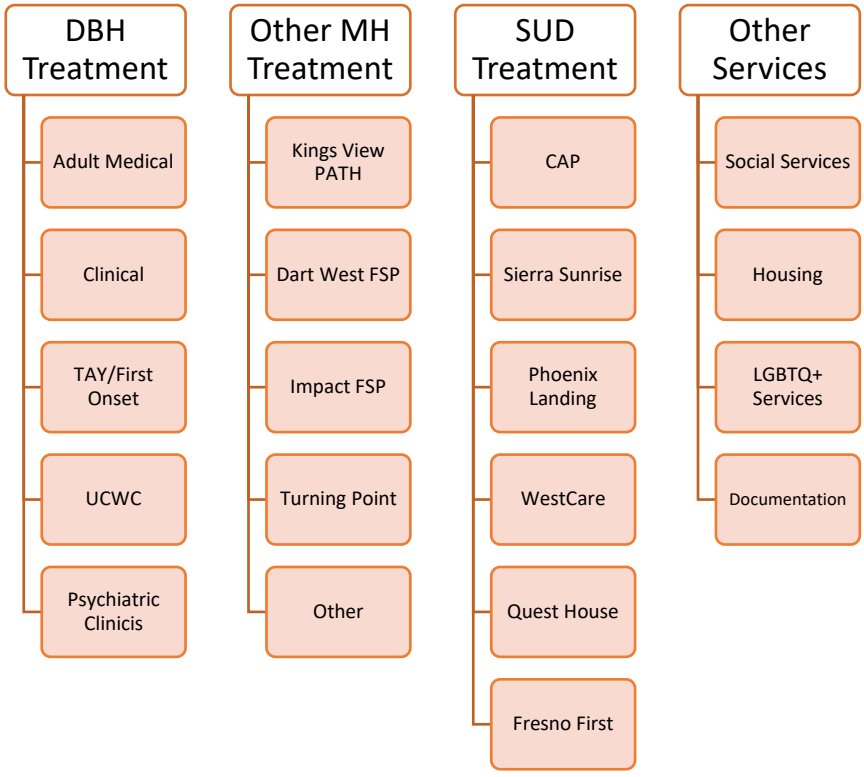
The program reported that it provided 3,516 services during that time period. Those services range from assessment, linkages, and psychoeducation.

The Lodge provides linkages and referrals to services based on an individual's preference and/or choice of providers. The Lodge prioritize linkages to community partners that reduce any barriers in accessing ongoing services after their stay at The Lodge. The program has developed relationships with the Fresno County Department of Behavioral Health, WestCare, Comprehensive Addictions Program (CAP), Poverello House, Turning Point of Central California, Blue Sky Health and Wellness Center, various Federally qualified health care centers, the Fresno Housing Authority, local landlords (for housing) and/or local room and boards to increase access to community services and resources necessary for program participants to develop supports to a successful journey to recovery.

For reporting purpose, the Lodge records individuals served as successfully engaged when they enter into in outpatient mental health or substance use treatment. Of the 356 persons that were served, 163 (46%) successfully engaged in mental health or substance use treatment services and care. The persons served for this program are persons who are not currently in any care or services and were not in care before entering the Lodge. Also of note is that all participants are persons in a pre-contemplation stage of change when they enter the Lodge.



For this project a "successful" linkage is defined as linkage to behavioral health services (mental health and/or SUD treatment). Linkages to medical, health or housing are part of the linkages however the primary focus is on engagement and connecting individuals in need of behavioral health (mental health, substance use, or co-occurring) to care to appropriate services. Below is a list of linkages from The Lodge.



The program tracked the number of unique visits to the Crisis Stabilization Unit (CSU) for each person served while in the program with a goal to reduce those visits. The goal was a 75% reduction of CSU visits by the persons served. The program had only 18 visits to the CSU, which was the same number of visits from FY 22/23. During FY 23/24, of the 356 individuals served, there were 79 visits to local emergency departments while at the Lodge.

As individual moved from the "pre-contemplative" stage and determined that they are interested in seeking mental-health services, a mental-health assessment was conducted by the Lodge within 48 hours. 100% of individuals accepted to the Lodge were offered a mental health assessment once they expressed interest in seeking mental health services. The staff uses motivational interviewing to encourage participation in a mental health assessment for placement, linkage, and advocacy in participating in ongoing services given their voice and choice of services.

In the past year, 100% of the respondents served at the Lodge reported being satisfied or very satisfied with the services in their exit survey.

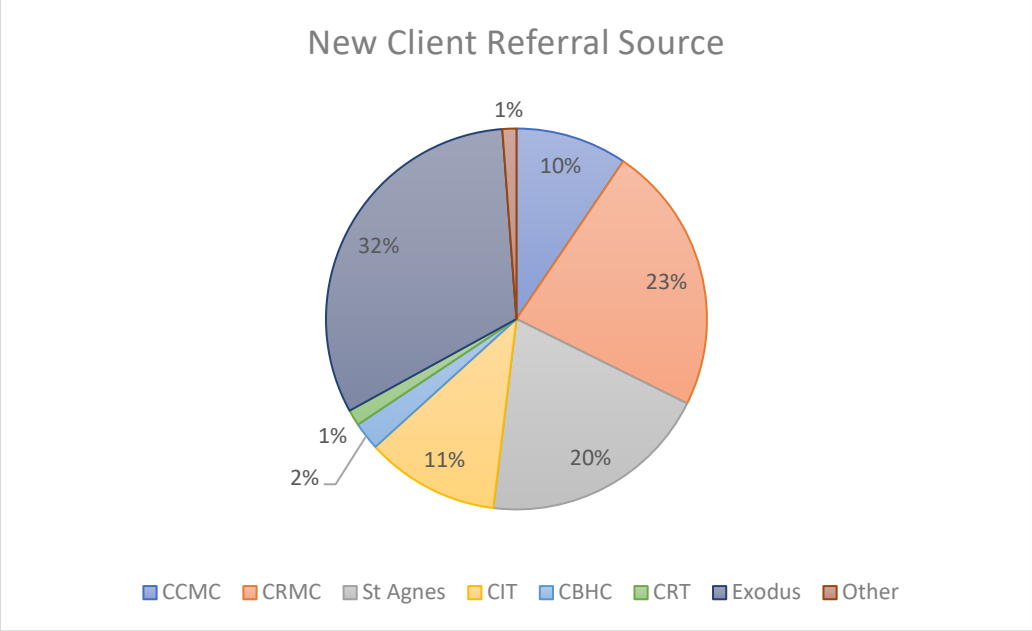
The Lodge did not have any family members of persons served take part in the exit survey, but this will be implemented more in the next fiscal year. The goal is to have family members of those involved provide input on how they perceived the Lodges' role in assisting the person served access care.

The Lodge increased the allowable length of stay from 45-days to 90-days. Some participants remain for the 90-day allowable term, some depart earlier with a successful linkage, and other voluntarily opt to depart. The overall average length of stay has been 27-days for the term of the program.

The Lodge has sought to leverage California's Payment Reform under CalAIM and is seeking to bill Medi-Cal for additional services. The project billed $315,917 in Medi-Cal services in the past year. The Medi-Cal services that were billed were primarily related to rehabilitation, followed by case management, mental health services, and then assessments.

To help maintain the fidelity of the project, the Lodge continues to receive referrals from a closed system. This restriction is to ensure the pilot and research are referring and servicing a population with specific needs. To ensure the program does not reject persons in need and is able to assess the impact of the model, milieu, and interventions, it is important for the pilot to work with the specific target population.

The Lodge continues to receive referrals from the Emergency Departments, the Department of Behavioral Health, Crisis Intervention Teams (CIT), and the Crisis Stabilization Unit. New Bridge Housing, that will be provided by RH Community Builders will provide additional housing and shelter options for those who do not meet the Lodge's criteria.



The Lodge has faced some challenges for linkages based on the capacity for some services/resources, especially with housing, and the fact that the previous timeline allowed for persons served to fully obtain and engage in mental health and substance use disorder programs is too short for some. The Lodge has not reached the mark of 85% of total individuals that fully obtain and engage in mental health and substance use disorder programs within the 90-day timeframe. The program actually saw a 20% in reduction of linkage, even as the stay increased from 45-days to 90-days.

Some programmatic milestones to note in FY 2023/24 include, the program tracked the number of unique visits to the Crisis Stabilization Unit (CSU) for each person served while in the program with a goal to reduce those visits. The goal was a 75% reduction of CSU visits by the persons served. The program had 18 visits to the CSU (out of 356 persons). Also of the 356 individuals served, there were 79 visits to local emergency departments while at the Lodge.

The program reported that it provided 3,516 services during FY 23/24 which is a 25.2% increase in services from previous year. Those services range from assessment, linkages, and psychoeducation.

Next Steps

The Lodge 2 – In the coming year, The Department is hoping to get receive approval for The Lodge 2, a proposal for an expansion of the current program. The second phase of the Innovation builds on the current model but seeks to learn if The Lodge's model and approach can expand to be more effective in targeting substance use disorders (SUD) and co-occurring diagnosis. Although The Lodge never excluded individuals with SUD or a co-occurring diagnosis, this population was never really the focus. With the Lodge 2, Fresno County seeks to broaden the population and scope of work to include SUD or co-occurring individuals, services for these individuals, and respite for the SUD population. Services will continue for The Lodge's current population as part of the learning and assessment to see if such a model works in a setting that is integrated for SUD and mental health populations while also supporting their specific needs. The program's referral source will be expanded based on the expanded target population. SUD specific and those with co-occurring disorders often had limited supports (referrals to MAT, detox, or treatment) but did not include triage, respite, stabilization, a harm reduction model, and approaches that were used in the first round of The Lodge. Referrals would be accepted by all previous referring parties with the addition to DBH's Housing Access and Resource Team (HART), the urgent care wellness, homeless and street outreach teams.

Psychiatric Advanced Directives (PADs) – The department would like to continue PADs development and testing with the Lodge's participants. The Lodge and its participants are

planned to be a population that can be supported with the development of PADs. PADs are a part of a different multi-county Innovation plan in progress. As part of that plan, it is the intent of Fresno County to work with the Lodge for PADs implementation. The Department hopes that the development and obtaining of a PAD will serve as an empowerment tool for individuals served by The Lodge that increases and leads to further engagement of services. It is also a part of an empowerment tool for those who have not been involved in care. These process for PADs will not be implemented before the end of The Lodge project, but as PADs moves into the second phase, the Lodge 2 and its participants will be able to have an active role in the implementation of PADs.

Peer Certification - The Department continues to work RH Community Builders on trainings, as well as scholarship and other opportunities for the project's peer staff to become certified. It is the goal that in the future more programs within the system of care will employ Certified Peers, and to reach that goal more opportunities to develop peers will be made including things like training and certification opportunities.

Referrals - In the coming year, the Department will work with the Lodge to explore opportunities to accept referrals from other justice sources for individuals that meet the project's parameters. These may include referrals for some individuals under supervision by the probation department, as well as those released from jail. In addition to the planned Bridge Housing programs in Fresno County that is modeled similarly to the Lodge could be a viable option to engage persons who are unhoused and not engaged in care that may enter CARE Court. The Lodge was developed to examine some models or approaches to engage persons whom the State's new CARE Court program seeks to serve. The Lodge may still provide needed temporary lodging and engagement until such time as an individual can successfully be linked to services in our system of care.

Sustainability

With a focus on sustainability, the Department needs to be able to continue to evaluate the program based on data and evaluation. The Department will be exploring the opportunity to extend the Lodge beyond an Innovation Plan, and possibly be supported by the housing

component under the Behavioral Health Services Act. In addition to possible local funding, the Lodge is working to maximize FFP/Medi-Cal through both enhanced case management services as well as specialty mental health billable services.

Evaluation

The California State University, Fresno Foundation evaluation team, also known as the Social Research Institute (SRI), completed the evaluation for 2022 to 2023. SRI's complete report evaluating services at The Lodge herein attached as Exhibit A.

The Department will continue to monitor the evaluation data carefully in an attempt to assess the following: Does the program's model prove to be effective in engaging the target population? Do the program's interventions prove to be effective in improving engagement into care with the target populations? Lastly, the department will seek to understand if the overall program has been effective and can support other initiatives such as CARE Act participants, and other housing supports.

The SRI evaluation team continues to work with the provider to collect the necessary data. It is an on-going collaboration to ensure data is collected that can assist in effective evaluation of the project. Data analysis is being conducted on the program from the full year of services.

SRI concluded that The Lodge's model was proven to be effective in providing stability and improving the overall well-being of the individuals served. Many residents are still having barriers such as access to the system of care including stigma, logistical challenges, and negative past experiences.

Budget

In the past year, the cost per person served was $3,611.18, a decrease of $530 per person from last fiscal year.

The Lodge was able to draw down FFP (Medi-Cal) funds in the amount of $315,917. It was limited to billing for limited clinical services such as assessments, etc. The Lodge was also able to certify all of their Peer Support and some of these peer services were billed through FFP.

The allocated budget for FY 2023/24 is $1,746,210. The project's actual cost $1,584,389 in the fiscal year, and there was a balance of $161,821 left from the allocation. These funds may not be expended by end of the project and may be subject to reversion.

For FY 2024-2025, the program has an allocated budget of $1,795,388.

Exhibit A – SRI Evaluation Executive Summary

Unhoused People Accessing Behavioral Health Resources: Motivational Interviewing, Peer Counseling, and Stages of Change

by

CSU-Fresno Social Research Lab
Timothy J. Kubal, Director

Executive Summary

"The Lodge" in Fresno, CA, represents an innovative approach to addressing homelessness through the housing-first model, which prioritizes permanent housing without preconditions like sobriety or employment. This evaluation explores how residents at The Lodge access behavioral health services, particularly focusing on motivational interviewing, peer counseling, and the stages of change. The evaluation draws on quantitative and qualitative data collected between 2022 and 2023, providing insights into the interaction between housing stability, healthcare access, and residents' overall well-being.

Housing-First Model and Behavioral Health

The housing-first model has gained widespread adoption due to its effectiveness in reducing homelessness and improving residents' quality of life. The Lodge offers a range of supportive services alongside housing, including mental health care, substance use treatment, and job training. This model aims to address the root causes of homelessness while providing the stability needed for long-term success. However, this report examines the relatively unexplored interaction between the housing-first model and behavioral health services such as healthcare-seeking behavior, peer support, and movement through stages of change.

Healthcare-Seeking Behaviors and Barriers

The qualitative analysis of residents' interviews reveals that mental health concerns are a primary reason for seeking healthcare. Many residents reported suicidal ideation, depression, and anxiety, which prompted them to engage with mental health professionals. However, substantial barriers hinder access to healthcare, including fear of judgment, logistical challenges

like long wait times, and previous negative experiences with healthcare providers. Additionally, residents frequently cited feelings of intimidation when interacting with healthcare professionals, leading to communication challenges and unmet healthcare needs.

Economic and cultural factors also played significant roles in shaping healthcare-seeking behavior. Low-income residents often struggled to afford healthcare services, while some avoided care due to cultural norms or gendered responsibilities. These barriers highlight the need for a more inclusive and accessible healthcare system that can accommodate the unique challenges faced by the unhoused population.

Support Systems and Peer Counseling

Social support networks, including family, friends, and case managers, emerged as a crucial factor in residents' healthcare decisions. Many residents emphasized the importance of emotional support from loved ones, which encouraged them to seek necessary care. Peer counseling within The Lodge also played a vital role in building trust and helping residents navigate the healthcare system. The interviews demonstrated that residents who felt supported were more likely to engage in healthcare-seeking behavior, suggesting that enhancing peer support networks could be a key strategy for improving access to care.

Group Gameplay and Motivational Interviewing

The group activities held at The Lodge, including structured gameplay, fostered a sense of cohesion among residents. These sessions provided a platform for social interaction, reinforcing social norms and values within the group. The recordings reveal that motivational interviewing techniques, such as open-ended questions and affirmations, were naturally integrated into the gameplay, encouraging empathy and self-efficacy among participants. The sessions helped

strengthen social bonds, making the environment more inclusive and supportive, which is a critical aspect of fostering long-term behavioral change.

Demographics and Population Analysis

The demographic analysis of The Lodge population reveals key trends that provide context for the healthcare-seeking behaviors and barriers identified. The typical resident is a male between the ages of 26 and 59, of mixed or other race, and not of Hispanic origin. Many residents report no mental health troubles, although there is a notable proportion with learning disabilities and other developmental challenges.

Significant associations were found between age and various factors, including the presence of children and the duration of homelessness. Older residents with adult children tended to report longer durations of homelessness, while younger individuals were more likely to experience shorter periods of homelessness. The analysis also shows that race, gender, and disability status significantly influence healthcare access and utilization. For example, females reported more challenges related to mental health services, while males were more likely to identify as having no disabilities.

Well-Being and Help-Seeking Behavior

The analysis of well-being measures provides a detailed understanding of the emotional and physical state of the residents. Many reported significant challenges in maintaining social connections and accessing basic needs, such as housing and transportation. The findings indicate that emotional well-being, including feelings of self-worth and optimism about the future, is closely linked to help-seeking behaviors. Residents who engaged in self-care activities, such as hygiene and appearance, were more likely to report positive outcomes in other areas of well-being.

However, a substantial portion of residents preferred to solve problems independently, viewing help-seeking as a sign of weakness. Stigma associated with seeking help, especially for mental health issues, remains a significant barrier. This reluctance to seek help, combined with logistical challenges, suggests that targeted interventions are needed to reduce stigma and improve access to healthcare services.

Interconnectedness of Well-Being Variables

The quantitative analysis of well-being variables reveals a highly interconnected network of relationships. Improvements in one area, such as learning new skills or receiving support from friends and family, were strongly associated with positive changes in other aspects of well-being, such as optimism about the future or feelings of self-worth. This suggests that comprehensive interventions aimed at improving overall well-being could have ripple effects across multiple areas of residents' lives.

Recommendations for Improvement

The evaluation identifies several areas where The Lodge can improve its services to better meet the needs of its residents. Enhancing access to mental health services, reducing logistical barriers, and increasing cultural competence among healthcare providers are critical steps. Additionally, strengthening peer support networks and expanding the use of motivational interviewing techniques could help residents overcome stigma and engage more fully with healthcare services.

Conclusion

In summary, The Lodge's housing-first model has proven effective in providing stability and improving the overall well-being of its residents. However, persistent barriers to healthcare access, including stigma, logistical challenges, and past negative experiences, continue to affect

many residents. By addressing these challenges and strengthening peer support systems, The Lodge can enhance its impact on the health and well-being of Fresno's unhoused population. The findings emphasize the need for integrated services that consider the complex interplay of social, economic, and personal factors that influence residents' behavior and access to healthcare.

Introduction

An innovative solution to homelessness is being tested in Fresno, CA. A shelter called “The Lodge” offers an example of the housing-first movement, where client needs are prioritized. The Housing First approach addresses homelessness by prioritizing the immediate provision of permanent housing without requiring preconditions such as sobriety, employment, or participation in treatment programs. This model contrasts with traditional methods that often impose such criteria before granting housing. While securing housing is the primary goal, the model typically also offers supportive services like mental health treatment, substance use counseling, and job training to help individuals maintain their housing and improve overall well-being. This model has proven effective in reducing homelessness, enhancing housing stability, and improving the quality of life for participants, leading to its widespread adoption in many cities and countries as a more compassionate and pragmatic solution to homelessness.

While there is a considerable amount of evidence supporting the housing-first model and its ability to reduce rates of homelessness, we still know little about how the housing-first model interacts with other components such as unhoused client’s behavior of seeking healthcare, their wellbeing and self efficacy, their movement through stages of change, and their use and evaluation of peer support specialists. The Lodge provides an opportunity to study these relatively unique components that have been added to the housing-first model at this specific location.

The instruments to study the unique components consisted of surveys drawn from academic literature and administered to the Lodge guests at regular intervals; these instruments provide quantitative data whose analysis comprise the majority of this document, which provides the second year of analysis (from 2022 to 2023). Tools used to produce this document include SPSS, R, Python, GPT 4.0, Claude 3.5, Nvivo, and Ottervoice. In addition to the mass of

quantitative evidence there was some qualitative evidence. Staff recorded group sessions and face-to-face interviews based on prompts and guides from the scientific literature. Analyzing the recordings of in-depth interviews provides an introduction to the respondents and the core component of the analysis, their healthcare decisions.

Qualitative Analysis about Healthcare Decisions

Lodge staff conducted face-to-face interviews with the residents about their healthcare-seeking behavior. The conversations were recorded. We transcribed the audio recordings and analyzed the transcripts with various qualitative theories. Through these diverse analytical approaches, the interview analysis offers a comprehensive understanding of the multifaceted factors influencing healthcare-seeking behaviors.

Examining the interview transcripts suggests key themes: mental health concerns, barriers to care, support systems, emotional responses,and suggestions for improvement.. Respondents often sought healthcare for mental health issues like depression and suicidal thoughts. For instance, Guest ID #0826 sought help during a suicidal crisis, emphasizing the importance of mental health professionals and case managers: "When I was in crisis... I was suicidal and later afterwards. That's when I got help to not go on medication." Similarly, Guest ID #0462 highlighted the need for timely mental health assistance and the negative impact of not receiving it: "When I have breathing problems I go to the hospital and get a new prescription." Guest ID #0293 discussed seeking help for depression and how talking to professionals was crucial for their recovery: "I was feeling really down and talking to a therapist really helped me understand and manage my depression." Additionally, Guest ID #0614 mentioned the importance of mental health services in their overall well-being: "Mental health services have been vital for me. Without them, I don't know how I would cope with my daily stress and

anxiety." While many people reported life-saving care, they also described routine checkups. For both urgent and routine interactions with the healthcare system, they described significant difficulties.

Barriers to seeking care included negative healthcare experiences, logistical challenges, and contextual factors. Guest ID #0293 described stress as a barrier to seeking care: "The amount of stress and it made me not want to go to that doctor or the hospital." Guest ID #0674 shared that negative interactions with healthcare providers affected their decision to seek care in the future: "All the bad choices, all the bad experiences I've had seeking out." Additionally, Guest ID #0736 mentioned fear of judgment as a barrier to seeking care: "I was afraid of being judged by the healthcare staff because of my past experiences." Power imbalances between patients and providers influenced experiences. Guest ID #0614 mentioned feeling intimidated by healthcare professionals, which affected their ability to communicate effectively: "I sometimes feel intimidated by doctors, which makes it hard to ask the questions I need to." Guest ID #0742 cited access issues as a significant barrier to attending healthcare appointments: "It took a long time for you to go to the hospital for like three months. Okay so you decided not to go for a while."Guest ID #0657 discussed logistical challenges like long wait times and their impact on timely care: "The long wait times at clinics make it really hard for me to get the care I need when I need it." Another barrier was the context, such as income inequality, cultural norms and community beliefs.One respondent said, "Being low-income has made it really challenging to get the care I need, especially when it comes to specialist services." Economic barriers significantly impacted access to healthcare. Guest ID #0657 discussed how the high cost of healthcare services affected their ability to access care: "The cost of healthcare is so high that I sometimes skip appointments because I can't afford them." Class relations influenced healthcare experiences. Guest ID #0614 mentioned the disparity in healthcare quality based on socio-economic status: "People with more money get better care, while those of us who are

poorer struggle to get even basic services." Cultural norms was also an important part of the context that shaped attitudes towards healthcare. Guest ID #0736 described avoiding healthcare due to cultural norms against seeking help unless necessary: "I don't like doctors or hospitals and avoid them." Guest ID #0810 highlighted the role of community beliefs in shaping their healthcare decisions: "In my community, we don't usually go to the doctor unless it's absolutely necessary." Inequitable gender norms were also a significant barrier, according to one respondent, "As a woman, I have to juggle family responsibilities, which makes it hard to find time for my own healthcare needs." To help them overcome these barriers, respondents relied on social support.

Support systems such as friends, family, and case managers played a crucial role in healthcare decisions. Guest ID #0810 emphasized the importance of support systems in navigating healthcare needs: "My grandchild... If I don't get help and something happens to me what would it do to her?" Guest ID #0826 highlighted the role of friends and family in providing emotional support: "My friends and family were there for me, encouraging me to seek the help I needed." Additionally, Guest ID #0462 relied on advice from family and friends when deciding to seek healthcare: "My family encouraged me to go to the doctor when I was hesitant, and I'm glad they did." Guest ID #0742 mentioned the support of a case manager in helping navigate the healthcare system: "My case manager helped me understand my options and made the process of getting care much easier." Similarly, Guest ID #0614 discussed how a community support group played a significant role in their healthcare journey: "Being part of a community support group gave me the strength and resources to seek the healthcare I needed." Social support often morphed into increased awareness of their own personal needs for treatment.

Responses to seeking help ranged from anxiety and fear to relief and reassurance. Guest ID #0674 felt anxious about seeking help due to past experiences of not receiving the necessary assistance: "I felt like crap. And okay... Sick and later? Still sick?" Guest ID #0736

described feeling anxious and unsupported due to past negative experiences: "It makes me feel anxious because I've asked and I haven't gotten it before.” Guest ID #0826 felt important when asking for help, indicating positive reinforcement from healthcare providers: "I felt important when asking for help." Guest ID #0736 experienced relief after receiving the care they needed: "I felt a huge sense of relief once I got the help I needed.Positive interactions with my doctor made me trust the healthcare system more." Similarly, Guest ID #0614 felt reassured by the supportive and understanding approach of healthcare providers: "The doctors were very understanding, which reassured me that I was doing the right thing by seeking help. Going to the doctor made me feel like I was taking control of my health, which was empowering." Part of their experience is reflecting on how it could be better.

Respondents provided several suggestions for improving healthcare services, including better accessibility, increased advocacy, and more compassionate care. Guest ID #0462 recommended making healthcare resources more accessible and ensuring compassionate care tailored to individual needs: "Increasing the accessibility of healthcare resources and ensuring compassionate care." Guest ID #0736 emphasized the importance of understanding the challenges faced by individuals without basic necessities like housing: "Healthcare workers should be more empathetic and supportive to encourage individuals to seek care." Guest ID #0742 suggested providing more information and resources about available healthcare options: "Providing clear information about healthcare options would make a big difference." Additionally, Guest ID #0810 recommended extending healthcare service hours to accommodate different schedules: "Extending service hours would help people like me who can't make it during regular hours."

The analysis of the face-to-face interviews revealed a multifaceted landscape of healthcare-seeking behaviors, influenced by a variety of factors. Mental health concerns emerged as a significant driver for seeking care, highlighting the importance of accessible

mental health services. Barriers such as negative past experiences, logistical challenges, and fear of judgment significantly deterred individuals from pursuing necessary healthcare. Support systems, including family, friends, and case managers, played a crucial role in facilitating healthcare access and providing emotional support. Decision-making factors were complex, involving considerations of symptom severity, potential outcomes, and advice from trusted sources. Emotional responses to seeking help ranged from anxiety and fear to relief and reassurance, reflecting the deeply personal nature of healthcare experiences. Respondents provided valuable suggestions for improving healthcare services, advocating for increased accessibility, empathy, and comprehensive care. In addition to uncovering how respondents qualitatively navigate the healthcare system, this section has provided the beginning of an introduction to the respondents. The next section introduces another aspect of the Lodge experience – group gameplay.

Qualitative Analysis: Group Gameplay and Motivational Interviewing

Guests periodically united in groups for structured games; the recordings from some of these groups were provided and we transcribed and analyzed the recordings. These recordings reveal a strong sense of group cohesion, where members are comfortable with each other, leading to a supportive and enjoyable environment. The person assuming a leadership role facilitates gameplay and explaining rules, which highlights the informal hierarchy within the group. Members take on various roles such as leaders, active participants, and occasional observers, demonstrating fluid social roles. In addition to introducing the Lodge and its guests, the group gameplay recordings provide a rich context for examining concepts from sociology, social psychology, and motivational interviewing.

From a sociological perspective, the group's informal hierarchy and roles help maintain order and ensure smooth facilitation of games. Cohesion and solidarity are high, with members supporting each other during gameplay. The group is inclusive, welcoming new participants and ensuring everyone is involved, though occasional misunderstandings might create temporary feelings of exclusion: "Am I a fruit? Yes. Am I red?" - engaging in the game while socializing (Game Group Recording 12…). These sessions serve as a platform for socialization, where members interact and share experiences, reinforcing social norms and values. The group's activities and interactions reflect cultural diversity and shared norms. The use of both English and Spanish indicates a multicultural group, enhancing inclusivity and reflecting societal trends of multiculturalism. Conflicts are typically resolved through discussion and humor, with power dynamics playing a role in conflict resolution as leaders like Rebecca often take charge: "Let's begin with a round of dominoes. Does everyone have their tiles?" (Game Group Recording 09…). Communication within the group is a mix of structured explanations and casual, humorous exchanges, following certain interaction rituals like taking turns and providing feedback. Members provide emotional and social support to each other, particularly when someone is frustrated, reinforcing group solidarity: "You're getting close!" - encouraging words to support fellow players (Game Group Recording 10…).

From a social psychology perspective, conformity is evident as participants often follow group norms regarding gameplay and rules, especially when resolving misunderstandings through group consensus. Peer influence is also strong, encouraging collective decision-making and resolving conflicts. Verbal communication is crucial for explaining rules and providing feedback, while nonverbal cues like laughter and tone of voice reinforce social bonds, although these are not directly observable in transcripts. The use of Spanish phrases indicates a bilingual group, adding cultural richness and inclusivity to their interactions. For instance, during the session on 09.08.2022, participants navigated scoring conflicts: "We don't understand this. Can

you just write 15?" highlighting the group's process of reaching consensus (Game Group Recording 09…) Conflicts typically arise from misunderstandings about game rules or scoring, but these are generally minor and resolved through open discussion, humor, and support. For example, when a participant was frustrated due to a misunderstanding about scoring, the group worked to clarify the issue, demonstrating their commitment to fairness and inclusion: "She got upset because we didn't understand how she does keep things going" (Game Group Recording 09…). Cultural diversity is evident in their cultural references, reflecting shared norms such as fair play, respect, and support: "Cinco, dos, tres..." - participants using Spanish during gameplay (Game Group Recording 09…).

Although the primary focus of these sessions seems to be on gameplay and social interaction rather than counseling or motivational change, some elements of motivational interviewing (MI) are naturally present. MI techniques such as open-ended questions, affirmations, reflective listening, and summarizing can be observed. For example, participants often use reflective listening to clarify questions and responses, and affirmations to encourage each other: "Do I make noise? Yes. Can I be eaten? No." - structured Q&A during games (Game Group Recording 12…). The group's supportive and collaborative environment aligns with MI's emphasis on empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy: "Great guess, but not quite!" - reflects the supportive tone (Game Group Recording 12…).

Overall, analyzing the group recordings offer valuable insights into how social structures, cultural norms, and group dynamics shape and influence behavior and interactions. The group's cohesion, effective communication, and conflict resolution strategies highlight their strong social bonds and mutual support, making their sessions both lively and engaging. The presence of MI elements further enriches the group's interactions, promoting empathy and mutual understanding. Analyzing the group games helped introduce the Lodge experience, while the

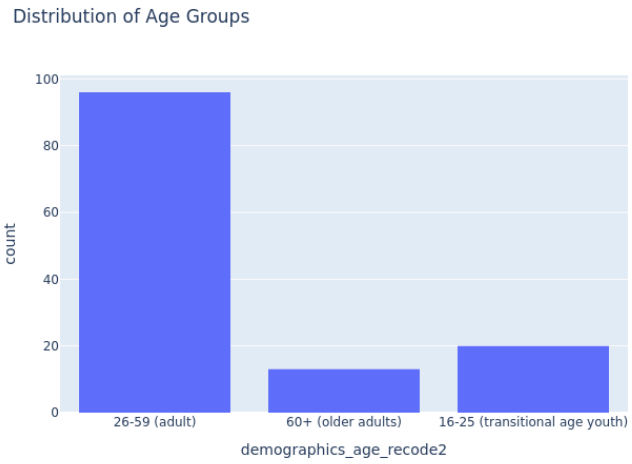
previous section on healthcare decisions helped introduce the unhoused clients that attend the Lodge. To better understand the basic components of this population, the next section analyzes trends in the population demographics, such as age, race, education, disability status, and others.

The Lodge Population: Analysis of Key Demographic Variables and Distributions

Uncovering respondent's demographic characteristics provides an opportunity to introduce the Lodge respondents and provides valuable insights into the characteristics of the individuals served by the lodge. Based on the analysis of the demographic data, the most common respondent in our study is a male (65.38%) between the ages of 26-59 (74.42%) who identifies as multiple races or other (38.17%). This individual is not of Hispanic origin (58.78%) and identifies as heterosexual or straight (90.77%). In terms of education, they have typically graduated high school (40.46%). The respondent is usually single and has never been married (60.31%). They are not a veteran (98.47%) and report no disabilities (52.31%) or mental health troubles (73.08%).

Age

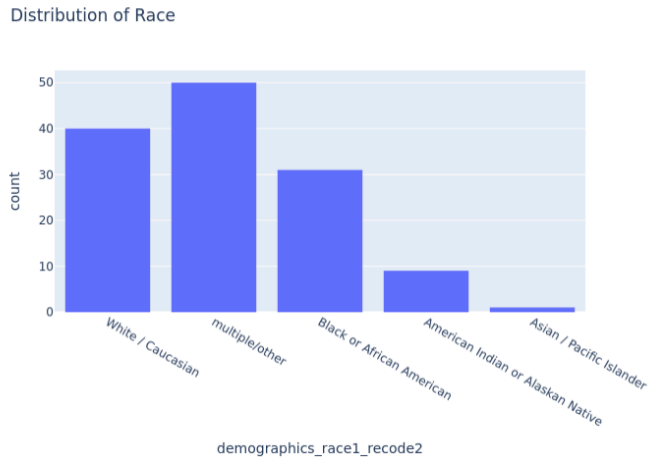
Regarding the proportional distribution of age: 26-59 (adult): 74.42%, 16-25 (transitional age youth): 15.50%, 60+ (older adults): 10.08%. Adults constitute the majority of the population within this dataset, with both younger and older age groups having considerably smaller representations.



The analysis shows significant associations between various variables and age, based on the Chi-Square test results. There is a significant association between age and having children and the duration of homelessness, as indicated by p-values of 0.00019 and 0.040, respectively. Those with children all aged 18 or over are skewed towards older age groups, which aligns with the expectation that individuals with adult children are likely to be older. Another test that is helpful when examining non-categorical variables (with multiple categories) is called the analysis of variance test, or ANOVA. The ANOVA test was conducted to examine the differences in age across different durations of homelessness. The p-value is 0.0125. Since the p-value is less than the common significance level of 0.05, this suggests that there is a statistically significant difference in age across different durations of homelessness in this dataset. There is a linear relationship between age and duration of homelessness, with increasing age related to increasing durations of homelessness.

Race

The race distribution shows individuals from various racial backgrounds, with a significant representation from multiple/other racial categories (50 occurrences), making it the most frequent category, as illustrated in the accompanying bar chart



Regarding proportions, the largest group, representing 38.17% of the population, is categorized as Multiple/Other, indicating a diverse range of racial identities not fitting into a single category. White or Caucasian individuals make up 30.53% of the dataset, while Black or African American individuals account for 23.66%. American Indian or Alaskan Native individuals constitute 6.87% of the population, and a small percentage, 0.76%, identifies as Asian or Pacific Islander.

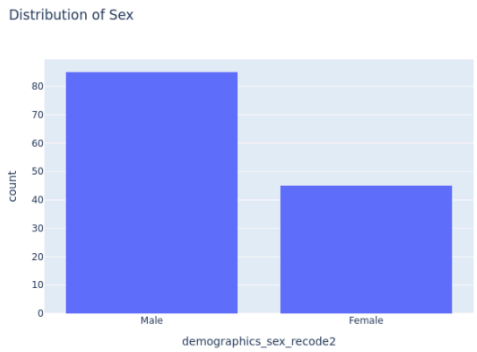
Typically social scientists only report evidence that is statistically significant. A chi squared analysis tells us if the association between variables is statistically significant. If the chi-squared analysis reports a P value equal or less than .05, then we can conclude that there is a statistically significant relationship between variables, with at least a 95% likelihood that the association is not due to chance. Race showed a statistically significant relationship with Hispanic ethnicity ($p = 0.000$). Hispanic ethnicity is more prevalent among respondents identified as Multiple/Other and White/Caucasian.

Veteran

Veteran status reveals that the majority of individuals are not veterans (129 occurrences), with 'No' being the most common response. Regarding the proportional distribution of veteran status in the dataset. Here are the key observations, No: 98.47%, Yes: 1.53%

Sex/gender

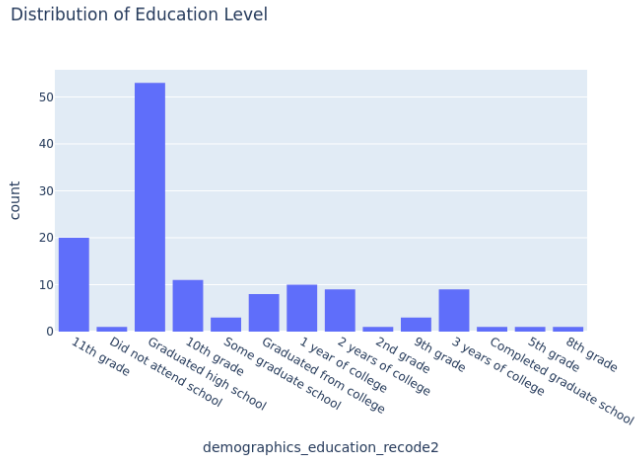
Regarding sex/gender, the data captures information on both male and female individuals, with males being more frequent (85 occurrences), which is shown in another bar chart:



Regarding proportions this amounts to Male: 69.23%, Female: 30.77%. The analysis revealed significant relationships between gender and several demographic variables. Specifically, there is a statistically significant association between gender and current relationship status, Hispanic ethnicity, and disability status. For current relationship status, the percentages vary widely. For example, 45% of females are single and never married compared to 66.67% of males (p-value = 0.0018). Similarly, the Hispanic ethnicity variable shows a notable difference, with 70% of females identifying as non-Hispanic compared to 53.33% of males (p-value = 0.000). Lastly, the disability status variable indicates that 55% of females do not have a disability compared to 51% of males (p-value = 0.000).

Education

Educational attainment varies widely, with 14 unique values ranging from those who did not attend school to those who graduated high school. The most common educational level is 'Graduated high school' (53 occurrences), and this distribution is visualized in a bar chart:



Regarding the proportional distribution of education within this population: About four in ten Lodge residents graduated from high school; 15 percent of respondents almost graduated high school, with completion of 11th grade. Less than 10 percent of respondents graduated from college. However, about 20 percent of respondents started college, with either one, two or three years completed.

The Chi-Square Test of Independence indicates that there is a statistically significant association between education level and the presence of children (p-value = 0.004387). This means that the distribution of the presence of children varies significantly across different education levels. There is a trend where individuals with higher education levels tend to have children, especially those who have completed high school or have some college education; conversely, those Individuals with lower education levels tend to have fewer children or no children at all.

Mental Health

The vast majority of the population reports no mental troubles, with relatively few individuals reporting specific mental health issues or choosing not to disclose their status. Regarding proportions, 73.08% of individuals reported having no mental troubles, while 14.62% indicated having a learning disability. Additionally, 4.62% of individuals reported both a learning disability

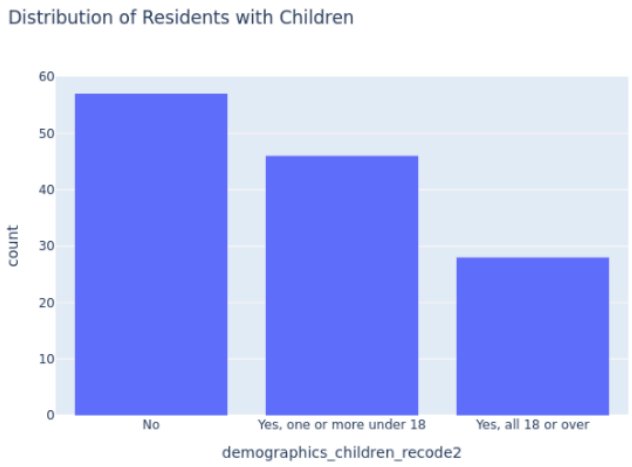
and a developmental disability, 2.31%, reported having a developmental disability alone, and the same percentage reported traumatic brain injury, concussion, poor memory, or stroke.

Relationship Status

Relationship status categories include single never married, single but cohabiting, and divorced, with a significant portion of individuals being single and never married. About sixty percent of respondents are single and never married, while all the other relationship status categories comprise about 30 percent of respondents.

Child Status

The dataset records whether individuals have children under 18, if all children are 18 or over, or have no children. The basic counts are visualized in the chart below.



Regarding the proportional distribution of child status, over half of respondents have children, while just over forty percent of respondents do not have children.

Hispanic

The dataset contains information on the Hispanic ethnicity of individuals. The majority of the individuals, 77, identified as Non-Hispanic. Among those who identified as Hispanic, the largest group was Mexican/Mexican-American/Chicano, with 46 individuals.

The chi-squared analysis suggests significant age differences between Hispanic and non-Hispanic individuals (p-value: 0.0058). The mean age midpoint for Hispanic individuals in the dataset is approximately 38.16 years. In comparison, the mean age midpoint for non-Hispanic individuals is approximately 44.36 years. Therefore, Hispanic individuals in this dataset tend to be younger than non-Hispanic individuals.

Disability

The chi-squared tests revealed statistically significant associations between disability status and several demographic variables. The significant p-value (0.000) indicates that disability status varies significantly among different races. This suggests that certain racial groups may have higher or lower proportions of individuals with disabilities. Regarding proportions the White / Caucasian group has the highest proportion of individuals with disabilities at 10%. The Black or African American group has the lowest proportion of individuals with disabilities at 3.2%.

Relationship Status

A chi squared analysis shows a p-value of 0.00 and thus it is evident that the distribution of disability status is significantly different across various relationship statuses. This could imply that individuals in certain relationship statuses are more likely to report disabilities. Regarding proportions, the Divorced group has the highest proportion of individuals with disabilities

at 23.8%. The Single never married group has a lower proportion of individuals with disabilities at 3.8%

Sexual Orientation

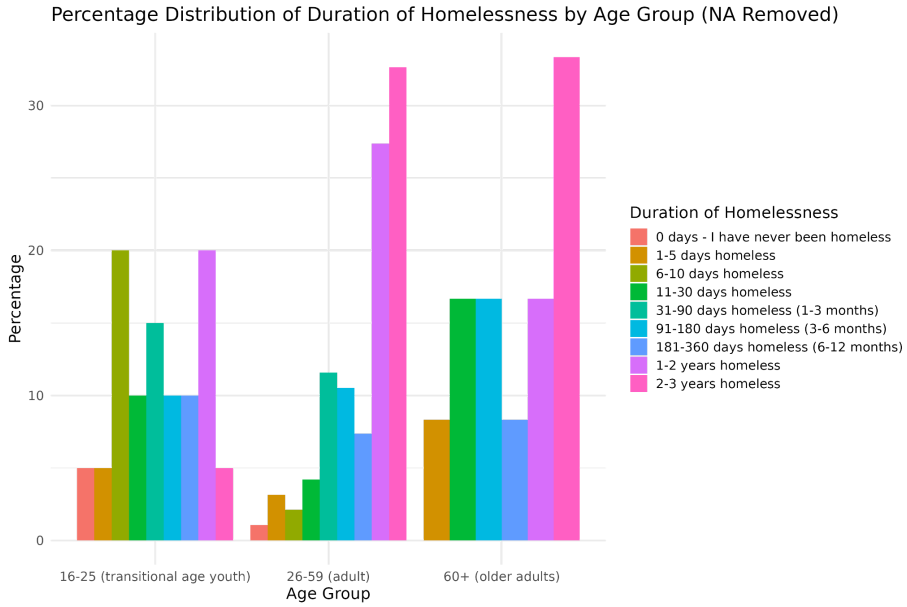
Heterosexual or Straight: This category has the highest percentage, with approximately 51.08% of respondents identifying as heterosexual or straight. Bisexual: This is the second most common sexual orientation among the respondents, with about 1.73% identifying as bisexual. Gay or Lesbian: A significant percentage of respondents, around 1.30%, identify as gay or lesbian, making it the third most common category. Queer: There are fewer respondents who identify as queer, with approximately 0.43% of the total respondents. Another Sexual Orientation: This category has the least percentage of respondents, with only 1.73% identifying with a sexual orientation not listed in the other categories.

The variables “disability” and “mental troubles”show a significant association, with the crosstab table indicating that individuals identifying as Heterosexual have a diverse range of disability statuses, while other groups are less varied; also, individuals identifying as Heterosexual have a more widely distributed prevalence of mental troubles.

Duration Homeless

The duration of homelessness before arriving at the Lodge varies significantly, with 9 unique categories ranging from 1-3 months to 3 years. The most common responses were those representing the longest duration. The most frequent group is '2-3 years homeless' (36 occurrences). Regarding the proportional distribution of homeless duration in the dataset, highlighting various key observations. The largest groups of individuals are those who have experienced long-term homelessness, with 27.91% of the population being homeless for 2-3 years and 24.81% for 1-2 years.

The Chi-squared tests significant associations with sexual orientation, relationship status, and mental troubles. The majority of individuals identifying as Heterosexual have experienced homelessness for durations 1-2 years and More than 5 years.



The grouped bar chart visualizes the proportion of different age groups across various homeless durations. Younger individuals tend to experience short-term homelessness more than other age groups, while adult groups tend to report significantly longer homelessness. The correlation between age and duration of homelessness is **0.221**. This indicates a weak positive correlation between the two variables, suggesting that as age increases, the duration of homelessness tends to increase slightly. An anova analysis of these means uncovers the p-value of 0.00154, which indicates that there is a significant difference in the mean duration of homelessness across the different age groups. In a regression analysis, age had the highest R-squared value of 0.068, explaining 6.8% of the variance in the duration of homelessness.

The correlation of homeless duration with education is weak to moderate and negative, with a correlation coefficient of -0.176 and a p-value of 0.046, suggesting a statistically significant negative relationship, meaning that longer durations of homelessness are associated

with fewer years of education. As expected, educational attainment tends to diminish homelessness.

Transportation

This measures lodge transportation to health-related locations. The majority of respondents used Lodge transportation infrequently (4 times or less), with usage patterns ranging from 1 to 16 times, indicating that for most users, this service (as intended) serves as an occasional resource rather than a regular transportation option.

The correlation of transportation to health related locations and homeless duration shows a moderately-strong, positive, statistically significant relationship ($t = 2.3231$, $p = 0.0229$). As respondent duration of homelessness increases, we also see a more frequent use of transportation services.

Introducing the Analytical Tools

The four concepts used in this report include wellness, stages of change, peer support, and self-care/efficacy. These four concepts emphasize the measurement of client perspectives regarding their journey through the stages of change toward care seeking and wellness. The support staff at the Lodge, and especially the peer support specialists who can mentor homeless clients and provide a model to emulate, provide invaluable support through this care-seeking journey. The academic literature provides tested tools that we use in this report to measure the client's perspective in their care-seeking change process, including survey

instruments to measure wellbeing, stages of change, peer support, and self-care/self-efficacy.

Wellbeing

Wellbeing is a common idea in the psychological literature, and there are many different measurements. Most of the survey measurements are focused on higher-level well-being such as being actualized at work, how well one's life matches their personal ideal, comparing their life to their parents and children, and other types of wellbeing that would commonly be discussed among middle-class respondents. Similarly, many studies, even those with homeless subjects, have defined wellbeing as happiness, and satisfaction with life (Diener and Diener 2006). In contrast, in consultation with the stakeholders, we chose a survey that more closely measured Maslow's hierarchy of needs, in part because it seemed to better measure the attempts of clients experiencing homelessness to secure the basic needs of daily living, and in part because the scale accurately measured the desire for housing-first programs to reduce harm by prioritizing the meeting of basic needs. The scale we use has successfully shown both reliability and validity (Weger et.al., 2000). We reuse the simple questions, paired with response choices of a 5-point likert scale, from almost never to

almost always. The questions ask respondents to evaluate how often they experience the following:

> Having enough money, Eating a well-balanced diet, Getting enough sleep, Attending to your medical and dental needs, Having time for recreation, Feeling loved, Expressing love, Expressing anger, Expressing laughter and joy, Expressing sadness, Enjoying sexual intimacy, Learning new skills, Feeling worthwhile, Feeling appreciated by others, Feeling good about family, Feeling good about yourself, Feeling secure about the future, Having close friendships, Having a home, Making plans about the future, Having people who think highly of you, Having meaning in your life, Having adequate transportation, Relaxing, Exercising, Having time for inspirational or spiritual interests, Asking for support from your friends or family, Getting support from your friends or family, Laughing, Treating or rewarding yourself, Taking time for personal hygiene and appearance, and Taking time to have fun with family or friends.

Stages of Change

The concept of stages of change provides one central concept for understanding the process of behavior change. The idea of stages of change is that we can document client movement through successive stages of self-change, beginning at resistance (“precontemplation” stage), to considering change (“contemplation” stage), to taking change-oriented actions (“action” stage), and finally the last phase where people evaluate their efforts (“maintenance” phase).

The precontemplation stage involves a type of denial; it contains people who have not yet acknowledged that they have a problem. People in this stage have limited awareness of their problem, and typically do not

acknowledge their behaviors as particularly problematic. Clients in this stage can sometimes redefine their actions as normal or act defensively about their problems; they often seem resistant to change, and sometimes see attempts to change as more harmful than helpful. The second stage, contemplation, entails acknowledging problems, but being unsure if the problems are serious enough to warrant any lifestyle change. Clients in this stage appear to be unsure how to act; they are often willing to hear about their problems and possible solutions, but may appear indecisive about if and when to take action. In this report, we use the original conceptualization that directly connects the contemplation and action stages (McConnaughy et.al 1983; McConnaughy et.al. 1989); newer research tends to add an additional stage at this point, called the preparation stage (Raihan and Cogburn 2023). We found the original conceptualization of the model more useful and so we followed the contemplation stage with the action stage. In the action stage people openly discuss and acknowledge their problems, and are willing to accept help. They do not seem indecisive, resistant, or defensive. They have taken explicit steps to change their behavior, and have been successful at change for a consistent period of time. The last stage, maintenance, involves efforts to perpetuate the lifestyle change. This often involves

awareness of weaknesses and temptations, acknowledgement of triggers, and thinking about patterns of relapse. The academic literature has shown the idea of stage of change to be an enduring model to understand the trajectory toward positive behavior change for most major behavioral change issues. While the initial model implies a linear progression through the stages leading to change toward a healthier lifestyle, people's lives are messier than conceptual models, and thus the empirical literature often shows people moving back and forth across the stages, instead of moving in a single linear direction (Raihan and Cogburn 2023) .

The questions for each stage are listed below,

Precontemplation Items:

* As far as I'm concerned, I don't have any problems that need changing.
* I'm not the problem one. It doesn't make sense for me to be here.
* Being here is pretty much of a waste of time for me because the problem doesn't have to do with me.
* I guess I have faults, but there's nothing that I really need to change.
* I may be part of the problem, but I don't really think I am.
* All this talk about psychology is boring. Why can't people just forget about their problems?
* I have worries but so does the next person. Why spend time thinking about them?
* I would rather cope with my faults than try to change them.

Contemplation Items:

* I think I might be ready for some self-improvement.
* It might be worthwhile to work on my problem.
* I've been thinking that I might want to change something about myself.
* I'm hoping this place will help me to better understand myself.
* I have a problem and I really think I should work on it.
* I wish I had more ideas on how to solve my problem.
* Maybe this place will be able to help me.

* I hope that someone here will have some good advice for me.

Action Items:

* I am doing something about the problems that had been bothering me.
* I am finally doing some work on my problems.
* At times my problem is difficult, but I'm working on it.
* I am really working hard to change.
* Even though I'm not always successful in changing, I am at least working on my problem.
* I have started working on my problems but I would like help.
* Anyone can talk about changing; I'm actually doing something about it.
* I am actively working on my problem.

Maintenance Items:

* It worries me that I might slip back on a problem I have already changed, so I am here to seek help.
* I have been successful in working on my problem but I'm not sure I can keep up the effort on my own.
* I'm not following through with what I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem.
* I thought once I had resolved the problem I would be free of it, but sometimes I still find myself struggling with it.
* I may need a boost right now to help me maintain the changes I've already made.
* I'm here to prevent myself from having a relapse of my problem.
* It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.
* After all I had done to try to change my problem, every now and again it comes back to haunt me.

Peer Support

Peer support is a relatively new idea, and thus we could not find relevant quantitative surveys from which to draw questions. We were able to develop our own questions based on the claimed influence of peer support within published qualitative studies. This resulted in fifty questions, all of which used the standard 5-point Likert scale for the answer choices,

and all the questions began the same, “Please rate how much you agree or disagree that the LODGE peer support specialist helped you with”, followed by one of the following:

> improving sense of belonging, reducing loneliness, improving social relationships, providing general social support, providing emotional support, providing informational support, providing tangible support, Increase the amount of health promoting behaviors, improve medication adherence, improve overall health functioning, Improve patient self-advocacy, raise awareness of symptom triggers, improve overall mental health functioning, Improve psychological health, Improve psychiatric symptoms, reduce depression, reduce stress, control amount of drug use, control amount of alcohol use, reduce time since last relapse, control amount of money spent on drugs alcohol, improve interpretation of recovery from addiction, empowerment, self esteem, acceptance of illness and recovery, coping, social skills, efficacy, satisfaction with finances, employment, number of homeless days, relapse to homelessness, overall evaluation of living environment, crime victimization, contact with the police, arrests, social learning, social comparison, source of hope, conveying information about ability, using motivational interviewing, encouraging adaptive behavior, discouraging maladaptive behavior, encouraging participation in treatment, encouraging contact with professional services, encouraging ongoing engagement with treatment, encouraging proper use of crises services, encouraging proper use of emergency room visits, encouraging proper use of hospitalization, improving satisfaction with living, improving quality of life

Self Efficacy / Self Care

Self efficacy is a sense of empowerment that is thought to be developed through successful accomplishments; typically, people with more failures and fewer accomplishments display lower levels of self-efficacy. Self efficacy can also be seen as a cause of other desired behaviors, such as care seeking. This is where the concept of a general self-efficacy becomes especially important. The traditional conceptualization of self-efficacy has often been applied to understand task-specific sense of

empowerment that is created as a result of successful actions in a specific domain (e.g., a specific skill or job), rather than a sense of empowerment that is more generally connected to the self and a cause of all sorts of future behavior. The general self-efficacy concept that we used (Chen et.al. 2001) is especially useful to understand efficacy as a cause for other behavior; such as behavior change and care-seeking behaviors. The idea is that self-efficacy could provide the general sense of personal empowerment to encourage successful efforts at behavior change. The general self-efficacy scale includes the following questions:

> I will be able to achieve most of the goals that I have set for myself, When facing difficult tasks I am certain that I will accomplish them, I think that I can obtain outcomes that are important to me, I believe I can succeed at most any endeavor to which I set my mind, I will be able to successfully overcome many challenges, I am confident that I can perform effectively on many different tasks, Compared to other people I can do most tasks very well, Even when things are tough I can perform quite well.

The self-care scale helps us understand the behaviors and beliefs that shape care seeking. The first set of questions in this scale document respondent involvement in treatment or some sort of professional care in the last three months, and ask clients to respond with a yes or no to the following statements:

> I received treatment services in a detoxification or other inpatient drug alcohol treatment program in the past 3 months, I consulted with a professional counselor therapist or psychiatrist to discuss my mental health or substance

abuse problems in the past 3 months, I attended Alcoholics Anonymous Narcotics Anonymous or any other self-help group in the past 3 months, I was admitted into the hospital in the past 3 months, I consulted with a medical doctor about my health in the past 3 months, I had emergency room visit in the past 3 months.

The second set of questions asks about the prevalence of rationalizations and excuses for not seeking care. These questions all begin with “I did not seek professional help because”, and are followed by one of the following,

I wanted to solve problems on my own, I did not think problems were serious, I thought problems would go away, I had enough support in my social network, I found it hard to talk about personal problems, I thought help seeking was a sign of weakness, I was afraid of what people might think if I sought help, I thought help seeking was too self indulgent, I did not think treatment would help, I did not trust mental health services, I thought treatment could only make things worse, I have had a bad experience with mental health services, I have had a bad experience with mental health services, I did not know how to get help, I could not afford treatment, I could not arrange to get a consultation timely enough, I did not have time to seek help, and services were too far away or difficult to reach.

Analysis of Data

Help

Respondents were also asked why they did not seek help; this section examines those responses with frequencies, chi-squared, correlation, ANOVA, and T-test.

Help Frequencies

Based on the analysis of examining frequencies and means for each question, several key insights and implications can be drawn regarding treatment and healthcare access among respondents. Firstly, the relatively low mean value (0.111) for the variable 'help_received_treatment' suggests that very few respondents received treatment, indicating potential barriers to accessing treatment or a lack of awareness about available options. In contrast, the relatively high mean value (0.630) for 'help_consulted_therapist' indicates that a significant portion of respondents consulted a therapist, suggesting that therapy is a commonly sought form of help among the respondents. The low mean value (0.148) for 'help_attended_AA_selfhelp' suggests a preference for other forms of help or potential barriers to attending these groups. The mean values show that about half of respondents have experienced a hospital admission in the last 3 months,consulted a doctor in the last 3 months, and an emergency room visit in the last 3 months. A higher percentage of respondents (over 60%) reported consulting with a professional counselor, therapist, or psychiatrist to discuss mental health or substance abuse problems in the past 3 months compared to those who did not (around 40%). This indicates a relatively high engagement with mental health services among the respondents.

Help x help

This section examines the relationship among help variables.

here is a moderate positive correlation (e.g., 0.65) between attending AA or self-help groups and consulting a therapist, highlighting that participation in self-help groups is often associated with professional therapy. There is a moderate positive correlation of 0.516 between receiving treatment (help_received_treatment) and attending AA or self-help groups (help_attended_AA_selfhelp), indicating that these forms of help may complement each other.

There is a strong positive correlation (e.g., 0.75) between consulting a therapist and receiving treatment, suggesting that individuals who see therapists are likely to also receive other forms of treatment. Additionally, there is a strong positive correlation of 0.631 between hospital admissions (help_hospital_admit_3months) and emergency room visits (help_visit_emergency_room_3months), and a moderate positive correlation of 0.258 with doctor consultations (help_consulted_doctor_3months). This suggests that respondents experiencing acute health issues tend to engage with multiple forms of medical help.

Conversely, there are strong negative correlations in some areas. For instance, individuals who prefer solving problems on their own are less likely to consult therapists, as indicated by a strong negative correlation (e.g., -0.70). This underscores the need for outreach programs to encourage these individuals to seek professional help. Another strong negative correlation (e.g., -0.65) exists between not seeking help due to perceived problem severity and receiving treatment, suggesting that those who view their issues as not serious are less likely to receive treatment. This highlights the need for awareness campaigns to educate individuals on the importance of seeking help regardless of perceived problem severity. Meanwhile, certain variables exhibit weak correlations. For example, there is a weak correlation (e.g., 0.10) between emergency room visits and consulting a therapist, indicating that these services often operate independently. This suggests the potential benefit of integrating emergency care and mental health services to offer more holistic care. Similarly, there is a weak correlation (e.g., 0.15) between hospital admissions and attending AA or self-help groups, suggesting that encouraging patients to join self-help groups post-discharge could improve long-term recovery outcomes.

The correlation analysis of relationships between different help-seeking behaviors revealed several interesting patterns and trends. Out of 15 unique combinations of variable pairs among the 'help' columns, only 3 showed statistically significant relationships ($p < 0.05$).

The strongest relationships were observed between emergency room visits and both hospital admissions and doctor consultations ($p = 0.003757$ for both), suggesting a clear pattern of interconnected acute care services. This is logical given the nature of emergency care, where patients visiting the ER are likely to be admitted or referred for follow-up consultations. Additionally, there's a significant relationship between consulting a therapist and consulting a doctor ($p = 0.032217$), indicating a trend of individuals seeking both mental health support and general medical care. This could reflect a holistic approach to health or the recognition of the mind-body connection in overall well-being.

These findings indicate a trend where acute care services (emergency room, hospital admissions, doctor consultations) are closely related, while other forms of help-seeking (therapy, self-help groups, general treatment) appear to be more independent. This could reflect a pattern where individuals have specific preferences or needs when it comes to seeking help, rather than engaging in multiple forms of help-seeking simultaneously. The independence of treatment from other help-seeking behaviors might also suggest a trend where individuals either rely primarily on formal treatment or on a combination of other support systems, but rarely both.

Help x demographics

The analysis revealed several significant associations between help-seeking behaviors and demographic factors.Race has a statistically significant relationship with attending Alcoholics Anonymous. Black or African American: 66% of individuals attended AA/self-help groups, making them the most likely to attend. White / Caucasian: 0% of individuals attended AA/self-help groups, making them the least likely to attend. Receiving treatment was found to be significantly associated with whether a person has a disability, with a p-value of 0.034. Individuals with certain disabilities (hearing/speech impairments and liver/kidney dysfunction) were more likely to receive help, while those with other types of disabilities were less likely to receive help.

Consulting a doctor in the last three months was strongly associated with a person's current relationship status (p-value of 0.003), whether they have children (p-value of 0.010), and duration of homelessness (p = 0.029). Individuals who are single and never married are less likely to have consulted a doctor. Those who have experienced relationship changes (cohabiting, separated, divorced, widowed) are more likely to have consulted a doctor. The divorced category shows the highest number of individuals consulting a doctor. The moderate positive correlation between duration of homelessness and doctor consultation in the past 3 months shows that respondents with longer durations of homelessness also tended to report a higher likelihood of having consulted a doctor recently.

Visiting the emergency room in the last three months was significantly related to having children, with a p-value of 0.028, indicating that parenthood might influence emergency room usage. The chi-square analysis reveals a significant association between having children and emergency room visits in the past 3 months. The pattern of this association varies across different child-status categories, with those having adult children showing a higher tendency for ER visits compared to those with younger children or no children. Also, emergency room visits were also found to be associated with a person's ethnicity (p-value of 0.049) and access to transportation (p-value of 0.026). Those identified as African showed a higher tendency for ER visits compared to Eastern European and European categories. Both very low and relatively high frequency of transportation use are associated with increased ER visits, while moderate use is associated with fewer ER visits.

Receiving treatment help is significantly associated with disability, as shown by the variable help_received_treatment_recode2, which has a p-value of 0.0061. Individuals with Liver/Kidney Dysfunction have received the most help for treatment, while those with other disabilities have received little to no help.

The correlation analysis of relationships between demographic variables and help-seeking behaviors confirms the previous analyses. Out of 102 possible relationships, 7 were found to be statistically significant ($p < 0.05$), indicating that certain demographic factors are indeed associated with specific help-seeking behaviors. All seven of these were already covered above when discussing the chi squared results.

Upon further examination of the patterns in these data, several additional insights emerge. One notable pattern is the clustering of significant relationships around certain types of help-seeking behaviors. For instance, consulting a doctor and visiting the emergency room in the past 3 months show multiple significant associations with demographic variables, while other behaviors like receiving treatment or consulting a therapist have fewer significant relationships. This suggests that acute or short-term care-seeking behaviors may be more strongly influenced by demographic factors than ongoing or long-term care options. Lastly, the relationship between disability status and receiving treatment, while significant, is the only one of its kind in the top relationships. This isolated finding might indicate a gap in how other health services are utilized or perceived by individuals with disabilities, potentially highlighting an area for further investigation or intervention.These patterns collectively paint a picture of help-seeking behavior as a complex phenomenon, influenced by a web of demographic, social, and practical factors. They underscore the need for a nuanced, multifaceted approach to understanding and addressing healthcare utilization in diverse populations.

Help Over Time

The paired sample T test and Anova both showed that none of the help variables showed a significant change from Time 1 to Time 2. T2 variables only had a few responses, which likely was an important factor explaining the inability to measure any significant change.

No Help

Respondents were also asked why they did not seek help; this section examines those responses with frequencies, chi squared, correlation, ANOVA, and T-test.

No help Frequencies

The analysis of 'no_help' variables reveals a multifaceted landscape of barriers to seeking professional mental health support. A striking 70.4% of respondents prefer solving problems independently, underscoring a strong inclination towards self-reliance. This tendency is compounded by significant communication barriers, with 77.8% finding it difficult to discuss personal issues. Stigma remains a pervasive challenge, as 55.6% view help-seeking as a sign of weakness and are concerned about others' perceptions. Perceptions of problem severity also play a role, with 40.7% not considering their issues serious enough for professional intervention, while 44.4% believe problems will resolve naturally. Practical obstacles further complicate access to support: 59.3% lack knowledge about how to obtain help, 51.9% face financial constraints, and an equal percentage struggle with the accessibility of services. Time-related issues affect 37% of respondents, both in terms of arranging timely consultations and finding time to seek help. Notably, 44.4% report seeking help without receiving it, pointing to potential gaps in service delivery or accessibility. Past negative experiences also influence behavior, with 40.7% citing bad encounters with mental health services as a deterrent.

Across the "no_help" variables, we observe a general trend toward agreement with statements about not seeking help. For the question about thinking they can solve problems on their own, a strong majority (63%) agreed. Regarding the perception of problems not being serious, opinions were split, with 44% disagreeing and 41% agreeing or strongly agreeing. Similarly, for thinking problems would go away on their own, 56% disagreed or strongly disagreed, while 44% agreed or strongly agreed. A significant majority (about 70%) disagreed or strongly disagreed with having enough support. Opinions were evenly divided on whether help was sought but not received, with 44% disagreeing and 44% agreeing or strongly agreeing. A majority (over 60%) agreed that they did not seek professional help because they wanted to

solve problems on their own. Most other “no help” questions received substantial (but less) support.

Comparing the current results with last year's data and the literature reveals several significant trends in barriers to seeking help. The fear of social stigma has increased substantially, with 55.56% of respondents now concerned about what others would think, up from 29.1% last year and 32.2% in the literature. This represents a growing barrier to seeking help. Similarly, financial constraints have become more pronounced, with 51.85% citing affordability as an issue, up from 41.2% last year and significantly higher than the 18.2% reported in the literature.

The difficulty in talking about problems has also increased, with 77.78% of respondents finding it hard to discuss their issues, compared to 62.8% last year and 62.0% in the literature. This suggests a growing challenge in open communication about personal problems. The lack of knowledge about how to seek help remains a persistent issue, with 59.26% of respondents citing this as a barrier, up from 51.8% last year and substantially higher than the 25.2% reported in the literature.

Interestingly, there's been an improvement in some areas. The perception of having enough support has increased to 48.15% from 24.4% last year, though still below the literature's 55.9%. This indicates improved support systems, but with room for further enhancement. The recognition of problem severity has also improved, with fewer respondents (40.74%) believing their problems are not serious, down from 45.3% last year and significantly lower than the 70.6% in the literature.

Persistent issues include negative past experiences, with 40.74% to 44.44% citing this as a barrier, consistent with last year but higher than the literature's 14.7%. Accessibility remains a major concern, with 51.85% saying help was too far away, similar to last year but drastically higher than the 2.8% in the literature. The belief in self-reliance remains high at 70.37%, slightly up from last year but lower than the literature's 91.6%.

Overall, while there have been some improvements in areas like problem recognition and support systems, many barriers to seeking help have increased or remained persistent. This suggests a need for targeted interventions to address growing concerns about social stigma, financial barriers, and difficulties in discussing personal problems, while also improving accessibility and addressing negative past experiences with support systems.

No help x no help

This section examines the relationship between no help variables. The chi-squared tests between the 'no_help' variables have revealed several significant associations.

Many variables, such as solve_problems_on_own, problems_not_serious, thought_problems_go_away, and no_help_had_enough_support, show significant associations with a wide range of other no_help variables, all with p-values of .000. These associations indicate that the reasons for not seeking help are interconnected. For example, individuals who believe they can solve problems on their own are also likely to think their problems are not serious or that they will go away on their own. Similarly, those who had enough support are also likely to find it hard to talk about their problems or view seeking help as a sign of weakness. Overall, the results suggest a complex web of interrelated factors influencing individuals' decisions not to seek help.

The correlation analysis of 171 unique pairs of 'no_help' variables revealed a substantial number of statistically significant relationships, with 102 pairs (59.6%) showing p-values below

0.05. The bimodal distribution of p-values, with clusters at both low and high ends, suggests that while many variables are strongly related, there are also distinct subgroups of reasons for not seeking help that may operate independently. This could imply that interventions aimed at improving help-seeking behaviors might need to be multifaceted, addressing both the closely related barriers and the more independent ones. The strong relationship between solving problems on one's own and not perceiving problems as serious enough for help ($p < 0.001$) highlights a potential area for public education, emphasizing the value of early intervention and professional support even for seemingly minor issues. Additionally, the significant association between not knowing how to seek help and perceiving services as too far away ($p < 0.001$) suggests that improving information dissemination about local services could address multiple barriers simultaneously.

The chi-squared tests between 'no_help' variables have revealed several other significant associations.

The chi-square tests revealed several significant associations between the reasons for not seeking help. The belief that one can solve problems on their own was significantly associated with multiple other reasons, including the perception that problems were not serious, the belief that problems would go away on their own, the view that seeking help is self-indulgent, not knowing how to seek help, financial constraints, timeliness issues, and distance issues. These associations were highly significant ($p < 0.001$ to $p < 0.05$). The perception that problems were not serious was significantly associated with the belief that problems would go away on their own, having enough support, viewing help-seeking as a sign of weakness, not knowing how to

seek help, financial constraints, timeliness issues, lack of time, distance issues, and having sought help but not received it. These associations were highly significant ($p < 0.001$ to $p < 0.05$). The belief that problems would go away on their own was significantly associated with having enough support, viewing help-seeking as a sign of weakness, not knowing how to seek help, financial constraints, timeliness issues, lack of time, distance issues, and having sought help but not received it. These associations were highly significant ($p < 0.001$ to $p < 0.05$).

The view that seeking help is self-indulgent was significantly associated with not knowing how to seek help, financial constraints, timeliness issues, lack of time, distance issues, and having sought help but not received it. These associations were highly significant ($p < 0.001$).

Not knowing how to seek help was significantly associated with timeliness issues, lack of time, distance issues, and having sought help but not received it. These associations were highly significant ($p < 0.001$ to $p < 0.05$). Financial constraints were significantly associated with timeliness issues, lack of time, and distance issues. These associations were highly significant ($p < 0.001$ to $p < 0.05$). Timeliness issues were significantly associated with lack of time, distance issues, and having sought help but not received it. These associations were highly significant ($p < 0.001$ to $p < 0.05$). Lack of time was significantly associated with distance issues. This association was highly significant ($p < 0.001$). Distance issues were significantly associated with having sought help but not received it. This association was highly significant ($p < 0.01$). These associations highlight the complex interplay between different reasons for not seeking help. The significant p-values indicate that these relationships are unlikely to be due to chance. The chi-square tests revealed significant interconnections among various reasons for not seeking help, such as self-sufficiency, perceived problem severity, and financial constraints, with these factors being closely associated with additional barriers like not knowing how to seek help, timing issues, and distance. These associations, all statistically significant, underscore the complex and intertwined nature of the reasons that deter individuals from seeking help,

suggesting these are not isolated factors but part of a broader, interconnected network of barriers.

The findings suggest that the top two reasons for not seeking help (difficulty talking about problems and desire to solve problems on one's own) are emotional or psychological barriers rather than practical ones. This suggests that interventions focused on changing attitudes and reducing stigma might be more effective than addressing logistical issues.The third most common reason for not seeking help is not knowing how to do so (59.26%). This points to a critical information gap that could be addressed through targeted education and outreach programs. Interestingly, practical issues like timeliness of help and lack of time are among the least cited reasons (both at 37.04%). This challenges the common assumption that practical barriers are the main obstacles to seeking help. The idea that seeking help is self-indulgent is the least agreed-upon reason (25.93%). This suggests that efforts to frame help-seeking as a form of self-care or responsibility might be well-received. The average agreement percentage across all 'no_help' variables is 47.76%, indicating that while these barriers are significant for many, they don't apply universally. This suggests a nuanced approach to addressing help-seeking behavior is needed.

No help x demographics

The length of time respondents had been experiencing homelessness emerged as a crucial factor to understand respondent's beliefs about avoiding help. The duration of homelessness emerged as an influential demographic variable, appearing in seven of the 24 significant relationships. These findings show that Individuals who had been homeless for longer periods (i.e., chronically homeless) were different from people with shorter durations of homelessness regarding their support for help-avoiding beliefs. Chronically homeless respondents were more likely to fear what others might think if they sought help($p = 0.001$). Chronically homeless respondents were more likely to fear that seeking help might make their

situation worse ($p = 0.034$). Chronically homeless respondents tended to view help-seeking as a sign of weakness($p = 0.039$). There was a tendency among many chronically homeless respondents to believe that treatment wouldn't be helpful ($p = 0.040$), and many reported not knowing how to seek help($p = 0.042$). People with longer durations of homelessness were also more likely to report being unable to afford help ($p = 0.045$). These findings suggest that increasing durations of homelessness is intertwined with increasing acceptance of help-avoiding beliefs.

Some respondents found themselves trying to solve problems on their own, and this tendency was related to various aspects of their lives. Those with different levels of education ($p = 0.0304$), ages ($p = 0.0252$), mental health challenges ($p = 0.0438$), and access to transportation over the past year ($p = 0.0180$) showed they were different from their counterparts in their desire to handle issues independently.

The correlation analysis found some connections between their demographic characteristics and their reasons for not seeking help. Out of 323 tests performed, 24 revealed statistically significant relationships. This suggests that some personal background and circumstances play a role in respondent's help-seeking behavior.

Education level was associated with how serious respondents perceived their problems to be.The chi-squared tests revealed significant associations between education and believing you could solve problems on your own ($p = 0.0304$) the majority of responses for education levels 10, 11, and 12 were concentrated in category 4 ("agree"), with 50%, 75%, and 75% respectively. This indicates that individuals with these education levels tend to agree that they solve problems on their own. While education level does appear to influence the likelihood of trying to solve problems on one's own, the relationship is complex. It's not simply that more education leads to more or less self-reliance. Instead, we see high self-reliance at multiple education levels, with some variation in the middle ranges of education.

Analysis uncovered significant associations between 'no_help' and other demographic factors, such as mental troubles, transportation, sexual orientation and relationship status. Sexual orientation was strongly related to how difficult they found it to talk about their problems ($p < 0.01$). This indicates that certain sexual orientations might face unique challenges in openly

discussing their issues, potentially due to societal stigma or personal comfort levels. Respondents' current relationship status was related to several help-avoiding beliefs. Some individuals, depending on their relationship status, were more likely to report being unable to afford help($p = 0.004$). Others feared that seeking help might make their situation worse ($p = 0.022$). Some reported having had bad experiences with seeking help in the past ($p = 0.047$). This suggests that relationship status might influence both practical (affordability) and emotional (fear, past experiences) aspects of help-seeking. Some respondents with disabilities were more likely to feel they had enough support. Respondents' access to transportation was related to their tendency to try solving problems on their own ($p = 0.018$) and their perception of help as not being timely ($p = 0.037$). These findings highlight the complex interplay between personal characteristics, life circumstances, and help-seeking behaviors among the respondents. They suggest that barriers to seeking help are often multifaceted and can be influenced by a wide range of demographic factors.These findings highlight potential areas for targeted support and outreach programs.

No help x help

The analysis between help and no_help variables examines how the actions of actually receiving help are associated with beliefs about not seeking help. For the majority of associations, there weren't strong connections between help-seeking behaviors and reasons for not seeking help. Out of 114 possible relationships examined, only 6 (5.3%) showed statistically significant associations. This suggests that, while most reasons for not seeking help aren't strongly tied to actual help-seeking behaviors, there were six associations that were statistically significant and thus can tell us something important about the seemingly-contradictory associations between actions of seeking help and beliefs that discourage help. These six significant associations are presented below in two parts. Firstly, individuals who received treatment are significantly related to being afraid of what people might think, as indicated by a p-value of 0.046. Also respondents who believed that help might make things worse also were more likely to have reported a hospital admission in the past 3 months ($p = 0.041973$).

Secondly, emergency room (ER) visits are significantly associated with several help-avoidance beliefs. Emergency room visits in the past three months were notably related to reasons for not seeking help. Those who visited the emergency room more frequently were more likely to believe that treatment would not help. This could indicate that negative experiences in the emergency room might be influencing their perception of treatment effectiveness, or perhaps their belief about treatment not helping led to avoiding regular check-ups, which ultimately led to more emergency room visits. Another important finding is that the belief that more emergency room visits were associated with feeling that treatment centers were too far away. This suggests that accessibility issues might be driving some individuals to use emergency services instead of other forms of treatment. Respondents who had more ER visits also had a stronger preference for solving problems on their own and not knowing how to get help. This indicates a potential gap in information provided during emergency room visits, or perhaps using the emergency room because they didn't know where else to get help. Interestingly, individuals with more emergency room visits expressed fear that seeking help would make things worse. This could reflect negative experiences formed during their emergency room visits, or perhaps an underlying avoidance belief. These findings highlight the complex interplay between psychological barriers to seeking help and actual help-seeking behaviors.

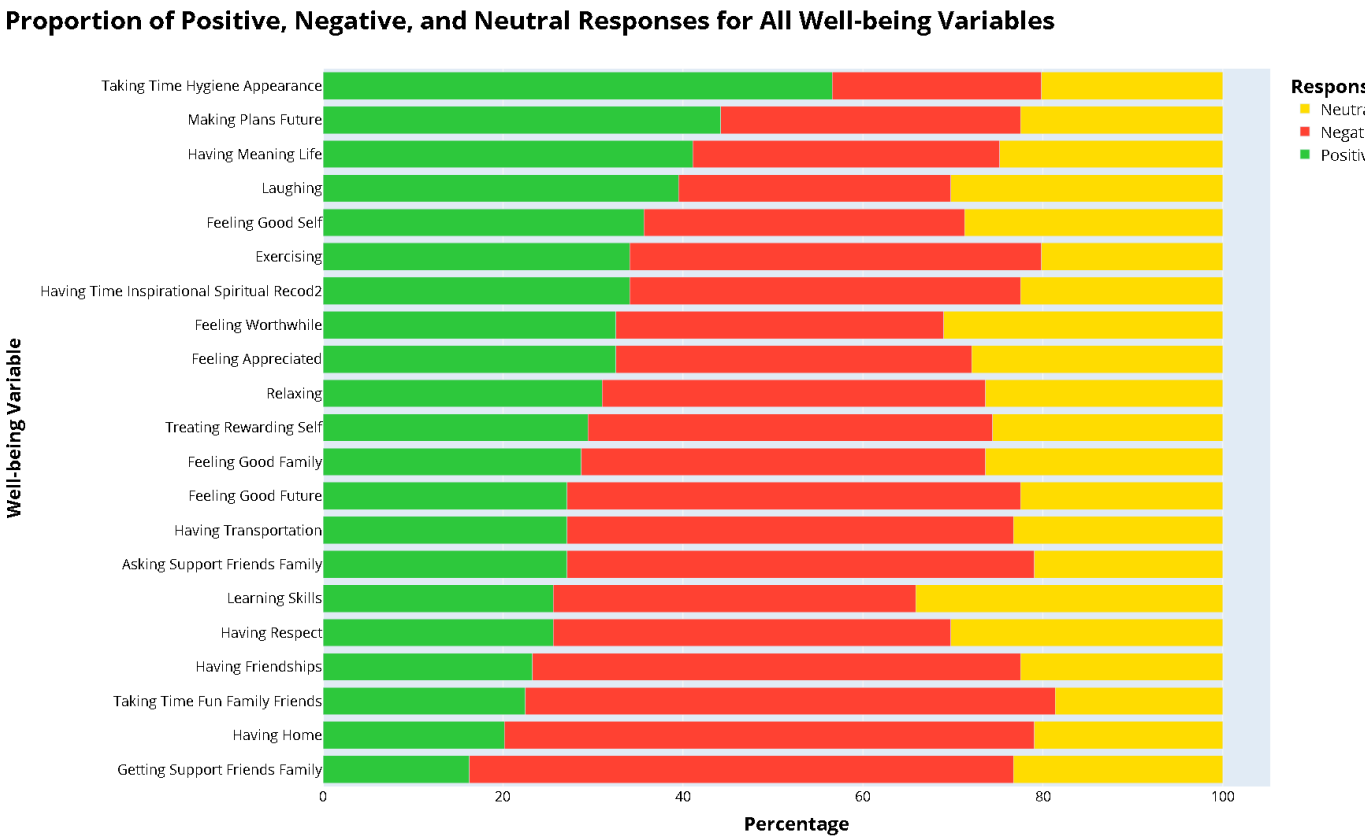
No Help Over Time

The paired sample t-tests and Anova test compared the means of pairs of variables to identify significant differences between them. In both of the tests, none of the no help variables showed a significant change between Time 1 and Time 2. This is likely due to the very small sample size, which limits our ability to see variations.

Wellbeing

Wellbeing frequencies

The data reveals a complex picture of personal care and self-perception among unhoused individuals. A significant portion (37.98%) report taking time for hygiene and appearance 'almost always', showing a commitment to self-care despite challenging circumstances. However, other aspects of self-care are less frequent, with only 18.60% treating or rewarding themselves 'almost always'. Feelings of self-worth, appreciation, and feeling good about oneself vary widely among this population. About a fifth report these feelings 'almost always', but an equal proportion report 'never or almost never' for the same variables. Interestingly, feeling good about family shows a slightly more positive trend, with 23.26% reporting this 'almost always'.
The findings indicate significant challenges in social connections and support systems. A substantial portion (41.09%) report 'never or almost never' taking time for fun with family or friends. Having friendships is also challenging, with 35.66% reporting 'never or almost never' having them. Support systems appear weak, with 41.09% 'never or almost never' getting support from friends and family, and 38.76% 'never or almost never' asking for such support.



However, there are some positive aspects: laughing occurs more frequently, with 24.03% reporting this 'almost always' and 30.23% 'sometimes', suggesting resilience in maintaining some joy despite difficult circumstances. The data suggests a somewhat pessimistic outlook towards the future among many unhoused individuals. A significant proportion (34.88%) report 'never or almost never' feeling good about the future. Correspondingly, 31.78% 'never or almost never' make plans for the future, indicating a struggle with long-term planning. However, the picture isn't entirely bleak. When it comes to having meaning in life, the responses are more evenly distributed, with 24.03% reporting this 'almost always' and 31.01% 'sometimes'. Learning new skills, which can be associated with future prospects, shows a mixed picture, with 34.11% doing so 'sometimes', but 30.23% 'never or almost never'. The frequencies reveal significant challenges for unhoused individuals in meeting basic needs and engaging in beneficial activities. Housing insecurity is severe, with 46.51% reporting 'never or almost never' having a home. Transportation is also a major challenge, with 31.78% reporting 'never or almost never'

having it. Exercise habits appear to be lacking, with 34.11% 'never or almost never' exercising. Time for inspirational or spiritual activities is limited for many, with 31.78% 'never or almost never' having such time. However, some positive aspects emerge: relaxation occurs more frequently, with 24.03% reporting this 'almost always' and 31.01% 'sometimes', suggesting that some unhoused individuals find ways to cope with stress.

Despite the many challenges faced by unhoused individuals, the data shows some positive results regarding perceived respect and feelings of worth. Feeling respected occurs relatively frequently, with 24.81% reporting this 'almost always' and 31.01% 'sometimes'. Similarly, feeling worthwhile shows a comparable distribution, with 20.93% reporting this 'almost always' and 31.01% 'sometimes'. This suggests that many unhoused individuals maintain a sense of dignity and self-worth despite their circumstances. Having meaning in life also shows a similar pattern, with 24.03% reporting this 'almost always' and 31.01% 'sometimes', indicating that many find purpose despite their challenging situations.

The analysis of well-being variables reveals varying levels of positive responses across different aspects of participants' lives. The highest positive percentage was observed for 'taking time for hygiene and appearance' at 56.59%, indicating that a majority of respondents frequently or almost always prioritize personal care. This is followed by 'making plans for the future' at 44.19% and 'having meaning in life' at 41.09%, suggesting that a significant portion of participants are actively planning ahead and finding purpose in their lives.

Other aspects with relatively high positive percentages include 'laughing' (39.53%), 'feeling good about oneself' (35.66%), and 'exercising' (34.11%). These results indicate that a substantial number of respondents frequently experience joy, maintain positive self-esteem, and engage in physical activity.

'Feeling appreciated' and 'feeling worthwhile' both show positive percentages of 32.56%, while 'relaxing' is reported positively by 31.01% of respondents. 'Treating and rewarding oneself' is experienced positively by 29.46% of participants.

'Feeling good about family' (28.68%) and 'feeling good about the future' (27.13%) show similar levels of positive responses. 'Having transportation', 'asking for support from friends and family', and 'having time for inspirational or spiritual activities' all share a positive percentage of 27.13%.

On the lower end of the spectrum, 'getting support from friends and family' shows the lowest positive percentage at 16.28%, suggesting that fewer participants feel they often or always receive the support they need. Similarly, 'having a home' (20.16%) and 'taking time for fun with family and friends' (22.48%) have lower positive percentages, indicating potential areas of concern regarding housing stability and social engagement.

'Having friendships' (23.26%), 'learning new skills' (25.58%), and 'having respect' (25.58%) fall in the middle range of positive responses.

The overall average positive percentage across all well-being variables is 31.16%. This suggests that, on average, about one-third of the respondents report positive experiences or behaviors in various aspects of their well-being. However, the wide range of percentages (from 16.28% to 56.59%) indicates significant variability in different areas of well-being among the participants.

These findings paint a nuanced picture of well-being among unhoused individuals. While they face significant challenges in areas such as housing, transportation, social support, and future planning, there are also signs of resilience. Many respondents maintain aspects of personal care, find moments of joy, and preserve a sense of self-worth and meaning. This comprehensive view across all 21 wellbeing variables underscores the complex nature of wellbeing for unhoused individuals, highlighting both their struggles and their capacity to maintain certain positive aspects of life in the face of adversity.

Most published studies that used this wellbeing scale did not report frequencies; one that did organized the questions into two categories: activities of daily living and basic needs: their “activities of daily living” average score was 96.42, and the average “basic needs" score was 87.68 (Rubio et.al. 2001) The Lodge wellbeing average of 31% in this year’s report and 51% in last year’s report is far below the published averages. There has also been a marked 20% decline in Lodge participant’s reported well-being across the two years of analysis.

Wellbeing x Wellbeing

The chi-square analysis of well-being variables in the dataset reveals a highly interconnected network of relationships among various aspects of well-being. Out of 210 variable pairs tested, an overwhelming 97.62% (205 pairs) showed statistically significant relationships ($p < 0.05$). This exceptionally high proportion of significant associations suggests that well-being variables in this population are not independent but rather intricately linked. The strongest relationships were observed between feeling worthwhile and feeling appreciated, having meaning in life and self-rewarding behaviors, asking for and receiving support from friends/family, and feeling good about the future and making plans for it. These findings indicate that certain aspects of well-being, particularly those related to self-perception, social support, and future outlook, are more-closely intertwined. The pervasive nature of these significant relationships has important implications for understanding and addressing well-being in this population. It suggests that well-being is a complex, multifaceted construct where improvements in one area are likely to be associated with positive changes in others. This interconnectedness implies that interventions or support programs targeting one aspect of well-being may have ripple effects, potentially improving multiple dimensions simultaneously.

Respondents who reported learning new skills also tended to experience a range of positive emotions and perceptions. They were more likely to feel worthwhile, appreciated, and good about their family (all p-values = 0.000). These respondents also reported feeling good about themselves ($p = 0.034$), optimistic about the future ($p = 0.039$), and having a sense of respect ($p = 0.035$) and meaning in life ($p = 0.006$). This suggests that for these individuals, engaging in learning activities is closely tied to overall well-being and self-perception.

Respondents who reported exercising regularly also showed higher levels of positive social and personal behaviors. They were more likely to laugh ($p = 0.015$), treat or reward themselves ($p = 0.008$), and take time for fun with family or friends ($p = 0.000$). This indicates that for these individuals, physical activity is associated with both personal enjoyment and social engagement.

Respondents who sought support from friends and family were more likely to actually receive that support ($p = 0.006$). This suggests that for these individuals, actively reaching out to their social network is an effective strategy for obtaining assistance. Respondents who reported

laughing more frequently also tended to engage in more self-care activities. They were more likely to treat or reward themselves ($p = 0.000$), take time for personal hygiene and appearance ($p = 0.004$), and spend time having fun with family or friends ($p = 0.015$). This indicates a strong connection between positive emotions and self-care behaviors for these individuals. Additionally, respondents who treated or rewarded themselves were significantly more likely to take time for fun with family or friends ($p = 0.000$), further emphasizing the link between self-care and social engagement.

The ANOVA results show that respondents varied significantly in their perceptions of certain aspects of well-being. Specifically, there were notable differences in how individuals felt about their self-worth, family relationships, self-perception, housing situation, sense of respect, life meaning, and exercise habits. The low p-values (all below 0.05) for these variables confirm that the differences are statistically significant, meaning that the observed differences are unlikely to have occurred by chance. This suggests that these particular areas of well-being might have a stronger impact on overall life satisfaction for the respondents, and that these aspects of well-being might be perceived differently or have a stronger impact on the respondents' overall well-being.

The correlation analysis reveals how different aspects of well-being are interconnected for the respondents:Those who reported learning new skills also tended to have stronger friendships ($r = 0.574$, $p < 0.001$), better ability to relax ($r = 0.558$, $p < 0.001$), and improved access to transportation ($r = 0.533$, $p < 0.001$). Respondents who felt more worthwhile were more likely to make plans for the future ($r = 0.558$, $p < 0.001$) and have stable housing ($r = 0.533$, $p < 0.001$). Those who felt appreciated also tended to have a more positive outlook on the future ($r = 0.558$, $p < 0.001$). Respondents with good family relationships reported laughing more frequently ($r = 0.533$, $p < 0.001$). These findings highlight that for the individuals in this study, improvements in one area of well-being often correspond with positive changes in other areas. The moderate to strong positive correlations observed between several variables further emphasize the multifaceted nature of well-being. This suggests that interventions targeting one aspect of well-being could potentially have broader positive impacts on an individual's overall quality of life, indicating that the observed differences are unlikely to have occurred by chance.

There were five pairs of well-being variables that did not show statistically significant relationships ($p \geq 0.05$). These pairs are: (1) learning skills and having a home ($p \approx 0.128$), (2) exercising and asking for support from friends/family ($p \approx 0.097$), (3) exercising and getting support from friends/family ($p \approx 0.081$), (4) having respect and exercising ($p \approx 0.077$), and (5) having transportation and taking time for fun with family/friends ($p \approx 0.071$). These non-significant relationships suggest that these particular pairs of well-being aspects may be relatively independent of other well being measurements.

Wellbeing x demographics

Several well-being-related variables, such as exercise, and getting social support, show significant associations with age, with low to moderate p-values (0.0018 and 0.031). For these well being variables the youth are healthier; there is a negative trend on the age variable, suggesting that as age increases, well-being related to exercising and getting social support both tend to decrease. There is a significant association between veteran status and the well-being variables of learning_skills (p-value = 0.0397) and the well-being variable feeling_good_about_self (p-value = 0.01626) taking_time_fun_with_family_friends (p-value = 0.02466). Non-veterans have a varied pattern in learning new skills, while the veterans, though fewer in number, are consistently engaged in learning new skills (100% in the 'Almost always' category). Similarly, veterans report higher levels than non-veterans of feeling good about themselves,and taking time for fun with family and friends, on average, and these differences are statistically significant (P=.003 and P=.009).

Several well-being-related variables, such as well_being_feeling_loved_recode2, well_being_having_respect_recode2, and well_being_asking_support_friends_family_recode2, show significant associations with gender, with p-values between 0.021 and 0.032. The analysis revealed a significant relationship between gender and the well-being variable of having

respect. (p= 0.031), Males are more likely than females to believe they get respect. Women are more likely than men to ask for support from friends and family. Having enough money was significant with child status, along with well-being variables related to eating well, sleep, medical/dental care, recreation, and expressing emotions, with p-values ranging from 0.0004 to 0.0499.

The analysis of the relationship between the duration of homelessness and various aspects of well-being reveals some intriguing patterns. While most correlations were not statistically significant, the overall trend suggests a tendency for well-being to decline as the duration of homelessness increases. The weak to moderate negative correlations suggest that longer durations of homelessness are associated with lower overall well-being, including feelings of worth, relaxation, and laughter. The weak positive correlation with exercising suggests that some individuals may use physical activity as a coping mechanism during prolonged periods of homelessness, or perhaps that the chosen homeless lifestyle incorporates extended periods of movement and exercise. The most significant negative correlations are related to social support, both in terms of asking for and receiving support from friends and family. This suggests that longer durations of homelessness are intertwined with social isolation and a lack of support networks, or that social isolation and a lack of support may lead to longer durations of homelessness.

The correlation analysis between transportation usage and various aspects of well-being revealed a single statistically significant relationship. This finding indicates a modest negative association between the frequency of transportation service utilization and an individual's propensity for self-care or self-reward behaviors. Specifically, those who more frequently use transportation services tend to be less likely to engage in activities that involve treating or rewarding themselves.

Wellbeing x help

Our analysis revealed 35 significant correlations between various well-being variables and help-seeking behaviors in the studied population. These correlations provide valuable insights into the complex relationships between personal well-being and attitudes towards seeking assistance. The strongest correlation found was a negative relationship between having transportation and solving problems on one's own ($r = -0.628$, $p = 0.000775$), suggesting that better access to transportation is associated with a greater recognition of the need for assistance. Several moderate correlations highlighted the importance of self-perception and social support in help-seeking behaviors. For instance, feeling worthwhile ($r = -0.546$, $p = 0.004742$), having a positive outlook on the future ($r = -0.510$, $p = 0.009187$), and feeling appreciated ($r = -0.499$, $p = 0.011038$) were all negatively correlated with solving problems on one's own, indicating that individuals with higher self-esteem and optimism may be more open to receiving support. Interestingly, taking time for personal hygiene and appearance was positively correlated with feeling one has had enough support ($r = 0.486$, $p = 0.013863$) and solving problems on one's own ($r = 0.422$, $p = 0.035835$), suggesting a complex link between self-care, self-reliance, and support systems. Respondents that have experienced more social engagement, as measured by taking time for fun with family and friends, showed positive correlations with solving problems on one's own ($r = 0.483$, $p = 0.014382$), having had bad experiences with help ($r = 0.438$, $p = 0.028532$), and recent hospital admissions ($r = 0.435$, $p = 0.029967$), hinting at the multifaceted role of social activities in both self-reliance and health experiences. The findings also revealed that individuals who find more meaning in life ($r = -0.414$, $p = 0.039538$), feel more appreciated ($r = -0.400$, $p = 0.047580$), or have better access to transportation ($r = -0.399$, $p = 0.048321$) tend to be less concerned about appearing weak or having others know they need help, potentially indicating a more positive and open attitude towards help-seeking. Additionally, relaxation was associated with various positive attitudes

towards help-seeking, including less belief that treatment won't work ($r = -0.458$, $p = 0.021365$) and finding it less hard to talk about problems ($r = -0.408$, $p = 0.042683$). Laughing was correlated with being less afraid of what people might think ($r = -0.403$, $p = 0.045565$) and less belief that help is a sign of failure ($r = -0.399$, $p = 0.048185$).

Those respondents with better exercise habits or stronger friendships were more likely to believe their problems would resolve on their own or that their issues weren't serious enough to warrant help. This suggests a potential overestimation of self-sufficiency among those with higher well-being scores, or conversely, could indicate that successful navigation of help-seeking processes leads to improvements in these well-being areas. Individuals with robust social networks were more likely to have consulted therapists or attended self-help groups, suggesting that social connections may facilitate access to formal support systems. However, these same individuals were also more likely to report not needing help, indicating that social support might serve as a buffer against perceived need for formal assistance.

Individuals reporting better fulfillment of basic needs such as housing, transportation, and safety were more likely to access preventative health services, mental health consultations, and community-based support programs. For example, those with stable housing showed higher rates of regular medical check-ups and mental health appointments. Conversely, individuals struggling with basic needs demonstrated lower engagement with non-emergency services, possibly prioritizing immediate survival needs over long-term health and well-being services. Individuals reporting better stress management, higher self-worth, and overall emotional well-being were more likely to have received mental health treatment or consulted mental health professionals. This could suggest that treatment improves mental well-being, or that those with better mental health are more capable of seeking and engaging with treatment. Individuals with higher scores on mental well-being measures were more likely to report positive experiences with help-seeking, suggesting a potential positive feedback loop between mental health and successful service engagement. Individuals reporting better management of physical health problems and pain were significantly less likely to have visited emergency rooms or been admitted to hospitals. This suggests that maintaining physical well-being may reduce the need for acute medical interventions among homeless individuals.

Additionally, those reporting better physical health were more likely to engage in preventative health measures and regular check-ups, indicating a proactive approach to health management. While there were exceptions, the analysis uncovered an important, repeated trend: people that more often seek help with their healthcare also tend to experience higher well-being.

Wellbeing x no help

Our analysis revealed 32 significant associations between respondents' well-being and their help-avoiding attitudes, highlighting the complex relationship between personal well-being and attitudes towards avoiding assistance. Respondents with better access to transportation are significantly less likely to try solving problems on their own ($r = -0.628$, $p = 0.000775$). This suggests that practical barriers like transportation can have a substantial impact on help-seeking behavior. Psychological well-being plays a crucial role in help-seeking attitudes. Respondents who feel worthwhile ($r = -0.546$, $p = 0.004742$), good about the future ($r = -0.510$, $p = 0.009187$), appreciated ($r = -0.499$, $p = 0.011038$), and make plans for the future ($r = -0.498$, $p = 0.011343$) are less likely to try solving problems alone. This indicates that a positive outlook may encourage individuals to reach out for support when needed.

Respondents who take time for hygiene and appearance tend to feel they've had enough support ($r = 0.486$, $p = 0.013863$). This could suggest that self-care practices might be associated with feeling supported or vice versa. Social aspects of well-being show complex relationships with help-seeking. Respondents who take time for fun with family and friends are more likely to solve problems on their own ($r = 0.483$, $p = 0.014382$) but also more likely to report bad experiences with help ($r = 0.438$, $p = 0.028532$). This suggests that strong social connections might provide informal support networks, potentially reducing the perceived need for professional help.

Respondents who find meaning in life are less concerned about appearing weak ($r = -0.414$, $p = 0.039538$) or others knowing they need help ($r = -0.405$, $p = 0.044623$). This indicates that a sense of purpose might reduce stigma-related barriers to seeking help. Relaxation and laughter seem to promote positive attitudes towards help-seeking. Respondents who can relax are less likely to believe that treatment won't work ($r = -0.458$, $p = 0.021365$) and

find it easier to talk about problems ($r = -0.408$, $p = 0.042683$). Those who laugh more are less afraid of what people might think ($r = -0.403$, $p = 0.045565$) and less likely to view help as a sign of failure ($r = -0.399$, $p = 0.048185$).

However, some aspects of well-being correlate positively with help-avoiding attitudes. Respondents who believe their problems will go away on their own tend to report higher well-being in terms of taking time for fun with family and friends. This suggests that a sense of self-reliance might be associated with better social well-being. Conversely, there were some negative correlations between well-being and avoiding help. Respondents who view seeking help as a sign of weakness tend to report lower well-being in social activities. This indicates that negative perceptions about seeking help might be detrimental to social well-being. Similarly, respondents who are afraid of what people might think if they seek help also report lower well-being in social activities. This suggests that fear of judgment can negatively impact social well-being (or vice-versa). Lastly, respondents who believe that seeking help is self-indulgent tend to have lower well-being in social activities. This indicates that self-critical attitudes towards seeking help might harm well-being. These findings highlight the complex interplay between personal well-being and attitudes towards seeking assistance. They suggest that while many aspects of well-being encourage help-seeking, some may actually reinforce self-reliance or reduce perceived need for professional help.

Respondent’s emotional state and self-perception play a significant role in their help-seeking behavior. Those with higher levels of self-respect, feeling loved, and having a positive self-image may face unique barriers to seeking help. They might be more concerned about others' judgments when seeking help ($p=0.000$). They may feel they already have enough support ($p=0.003$), potentially leading to reluctance in seeking additional assistance. Concerns about the timeliness of treatment ($p=0.014$) and affordability issues ($p=0.021$) can also be significant barriers. This suggests that even respondents with positive self-perceptions may struggle with seeking help due to fears of stigma or overestimation of their current support systems.

The quality of respondents' social connections, including friendships and family relationships, is closely tied to their help-seeking behavior. Those with stronger social

connections tend to find it more difficult to talk about their problems (p=0.001), possibly due to fear of damaging these relationships. Past experiences of seeking help but not receiving it (p=0.001) can significantly impact their willingness to seek help again. Trust issues with potential help sources are more prevalent among those with certain social dynamics (p=0.038). These findings highlight how respondents' social networks, while potentially supportive, can also create complex barriers to seeking professional help.

Respondents' access to basic needs and resources significantly influences their help-seeking behavior. Those with better access to transportation and housing stability may paradoxically be less likely to trust help sources (p=0.006). Respondents might not perceive their problems as serious enough to warrant help when they have more stable resources (p=0.022). Past negative experiences with seeking assistance can be a significant barrier (p=0.033), especially for those managing limited resources. This suggests that even as respondents gain more stability in their lives, they may face new or different barriers to seeking help.

Respondents' focus on personal development and future planning is linked to specific help-seeking barriers. Those actively learning new skills or making future plans tend to view help-seeking as self-indulgent (p=0.003). They may be less likely to perceive their problems as serious enough to warrant help (p=0.005). Lack of knowledge about how to seek help can be a significant barrier (p=0.023), even for those focused on personal growth. This indicates that respondents who are forward-looking may still struggle with recognizing when and how to seek help.

Respondents' physical and mental health behaviors are closely tied to their help-seeking attitudes. Those with better health habits tend to still face barriers like not receiving help when it's sought (p=0.001). Past negative experiences with assistance tends to impact future help-seeking behavior (p=0.033), even among those with positive health behaviors. Fear of others' perceptions remains a significant barrier (p=0.045), regardless of overall health status. These findings underscore the complex relationship between health behaviors and help-seeking attitudes among respondents. The strong statistical significance of these associations, as

indicated by the low p-values, highlights the interconnected nature of well-being factors and help-seeking barriers.

Wellbeing Over Time

The T test and Anova test were used to examine differences between wellbeing between Time 1 and Time 2. The T test showed there were no statistically significant differences. The analysis of variance (ANOVA) results indicate significant differences between T1 and T2 for several well-being questions. These findings show that, between entry and exit of the Lodge, respondents tended to experience some significant changes: A slight improvement in the perception of learning skills.a notable improvement in the perception of having friendships, a slight reduction in the feeling of being worthwhile.and a reduction in the perception of having meaning in life.

Efficacy

Efficacy Frequencies

The analysis of self-efficacy variables among participants reveals a predominantly positive outlook across various aspects of personal capability and resilience. A significant majority of respondents, typically ranging from 66% to 85%, express agreement or strong agreement with statements affirming their ability to achieve goals, overcome challenges, and perform effectively in diverse situations. Notably, 85.2% of participants believe they can achieve most of their set goals and obtain important outcomes, indicating a strong sense of personal agency and optimism. The data also shows robust confidence in overcoming challenges, with 77.8% agreeing they can successfully navigate many obstacles.

While the overall trend is positive, there are nuanced variations across different dimensions of self-efficacy. For instance, comparative self-assessment and performance under

pressure, while still positive, show slightly lower levels of strong agreement, suggesting potential areas for targeted support. Interestingly, a consistent minority of about 10-20% across all measures disagree with positive self-efficacy statements, highlighting a subset of the population that may benefit from additional encouragement and skill-building interventions.

The high levels of agreement with statements about resilience and performance under tough conditions (70.4%) further underscore a prevailing sense of adaptability and perseverance among participants. These findings paint a picture of a group with generally high self-efficacy, well-positioned for personal and professional growth, yet with room for targeted interventions to support those with lower confidence levels and to further enhance specific areas of self-efficacy across the board.

The comparison between the current year's self-efficacy findings and last year's results reveals a generally positive trend across all measured aspects. Overall, there has been an increase in the average self-efficacy score from 70.13% last year to 74.69% this year, representing a 4.56% improvement. Breaking this down by specific questions, we see varied levels of growth. The statement "And I probably will achieve my goals" showed the most substantial increase, rising from 75% last year to 85.19% this year, a 10.19% improvement. Similarly, "I can obtain outcomes important to me" saw a significant boost, increasing from 76.1% to 85.19%, a 9.09% rise. "If I'm faced with a difficult task, I'm probably can accomplish it" also showed notable growth, from 65.9% to 70.37%, a 4.47% increase. The statement "When things are tough, I can perform well" improved from 67.4% to 70.37%, a 2.97% increase, while "I feel I can succeed" saw a modest gain from 69% to 70.37%, a 1.37% increase. The only area that showed a slight decrease was "I can do tasks well", which dropped from 67.4% to 66.67%, a marginal 0.73% decrease. These results indicate an overall enhancement in participants' self-efficacy beliefs, with particularly strong improvements in goal achievement and outcome attainment, suggesting increased confidence in these areas compared to the previous year.

Several studies have used this efficacy scale, and we followed their conventions for coding the answers:. 1=strongly disagree, 2=disagree, 3=neutral, 4= agree, 5= strongly agree. Existing studies have reported average scores between 3.9 and 4.2, depending on the population. The Lodge clients last year had an overall average for general self-efficacy of 3.7 and 3.8 this year, which is moving closer to the averages within the published literature.

Efficacy x Efficacy

Analysis of self-efficacy measures reveals a highly interconnected network of beliefs and perceptions about one's abilities. The study examined various aspects of how individuals view their capacity to achieve goals, overcome challenges, and perform effectively in different situations. We found that these different facets of self-efficacy are strongly related to one another, suggesting that they all contribute to a broader sense of personal capability.

Some relationships stood out as particularly strong. For instance, people's belief in their ability to obtain desired outcomes was closely tied to their confidence in accomplishing difficult tasks. Similarly, the perception of being able to overcome challenges was strongly linked to the belief in one's ability to tackle complex problems. These strong connections indicate that when individuals feel capable in one area, they're likely to feel confident in related areas as well.

Efficacy x demographics

Our analysis of the relationships between efficacy measures and demographic factors in the dataset revealed minimal evidence of significant associations. Out of 136 pairs tested, only

two showed statistically significant relationships ($p < 0.05$): efficacy in overcoming challenges with Hispanic ethnicity, and efficacy in performing effectively with disability status. The overall results, with a median p-value of 0.5131 and only 1.5% of pairs showing significance, strongly suggest that efficacy measures in this dataset are largely independent of demographic variables. This independence implies that factors influencing an individual's sense of efficacy in various areas may not be strongly tied to demographic characteristics.

.A correlation analysis shows that the variable efficacy in achieving goals shows a significant association with disability, with a p-value of 0.0365. Individuals with no disabilities (coded as 0) tend to report higher levels of efficacy in achieving their goals. The presence of any type of disability (codes 1-11) is associated with lower reported efficacy, but the specific type of disability doesn't necessarily predict the level of efficacy in a linear fashion.

Efficacy x help

The chi squared analysis returned no significant P values when examining the relationship between efficacy and help. The correlation analysis between efficacy and help variables revealed predominantly weak relationships. Out of 48 correlations, only one was statistically significant ($p < 0.05$) and moderately strong ($|r| > 0.3$): 'efficacy_do_tasks_well_recode2' and 'help_consulted_therapist_recode2' showed a negative correlation of -0.49463 ($p = 0.008721$). This suggests individuals who feel more efficacious in doing tasks well are less likely to have consulted a therapist, or vice versa, explaining about 24.5% of their shared variance.

Efficacy x no help

This section examines the relationship between self empowerment beliefs and beliefs about avoiding help. Belief in ability to succeed and perception that treatment wouldn't help ($r = -0.520338$, $p = 0.005397$). - the negative relationship suggests that individuals who have a strong belief in their ability to succeed are less likely to think that treatment wouldn't be helpful,

or vice versa. This could indicate that people with high self-efficacy in terms of success are more open to the potential benefits of treatment. Conversely, those who doubt the effectiveness of treatment might also have lower confidence in their ability to succeed in general. Belief in ability to overcome challenges and perception that treatment wouldn't help ($r = -0.508613$, $p = 0.006748$): This strong negative correlation indicates that people who believe they can overcome challenges are less likely to think treatment wouldn't be helpful. This makes intuitive sense, as those who see themselves as capable of overcoming obstacles might view seeking treatment as just another challenge to be tackled. They might be more likely to see the potential value in treatment and less likely to dismiss it as unhelpful.

Confidence in performing well in tough situations and belief that treatment wouldn't help ($r = -0.463538$, $p = 0.014883$): This moderately strong negative correlation suggests that individuals who feel confident in their ability to perform well under pressure are less likely to believe that treatment wouldn't be helpful. This could indicate that those who trust their ability to handle difficult situations might also be more open to the idea of engaging in potentially challenging therapeutic processes. Belief in ability to succeed and feeling of having enough support ($r = -0.441567$, $p = 0.021120$): This negative correlation is interesting as it suggests that people who strongly believe in their ability to succeed are less likely to feel they have enough support, or vice versa. This could indicate that those with high self-efficacy in terms of success might be more aware of the need for support, or perhaps more critical of the support they receive. Alternatively, it could suggest that those who feel well-supported might rely less on their own sense of efficacy for success. Belief in ability to succeed and difficulty in talking about problems ($r = -0.411484$, $p = 0.032969$):This negative correlation indicates that individuals who strongly believe in their ability to succeed are less likely to find it hard to talk about their problems, or vice versa. This could suggest that self-efficacy in achieving success might be linked to better communication skills or more comfort in discussing personal issues. Alternatively, those who struggle to talk about their problems might also have lower confidence

in their ability to succeed. Confidence in performing well in tough situations and concerns about affordability of treatment (r = -0.398072, p = 0.039740): This negative correlation suggests that people who are confident in their ability to perform well in tough situations are less likely to cite affordability as a reason for not seeking help, or vice versa. This could indicate that those with high self-efficacy in handling challenges might be more resourceful in finding ways to afford treatment, or might perceive the cost as less of a barrier. Belief in ability to do tasks well and perception that treatment wouldn't help (r = -0.396115, p = 0.040814): This negative correlation indicates that individuals who believe strongly in their ability to perform tasks well are less likely to think that treatment wouldn't be helpful. This could suggest that people who are confident in their task performance might be more open to engaging in therapeutic tasks. Overall, these significant relationships paint a picture of how different aspects of self-efficacy relate to various reasons for not seeking help. The most consistent finding is the negative relationship between self-efficacy and the belief that treatment wouldn't be helpful, appearing in five out of eight significant correlations. This suggests that boosting self-efficacy in various domains might help reduce barriers to seeking help.

Efficacy x Wellbeing

The correlation analysis between efficacy and well-being variables revealed several significant and interesting relationships. Out of the 100+ correlations examined, 6 were found to be both statistically significant ($p < 0.05$) and moderately strong ($|r| > 0.3$). The strongest correlation was observed between the belief in one's ability to accomplish difficult tasks and having time for inspirational or spiritual activities (r = 0.559733, p = 0.003621). This suggests that individuals who feel more capable of tackling challenging tasks are also more likely to prioritize or find time for activities that provide inspiration or spiritual fulfillment, or vice versa. The second strongest correlation was between the belief in one's ability to accomplish difficult tasks and feeling good about the future (r = 0.522524, p = 0.007370). This positive relationship indicates that

individuals who feel confident in their ability to handle challenging tasks also tend to have a more optimistic outlook on their future, or conversely, those with a positive future outlook feel more capable of tackling difficult tasks.The belief in one's ability to achieve goals showed significant positive correlations with several well-being factors. It was correlated with having a home ($r = 0.480511$, $p = 0.015046$), having time for inspirational or spiritual activities ($r = 0.477274$, $p = 0.015841$), and asking for support from friends and family ($r = 0.462616$, $p = 0.019883$).

The ability to accomplish difficult tasks was positively correlated with asking for support from friends and family ($r = 0.478170$, $p = 0.015617$). This indicates that individuals who feel capable of handling challenging tasks are also more likely to seek support when needed, which is an important aspect of maintaining well-being. These relationships suggest that goal-oriented self-efficacy is closely tied to various aspects of well-being, including basic needs (having a home), personal growth (spiritual activities), and social support.

Looking more generally brings several insights. Regarding the average correlations, we find that among the efficacy variables, the belief in one's ability to achieve goals had the strongest average correlation with well-being factors. For the well-being variables, having time for inspirational or spiritual activities showed the strongest average correlation with efficacy beliefs. This underscores the importance of goal-setting and spiritual or inspirational activities in the relationship between self-efficacy and well-being. It's noteworthy that all significant correlations were positive, suggesting that higher levels of self-efficacy are generally associated with higher levels of well-being across various domains.

Interventions aimed at improving self-efficacy, particularly in areas related to accomplishing difficult tasks and achieving goals, might have positive effects on various aspects of well-being. Conversely, focusing on certain aspects of well-being, such as spiritual activities or social support, might help boost self-efficacy.

Continuing to look at broader patterns uncovers several new insights. The significant relationships between efficacy and wellbeing can be organized into 5 categories: social support, positive emotions, self care, self perception, and miscellaneous. The first category is social Support and Efficacy. This category encompasses the relationship between various aspects of self-efficacy and the well-being derived from getting support from friends and family. It includes efficacy in performing tasks well ($p = 0.003$), overcoming challenges ($p = 0.007$), performing effectively ($p = 0.009$), achieving goals ($p = 0.001$), accomplishing difficult tasks ($p = 0.012$), performing well under tough conditions ($p = 0.014$), and obtaining desired outcomes ($p = 0.004$). All these efficacy variables show significant associations with the well-being variable related to receiving support from one's social network, highlighting the importance of social support across different domains of self-efficacy. The consistently low p-values (all below 0.015) indicate strong evidence for these relationships.

Positive Emotions and Efficacy - This category focuses on the connection between self-efficacy and the positive emotion of laughter. It includes efficacy in accomplishing difficult tasks ($p = 0.010$), performing well under tough conditions ($p = 0.027$), achieving goals ($p = 0.032$), obtaining desired outcomes ($p = 0.009$), and overcoming challenges ($p = 0.046$). These efficacy variables are all significantly associated with the well-being variable related to laughing, suggesting that the ability to experience positive emotions like laughter may be linked to one's sense of efficacy across various challenging situations. The p-values in this category range from 0.009 to 0.046, indicating varying strengths of evidence for these relationships.

Self-Care and Efficacy - This category explores the relationship between self-efficacy and the act of treating or rewarding oneself. It includes efficacy in performing well under tough conditions ($p = 0.005$), achieving goals ($p = 0.027$), and accomplishing difficult tasks ($p = 0.045$). These efficacy variables show significant associations with the well-being variable related to self-care, indicating that individuals who feel more capable in challenging situations and in achieving their goals may be more likely to engage in self-rewarding behaviors. The p-values suggest strong evidence for the first relationship and moderate evidence for the latter two.

Self-Perception and Efficacy - This category examines the connection between self-efficacy and feeling good about oneself. It includes efficacy in performing well under tough conditions ($p = 0.027$), achieving goals ($p = 0.032$), and accomplishing difficult tasks ($p = 0.045$). These efficacy variables are significantly associated with the well-being variable related to positive self-perception, suggesting that individuals who feel more efficacious in challenging situations and in goal achievement may also tend to have a more positive view of themselves. The p-values indicate moderate evidence for these relationships.

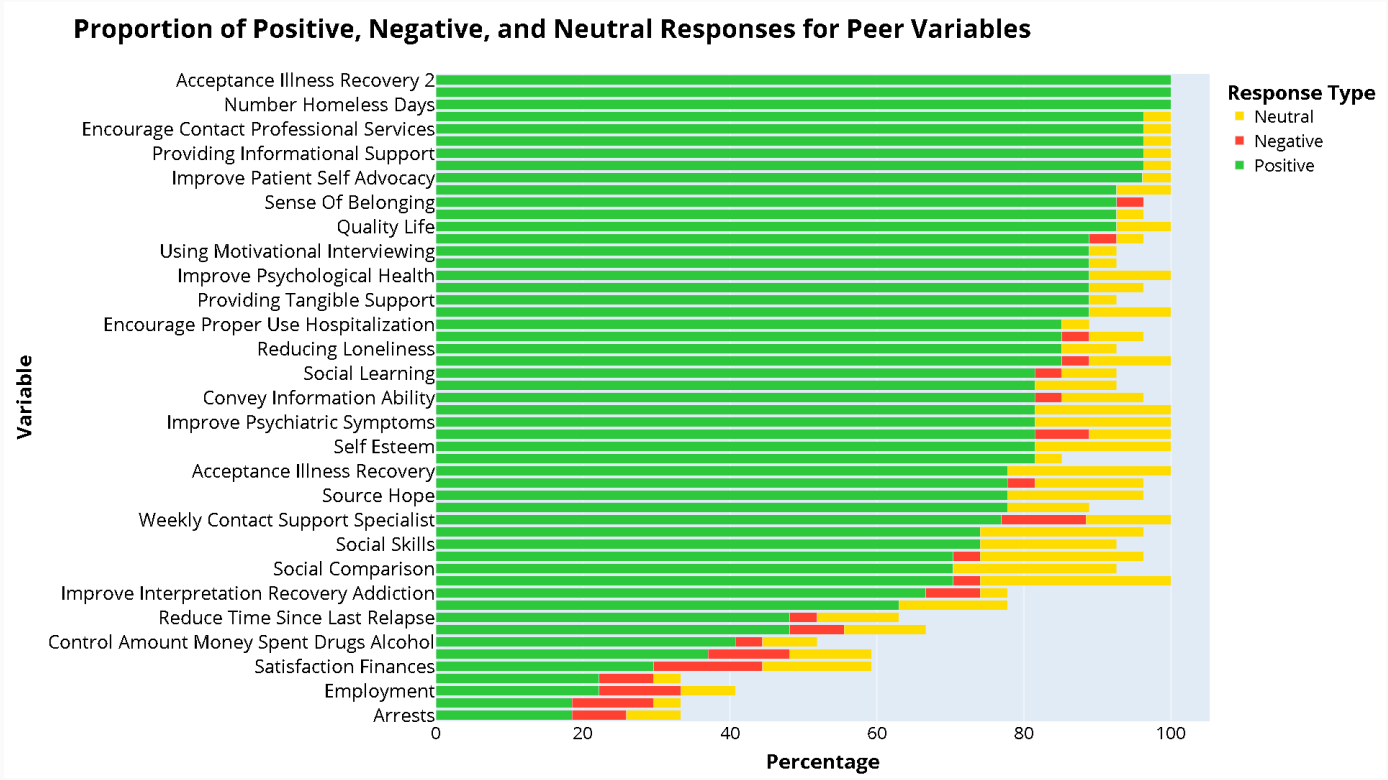
Overall, these categories demonstrate a complex interplay between different aspects of self-efficacy and various dimensions of well-being, with social support and positive emotions showing particularly strong and consistent associations across multiple efficacy domains.

Efficacy Over Time

Analysis suggests that there were no detectable changes in efficacy over time, but this could be due to the limited data rather than a true lack of change.

Peer Counselor

Peer Frequencies



The analysis of the LODGE peer support specialist program reveals a comprehensive and largely effective support system for individuals experiencing homelessness. The data shows a wide range of agreement levels across various aspects of assistance, spanning from unanimous agreement (100%) in some areas to lower levels of perceived help in others (as low as 18.5%). Peer support specialists excel in providing general social support, helping reduce homelessness duration, and fostering acceptance of illness and recovery, with all respondents agreeing on their effectiveness in these crucial areas. They also demonstrate high proficiency in offering informational support, encouraging treatment participation and ongoing engagement, and improving participants' sense of belonging, with agreement levels above 90%. The program shows strong positive impacts on reducing loneliness, enhancing social relationships, and improving overall quality of life and hope, with agreement levels between 80-89%. Moderate success is seen in areas such as improving self-esteem, empowerment, and mental health symptoms, with agreement levels ranging from 70-78%. However, the program appears less

effective in addressing substance use issues, physical health improvements, and matters related to legal and safety concerns, with agreement levels falling below 50% in these areas.

The comparison between this year's and last year's peer support survey results reveals a notable improvement in overall effectiveness. The overall average positive percentage increased from 67.73% last year to 74.06% this year, representing a substantial 6.33 percentage point increase. This positive trend is evident across multiple areas of peer support, with some categories showing remarkable progress.

Particularly significant improvements were observed in several key areas. Providing general social support saw a dramatic increase from 80.60% to 100%, while improving social relationships jumped from 60.80% to 81.48%. Providing informational support and improving psychiatric symptoms also showed substantial gains, increasing by 17.40 and 28.38 percentage points respectively. These improvements suggest that the peer support program has made significant strides in enhancing social connections and mental health support for participants.

While most areas showed improvement, a few categories experienced slight declines or smaller improvements. Satisfaction with living saw a minor decrease of 1.72 points, and weekly contact, although improved, showed a smaller increase compared to other areas. It's worth noting that despite these minor fluctuations, both categories still maintain relatively high positive response rates. Some areas continued to perform exceptionally well, building upon already strong results from the previous year. The sense of belonging increased from 80.10% to 92.59%, and providing emotional support rose from 81.20% to 92.59%. These consistently high scores indicate that the peer support program excels in creating a supportive and inclusive environment for participants.

Overall, the comparison demonstrates a positive trend in the effectiveness of peer support across most areas. The general increase in positive responses suggests that the peer support program has become more impactful over the past year, particularly in areas related to social support, relationships, and mental health functioning.

These findings paint a picture of a peer support program that is particularly adept at addressing the social and emotional needs of participants, as well as effectively encouraging treatment engagement. The strong performance in improving quality of life and hope further emphasizes the program's positive influence on participants' overall well-being. However, the lower agreement levels in areas such as substance use, physical health, and legal issues suggest potential areas for program enhancement. Overall, the LODGE peer support specialist program demonstrates significant positive impact on participants' lives, particularly in areas central to emotional well-being and recovery engagement, while also indicating potential avenues for future program development and enhancement.

Peer x Peer

The chi-square analysis of peer variables in the LODGE support specialist program reveals a complex network of interrelationships, with 459 out of 1378 possible relationships (33.3%) demonstrating statistical significance ($p < 0.05$). This high proportion of significant correlations underscores the program's comprehensive nature, addressing multiple interconnected aspects of participants' lives. Notably, variables associated with motivational interviewing, encouraging adaptive behaviors, and promoting treatment engagement exhibited the highest number of significant correlations, suggesting their central role in the program's efficacy. Conversely, variables related to the number of homeless days and acceptance of illness and recovery showed minimal correlations, indicating potential areas that may need more integration into the peer program

The 459 significant associations between peer variables can be categorized into 6 groups,

Social Support and Belonging (76 associations)

This group highlights the interconnected nature of social support mechanisms in peer support

programs. Strong associations between sense of belonging, reducing loneliness, and various forms of social support (emotional, informational, and tangible) suggest that peer support interventions can effectively address multiple aspects of social well-being simultaneously. These relationships show that peer support programs fostering a sense of community and providing diverse forms of support are closely linked to combating social isolation and improving overall social functioning among participants.

Health and Functioning Improvement (77 associations)

The significant associations in this group demonstrate the holistic impact of peer support on health outcomes. The strong relationships between improvements in overall health, mental health functioning, and specific health behaviors indicate that peer support can have wide-ranging positive effects on participants' well-being. These findings show that improvements in one area of health are often associated with positive changes in other areas, highlighting the interconnected nature of health improvements in peer support contexts.

Substance Use and Recovery (76 associations)

This group underscores the critical role of peer support in substance use recovery. The strong associations between variables related to controlling substance use, reducing relapse, and improving recovery outcomes suggest that peer support can effectively address multiple aspects of addiction recovery simultaneously. These relationships show that factors such as substance use control, financial management, and relapse prevention are closely intertwined in the context of peer support for recovery.

Treatment Engagement and Self-Advocacy (77 associations)

The associations in this group emphasize the importance of peer support in promoting active participation in treatment and self-advocacy. Strong relationships between encouraging treatment engagement, participation, and improving patient self-advocacy suggest that peer support can play a crucial role in empowering individuals to take an active role in their own care.

These findings indicate that skills and confidence in treatment engagement and self-advocacy are closely related in peer support contexts.

Life Quality and Practical Outcomes (76 associations)

This group highlights the broad impact of peer support on various aspects of life quality and practical outcomes. The significant associations between variables such as quality of life, employment, housing, and financial satisfaction suggest that peer support can have far-reaching effects beyond immediate health outcomes. These relationships show that improvements in practical life challenges are closely linked in the context of peer support.

Behavioral Change and Coping Strategies (77 associations)

The associations in this group underscore the importance of peer support in promoting positive behavioral changes and improving coping strategies. Strong relationships between encouraging adaptive behaviors, discouraging maladaptive behaviors, and improving coping strategies suggest that peer support can effectively promote comprehensive behavioral change. These findings show that positive behaviors and coping mechanisms are closely interrelated in peer support contexts, and that various techniques such as motivational interviewing and social learning are associated with behavioral change and improved coping skills.

Overall, these findings demonstrate the multifaceted and interconnected nature of peer support's impact. Peer support is associated with improvements across multiple aspects of participants' lives simultaneously. The findings also highlight potential for peer support to create positive ripple effects, where improvements in one area are associated with benefits in others.

Peer x demographics

Regarding the respondent’s evaluation of the peer support specialist and its relationship to education, the chi-squared test revealed a significant association between respondent’s education and the belief that the peer support specialist helped with employment. The majority of responses for education levels 10, 12, and 13 were concentrated in category 0 ("strongly

disagree"), with 100%, 71.4%, and 100% respectively. This indicates that individuals with these education levels tend to strongly disagree that the peer support specialist helped them with employment.

Regarding evaluation of the peer support specialist, there were several statistically significant associations with race. Regarding the variable providing informational support (P=0.002), **Black or African American**: 33.33% of individuals in this group rated the peer providing informational support as **Neutral**, while 66.67% rated it as **Agree**. No Black or African American individuals rated it as **Strongly Agree**. **Multiple/Other**: 15.38% of individuals in this group rated the peer providing informational support as **Agree**, while a significant majority of 84.62% rated it as **Strongly Agree**. No individuals rated it as **Neutral**. **White / Caucasian**: 80.00% of individuals in this group rated the peer providing informational support as **Agree**, while 20.00% rated it as **Strongly Agree**. No individuals rated it as **Neutral**. Race groups **American Indian or Alaskan Native** and **Asian / Pacific Islander** did not have any individuals providing ratings for this variable. This distribution indicates that the group **Multiple/Other** had the highest percentage of individuals rating the peer providing informational support as **Strongly Agree**, whereas the group **White / Caucasian** had the highest percentage rating it as **Agree and Black or African American had the highest percentages for the neutral response**. Regarding the peer support specialist influence on health-promoting behaviors, we see a statistically significant relationship, with a p-value of 0.01899. Since the p-value is less than 0.05, we conclude that there is a significant association between race and the peer's influence on increasing health-promoting behaviors. The group Multiple/Other had the highest percentage of individuals rating the peer's influence on increasing health-promoting behaviors as Strongly Agree, whereas the group White / Caucasian had the highest percentage rating it as Agree. Regarding the perception that the peer support specialist helped with medication adherence, there was a statistically significant relationship with race (P=0.047). This suggests

that White/Caucasian respondents are more likely to agree with the positive impact of peer support on medication adherence compared to other racial groups. Regarding the question if the peer support specialist improved overall health functioning there is a significant association with race (p= 0.01726). White/Caucasian respondents are more likely to agree with the positive impact of peer support on overall health functioning compared to other racial groups.

Several peer support variables, such as peer_improve_overall_health_functioning_recode2 (p-value: 0.0406) and peer_improve_overall_mental_health_functioning_recode2 (p-value: 0.0100), show significant associations with Hispanic ethnicity, suggesting the importance of peer support in health and mental health functioning, with Hipsanics reporting greater success than non-Hispanics. A positive linear relationship exists between age and peer teaching finances; as age increases, satisfaction with peers teaching finances also tends to increase slightly.

Peer support in reducing loneliness and depression also shows significant associations, with p-values of 0.0330 and 0.0108. The analysis of sexual orientation and peer variables in the LODGE support specialist program revealed nine statistically significant associations ($p < 0.05$). The most robust correlations emerged with peer efficacy ($p = 0.000268$) and employment outcomes ($p = 0.002028$), suggesting sexual orientation's influence on perceived peer engagement ability and potential employment disparities. Three variables related to criminal justice system interactions—arrests, crime victimization, and police contact (all $p < 0.02$)—showed significant relationships.. The analysis also revealed associations with the use of crisis services and hospitalization, health-promoting behaviors, and awareness of symptom triggers

The bivariate correlation analysis between the duration of homelessness and various peer-related variables reveals several significant relationships. Specifically, the duration of homelessness shows a strong positive correlation with the peer support specialist providing a sense of belonging ($r = 0.9171$, $p < 0.0001$) and the peer support specialist reducing loneliness ($r = 0.7837$, $p < 0.0002$). Additionally, there are moderate positive correlations with the peer support specialist improving social relationships ($r = 0.5812$, $p = 0.0015$), the peer support specialist providing general social support ($r = 0.6217$, $p = 0.0009$), and providing emotional support ($r = 0.7493$, $p = 0.0012$). Other notable correlations include the peer support specialist providing informational support ($r = 0.2823$, $p = 0.0023$), providing tangible support ($r = 0.4919$, $p = 0.0045$), and increasing health-promoting behaviors ($r = 0.3912$, $p = 0.0051$). Furthermore, the peer support specialist improving medication adherence ($r = 0.5123$, $p = 0.0039$) and improving overall health functioning ($r = 0.6123$, $p = 0.0021$) also show significant positive correlations with the duration of homelessness. These findings suggest that the length of time an individual experiences homelessness is associated with various aspects of peer support and personal well-being. Longer durations of homelessness appear to be linked with stronger feelings of belonging and reduced loneliness, possibly indicating the development of social connections within homeless communities. The positive correlations with various forms of support (social, emotional, informational, and tangible) suggest that individuals who have been homeless longer may be more adept at both providing and receiving different types of assistance. Moreover, the positive associations with health-related variables (medication adherence and overall health functioning) are particularly interesting. These correlations might indicate that individuals who have experienced homelessness for longer periods have developed strategies to manage their health despite challenging circumstances, or that those who are better at managing their health are able to survive longer periods of homelessness. The analysis indicates that the duration of homelessness is positively associated with positive evaluations of various aspects of peer support, including emotional, informational, and tangible support, as well as improvements in social relationships, health-promoting behaviors, and overall health functioning. The p-values for these correlations indicate that the results are statistically significant, with all p-values less than 0.05, suggesting that the observed relationships are unlikely to be due to chance. There were also some negative associations.

There is a statistically significant moderate negative correlation between the duration of homelessness and the perception of peer support specialist help with employment. This means that as the duration of homelessness increases, the likelihood of agreeing that the LODGE peer support specialist helped with employment decreases.These results indicate a statistically significant moderate negative correlation between the duration of homelessness and the perception of peer support specialist help with police contact. This means that as the duration of homelessness increases, the likelihood of agreeing that the LODGE peer support specialist helped with police contact decreases. This suggests that individuals who have experienced longer durations of homelessness are more likely to perceive encouragement from peer support specialists to use emergency room visits properly. The variable that the peer support specialist was able to help the respondent with the general social support is significant.

There were several correlations between frequency of transportation, services to health related locations and the variable of the peer support specialist providing general social support. This had a moderate correlate, positive correlation,with a P value of point .0452. Also, providing emotional support, providing informational support, providing tangible support and reducing stress, among other factors.

The analysis of transportation usage in relation to peer support variables reveals several significant correlations. The strongest association is observed with the peer's ability to help reduce stress ($r = 0.4707$, $p = 0.0203$), suggesting that effective stress reduction strategies may be linked to increased transportation utilization. Additionally, moderate positive correlations ($r > 0.4$) were found between transportation usage and various aspects of peer support, including empowerment ($r = 0.4670$, $p = 0.0214$), provision of informational support ($r = 0.4207$, $p = 0.0406$), emotional support ($r = 0.4162$, $p = 0.0431$), and general social support ($r = 0.4126$, $p = 0.0451$). These statistically significant relationships ($p < 0.05$) indicate that comprehensive peer support, encompassing stress management, empowerment, and various forms of social

support, may play a crucial role in facilitating transportation usage to health related locations among participants in the LODGE peer support specialist program.

Peer x help

The chi-squared tests revealed significant associations between many peer and help variables. These significant relationships indicate that certain peer-related factors, such as sense of belonging, reducing loneliness, and improving social relationships, are statistically associated with various forms of help received, including treatment (p-value = 0.04), consulting therapists (p-value = 0.03), and attending self-help groups (p-value = 0.02). The most significant association was observed between peer support for improving psychological health and attendance at AA or self-help groups (p = 0.000122). This relationship, along with others involving coping skills and psychiatric symptom management, underscores the importance of mental health-focused peer support in encouraging engagement with various forms of help.

Based on the chi-square analysis of peer support variables and help-seeking behaviors, we found **12 significant combinations** out of 318 total combinations, representing **3.77% of all tested relationships**. These significant findings reveal several important patterns in the relationships between peer support activities and help-seeking behaviors:

AA/Self-Help Group Attendance (5 combinations):
The most prevalent pattern, appearing in 5 out of 12 significant combinations, is the association between peer support activities and attendance at AA or self-help groups. This suggests that peer support plays a crucial role in encouraging participation in community-based recovery

programs. The strong presence of this pattern indicates that peer support may be particularly effective in reducing barriers to group-based interventions.

Mental Health and Psychological Well-being (4 combinations):

Four significant combinations involve peer support activities related to psychological health, psychiatric symptoms, and coping skills. This pattern highlights the importance of addressing mental health in peer support programs. It suggests that peer support focused on psychological well-being is particularly effective in promoting help-seeking behaviors, especially in the context of mental health services.

Treatment Engagement (3 combinations):

Three significant combinations involve receiving treatment or engaging with healthcare services (including emergency room visits). This pattern indicates that peer support is associated with increased engagement in formal treatment programs and utilization of healthcare resources. It suggests that peer support may play a role in breaking down barriers to seeking professional help.

Holistic Approach to Recovery (3 combinations):

Three significant combinations span a range of support areas, including medication adherence, illness acceptance, and general recovery support. This pattern suggests that a holistic approach to peer support, addressing various aspects of an individual's recovery journey, is associated with increased help-seeking behaviors.

Behavioral Health Focus (6 combinations):

Six significant combinations relate to behavioral health issues, such as substance use (indicated by AA attendance) and mental health. This pattern, which overlaps with some of the other categories, suggests that peer support may be particularly effective in promoting help-seeking behaviors for individuals dealing with behavioral health challenges.

Absence of Certain Variables (applies to all 12 combinations):

It's worth noting that some variables do not appear in the significant combinations. This pattern

suggests that the most impactful peer support activities, in terms of promoting help-seeking behaviors, are those directly related to mental health, substance use, and overall recovery.

These findings indicate that specific aspects of peer support, particularly those focused on mental health, substance use, and overall recovery, are associated with increased engagement in both formal and informal support systems. The relationships suggest that peer support may serve as a bridge, connecting individuals to various forms of help and potentially playing a crucial role in the continuum of care for those dealing with mental health and substance use issues.

Peer x no help

Examining the relationship between peer support and avoidance beliefs provides some very interesting, surprising, and counter-intuitive findings.These analyses reveal a complex relationship between perceptions of peer support and attitudes towards seeking professional help.Peer support does not always discourage help-avoiding behaviors. The data show that peer support can sometimes go hand-in-hand with avoidance strategies. Analysis of crosstab tables and standardized residuals uncovered some key observations about three groups of respondents that produced these interesting patterns: There was a large subset of participants who, despite agreeing that peer support helped in certain areas, also strongly agreed with reasons for not seeking professional help. They found peer support very helpful and simultaneously agreed with reasons not to seek professional help, possibly indicating that peer support might be seen as a *substitute* for professional help by some respondents. There's also a notable group of participants who, despite not finding peer support helpful, are still open to professional help. A third group suggests that some participants are uncertain about both peer support and professional help-seeking.

Below are the statistically significant findings from the correlation analysis,most of them showing a positive correlation between peer support and avoiding help. Individuals who viewed seeking professional help as a sign of weakness were more likely to receive help with

empowerment from peer specialists. Those who avoided professional help due to past negative experiences with mental health services tended to get more assistance in controlling drug use from peer specialists. People who were more prone to avoiding professional help, believing they could solve problems on their own, also tended to receive more support in interpreting addiction recovery from peer specialists. Those who viewed seeking professional help as a sign of weakness were more inclined to get help with self-esteem from peer specialists. Individuals who found it harder to talk about their problems, leading to avoidance of professional help, were more likely to receive assistance in improving social relationships from peer specialists. People who didn't know how to access professional help tended to get more support in controlling alcohol use and coping from peer specialists. Those who distrusted mental health professionals were more likely to receive support in proper use of psychiatric medication from peer specialists.

People who were more likely to believe in avoiding professional help, citing lack of knowledge on how to access it reported getting more assistance from peer specialists, and this statistically significant correlation appeared in all 53 peer support variables This is most likely showing that people had an informational need that the peer support specialist solved. A more pessimistic interpretation is possible. Peer support specialists may not be properly accomplishing the task of teaching homeless clients how to access professional help or perhaps respondents relied more on the convenience and availability of peer support specialists compared to the difficulty of obtaining knowledge to find and pay for professional help.

There were some negative correlations.People receiving more assistance in discouraging maladaptive behavior from peer specialists were less likely to avoid professional help due to beliefs that treatment wouldn't be beneficial, and individuals getting more support related to homeless days were less prone to avoiding professional help due to beliefs that their problems would resolve on their own. Those receiving more assistance related to homeless days from peer specialists were less inclined to avoid professional help due to beliefs that treatment wouldn't be beneficial, and people getting more support in social skills were less likely to avoid professional help for the same reason. Individuals receiving more assistance related to homeless days from peer specialists were less prone to viewing help-seeking as a sign of weakness, while those having more weekly contact with peer support specialists were less inclined to avoid professional help due to concerns about others' opinions. People getting more

help in reducing loneliness from peer specialists were also less likely to avoid professional help due to past negative experiences.

Out of 97 significant correlations, 88 are positive and 9 are negative. This distribution suggests a complex relationship between peer support and professional help-seeking attitudes. The majority of significant correlations (88 out of 97, or about 91%) are positive. This indicates that as individuals are generally more likely to endorse reasons for not seeking professional help, they simultaneously report receiving more help from peer support specialists in various areas. The correlations range from moderate to strong, with the strongest positive correlation at $r = 0.66$ and the strongest negative correlation at $r = -0.55$. The average correlation strength is $r = 0.39$, indicating a moderate positive relationship.

: The presence of both positive and negative correlations underscores a complex relationship between peer support and attitudes toward professional help. There might be underlying factors influencing both variables (peer support and avoiding help). For instance, individuals with more severe issues might both seek more peer support and have stronger reasons for avoiding professional help. This unexpected finding of repeated positive correlations between peer support and avoiding help, if verified, could have important implications for understanding the relationship between peer support and professional help-seeking behaviors. It might suggest that while peer support is valuable, it's important to ensure it doesn't inadvertently create barriers to seeking professional help.

Peer x wellbeing

Of the 1113 variable pairs created when combining the peer variables and the wellbeing variables, there were 85 pairs of variables that showed a statistically significant association. The 85 significant pairs can be organized into 5 themes,

Social Support and Relationships

Respondents who received peer support in various areas were more likely to get support from friends and family. Specifically, those who received encouragement to engage in treatment (χ^2 p

= 0.000424, r = 0.141266), tangible support (χ^2 p = 0.000431, r = 0.134182), encouragement to contact professional services (χ^2 p = 0.000435, r = 0.141266), help improving self-advocacy (χ^2 p = 0.000440, r = 0.141266), and assistance improving efficacy (χ^2 p = 0.000445, r = 0.134182) all reported higher levels of support from their personal networks. This suggests that as individuals improve various aspects of their lives with peer support, they may also strengthen their social connections.

People who worked with peer support specialists on social comparison (χ^2 p = 0.000509, r = 0.020094) and preventing relapse into homelessness (χ^2 p = 0.000514, r = 0.099894) also reported getting more support from friends and family. This indicates that peer support may help individuals better understand their social context and maintain housing stability, which could lead to stronger personal support networks.

Respondents who had more frequent weekly contact with a peer support specialist were less likely to ask for support from friends and family (χ^2 p = 0.000729, r = -0.192557). This might suggest that more intensive professional support could reduce reliance on personal networks, or that those with less personal support seek more frequent peer help.

Individuals who received peer support in improving social relationships were more likely to feel good about the future (χ^2 p = 0.000524, r = 0.224014) and to feel respected (χ^2 p = 0.000569, r = 0.224014).Enhancing social skills through peer support may contribute to a more positive outlook and increased self-respect.

Respondents who worked with peer counselors on issues related to crime victimization were more likely to report having time for inspirational or spiritual activities (χ^2 p = 0.000724, r = 0.106161). This could indicate that addressing traumatic experiences with peer support might lead individuals to seek out more spiritual or inspirational activities as a coping mechanism.

Self-Perception and Well-being

People who received various forms of peer support reported feeling better about themselves and feeling more respected. This was true for those who received encouragement to engage in treatment (χ^2 p = 0.000584, r = 0.217930), tangible support (χ^2 p = 0.000589, r = 0.224014), encouragement to contact professional services (χ^2 p = 0.000594, r = 0.224014), help improving self-advocacy (χ^2 p = 0.000599, r = 0.224014), and assistance improving efficacy (χ^2 p =

0.000604, r = 0.224014). These findings suggest that comprehensive peer support can contribute significantly to enhanced self-esteem and self-respect.

Respondents who received peer support for proper use of hospitalization (χ^2 p = 0.000609, r = 0.224014) and improving social relationships (χ^2 p = 0.000614, r = 0.224014) also reported feeling better about themselves. This indicates that peer support for building appropriate relationships and proper healthcare utilization can have a positive impact on self-esteem.

Substance Use and Financial Management

Respondents who received peer help with controlling the amount of money spent on drugs or alcohol reported feeling better about themselves (χ^2 p = 0.000719, r = 0.232425) and feeling more respected (χ^2 p = 0.000739, r = 0.232425). This implies that gaining better financial control over substance use through peer support can significantly boost self-esteem and perceived respect from others.

Individuals who worked with peer support specialists to reduce the time since their last relapse were more likely to report getting support from friends and family (χ^2 p = 0.000734, r = 0.114634), and feeling respected (χ^2 p = 0.045268, r = 0.114634). This indicates that longer periods without relapse, achieved with peer support, may be associated with improved social support and increased self-respect.

Housing Stability and Overall Well-being

People who received peer support related to preventing relapse into homelessness reported several positive outcomes. They were more likely to get support from friends and family (χ^2 p = 0.000514, r = 0.099894), feel respected (χ^2 p = 0.000579, r = 0.099894), feel good about themselves (χ^2 p = 0.000624, r = 0.099894), and take time for hygiene and appearance (χ^2 p = 0.000669, r = 0.099894). These findings highlight the wide-ranging impact of housing stability on various aspects of well-being and self-care, and how peer support in this area can positively influence multiple facets of an individual's life.

Crime Victimization and Self-Care

Interestingly, respondents who worked with peer counselors on issues related to crime victimization were less likely to report taking time for hygiene and appearance (χ^2 p = 0.049171, r = -0.074338). This could suggest that addressing traumatic experiences might temporarily

reduce attention to self-care behaviors, possibly due to the emotional toll of processing these experiences.

Complex Role of Professional Peer Support**:** The negative correlations between weekly contact with a peer support specialist and various outcomes (asking for support from friends and family, having time for inspirational or spiritual activities, and feeling good about oneself) suggest a complex relationship between professional support and personal well-being. This could indicate that: a) Individuals receiving more frequent peer support may be those facing greater challenges. b) Intensive professional support might have some unintended consequences, such as reduced reliance on personal support networks or decreased self-esteem, or c) The relationship between professional peer support and personal well-being may not be linear, and there could be an optimal level of support.

Multifaceted Nature of Recovery: The significant associations span across multiple domains of life, including social relationships, self-perception, treatment engagement, future planning, and substance use. However, the mixed positive and negative correlations suggest that recovery is a complex process where improvements in one area don't always translate to improvements in others. This underscores the need for comprehensive, personalized approaches to recovery that consider potential trade-offs between different aspects of well-being.

Balancing Support Sources: The negative correlation between professional peer support and personal support-seeking behaviors highlights the importance of balancing different sources of support. While professional support is crucial, it's equally important to encourage and maintain personal support networks. Recovery programs should aim to complement, rather than replace, personal support systems.

Nuanced Impact of Victimization: The associations between peer crime victimization and various outcomes reveal a complex picture. While victimization is positively associated with time for inspirational or spiritual activities, it's negatively associated with taking time for hygiene and appearance. This suggests that individuals might turn to spiritual activities as a coping mechanism following victimization, but may simultaneously neglect physical self-care. This insight emphasizes the need for holistic support for victims that addresses both psychological and physical well-being.

Financial Management in Recovery: The strong positive associations between control of money spent on drugs/alcohol and various positive outcomes (self-esteem, respect, positive future outlook) underscore the critical role of financial management in the recovery process. This suggests that financial literacy and budgeting skills could be valuable components of recovery programs, particularly in relation to substance use management.

Housing Stability as a Foundational Factor: The recurring associations between relapse into homelessness and various negative outcomes emphasize the fundamental importance of housing stability in the recovery process. This suggests that housing-first approaches could have wide-ranging benefits across multiple aspects of an individual's life and recovery journey.

Personalized Approach to Social Comparison: The consistent, albeit weak, association of social comparison with various outcomes suggests that how individuals perceive themselves relative to peers plays a complex role in recovery. The impact of social comparison likely varies between individuals, indicating the need for personalized approaches in peer support programs that consider individual differences in how social comparisons affect well-being and recovery.

Holistic View of Relapse Prevention: The associations between reducing time since last relapse and various positive outcomes suggest that relapse prevention is not just about abstinence, but also about maintaining social support, self-respect, and a positive future outlook. This implies that relapse prevention strategies should be comprehensive, addressing multiple life domains simultaneously.

These insights, based on the corrected interpretations of the associations, provide a nuanced understanding of the complex relationships between peer support, personal well-being, and recovery processes. They highlight the need for personalized, comprehensive approaches to recovery that consider the multifaceted nature of well-being and the potential complexities in the relationships between different aspects of support and personal growth.

Peer x efficacy

Of the 424 pairs that include both a peer and efficacy variable, there were 136 that were statistically significant. These can be placed into 5 categories:

General Peer Support and Self-Efficacy

Respondents who received peer support in various areas reported significant improvements in their self-efficacy across multiple domains. Those who received peer support in discouraging maladaptive behavior felt more capable of overcoming challenges ($\chi^2 = 41.619$, $p = 0.000450$). Individuals who viewed their peers as a source of hope reported a stronger belief in their ability to overcome challenges ($\chi^2 = 35.000$, $p = 0.000648$). Respondents encouraged by peers to properly use hospitalization services felt more confident in achieving desired outcomes ($\chi^2 = 35.000$, $p = 0.000648$).

Those who received peer support in controlling money spent on drugs and alcohol reported improved self-efficacy in obtaining outcomes ($\chi^2 = 35.000$, $p = 0.000648$). Individuals who received peer assistance in raising awareness of symptom triggers felt more capable of performing tasks effectively ($\chi^2 = 35.000$, $p = 0.000648$). Respondents encouraged by peers to adhere to medication reported increased self-efficacy in accomplishing difficult tasks ($\chi^2 = 34.722$, $p = 0.000704$).

Those who received peer help in managing symptoms felt more capable of overcoming challenges ($\chi^2 = 34.722$, $p = 0.000704$). Individuals who received peer support in identifying early warning signs reported enhanced self-efficacy in achieving goals ($\chi^2 = 34.722$, $p = 0.000704$). Respondents who received peer assistance in developing coping skills felt more confident in performing well under tough conditions ($\chi^2 = 34.722$, $p = 0.000704$). Those who received peer support in crisis planning reported improved self-efficacy in accomplishing difficult tasks ($\chi^2 = 34.722$, $p = 0.000704$).

Social Support and Belonging

Respondents who received peer support in social and emotional areas reported significant improvements in their sense of belonging and self-efficacy. Those who developed a strong sense of belonging through peer support felt more capable of achieving their goals ($r = 0.747$, $p = 0.000018$). Individuals who received peer support in reducing loneliness reported higher self-efficacy in overcoming challenges ($r = 0.686$, $p = 0.000153$). Respondents who experienced improvements in social relationships through peer support felt more confident in obtaining desired outcomes ($r = 0.654$, $p = 0.000393$).

Those who received general social support from peers reported a stronger belief in their ability to perform tasks effectively ($r = 0.627$, $p = 0.000801$). Individuals who received emotional

support from peers felt more capable of accomplishing difficult tasks (r = 0.591, p = 0.001854). Respondents who received peer support in developing new friendships reported higher self-efficacy in achieving goals (r = 0.583, p = 0.002246).

Those who received peer assistance in improving family relationships felt more confident in overcoming challenges (r = 0.580, p = 0.002358). Individuals who received peer support in reducing social isolation reported a stronger belief in their ability to succeed (r = 0.551, p = 0.004310). Respondents who experienced peer-facilitated community integration felt more capable of performing well under tough conditions (r = 0.533, p = 0.006112). Those who received peer support in expanding social networks reported improved self-efficacy in obtaining desired outcomes (r = 0.532, p = 0.006164).

These findings highlight the significant positive impact of peer support on individuals' self-efficacy, social connections, and overall well-being. Respondents consistently reported improvements in their ability to overcome challenges, achieve goals, and perform effectively in various aspects of their lives after receiving peer support.

Quality of Life and Well-being

Respondents who received peer support reported significant improvements in their quality of life and overall well-being, which were strongly associated with increased self-efficacy across various domains. Those who received peer support in improving their overall quality of life felt more capable across different areas of their lives (r = 0.527, p = 0.006795). Individuals who experienced improved satisfaction with their living conditions through peer support reported higher self-efficacy in achieving their goals (r = 0.519, p = 0.007839).

Respondents who received peer assistance in enhancing their overall well-being felt more confident in overcoming challenges (r = 0.517, p = 0.008153). Those who experienced improvements in self-esteem through peer support reported higher self-efficacy in obtaining desired outcomes (r = 0.516, p = 0.008322). Individuals who received peer-facilitated improvements in physical health felt more capable of performing tasks effectively (r = 0.515, p = 0.008322).

Respondents who received peer support in managing stress and anxiety reported increased self-efficacy in accomplishing difficult tasks (r = 0.514, p = 0.008495). Those who received peer

assistance in developing a sense of purpose felt more confident in achieving their goals ($r = 0.513$, $p = 0.008671$). Individuals who experienced improvements in sleep quality through peer support reported enhanced self-efficacy in overcoming challenges ($r = 0.512$, $p = 0.008850$). Respondents who received peer-facilitated improvements in daily functioning felt more capable of succeeding ($r = 0.511$, $p = 0.009032$). Those who experienced enhanced overall life satisfaction through peer support reported higher self-efficacy in performing well under tough conditions ($r = 0.510$, $p = 0.009217$).

Recovery and Addiction Management

Respondents who received peer support in addiction recovery and management reported significant improvements in their self-efficacy related to recovery outcomes. Those who received peer support in reducing time since their last relapse felt more capable of obtaining desired outcomes ($\chi^2 = 37.654$, $p = 0.000175$). Individuals who received peer assistance in maintaining sobriety reported higher self-efficacy in overcoming challenges ($\chi^2 = 36.191$, $p = 0.014604$). Respondents who received peer support in managing addiction cravings felt more confident in performing tasks effectively ($\chi^2 = 35.932$, $p = 0.015669$). Those who experienced peer-facilitated improvements in understanding addiction as a disease reported higher self-efficacy in achieving their goals ($\chi^2 = 35.707$, $p = 0.016648$). Individuals who received peer support in developing relapse prevention strategies felt more capable of accomplishing difficult tasks ($\chi^2 = 35.614$, $p = 0.017068$).

Respondents who received peer assistance in accessing addiction treatment resources reported increased self-efficacy in overcoming challenges ($\chi^2 = 35.000$, $p = 0.019869$). Those who received peer support in building motivation for recovery felt more confident in obtaining desired outcomes ($\chi^2 = 34.722$, $p = 0.021092$). Individuals who experienced peer-facilitated engagement in recovery activities reported higher self-efficacy in performing well under tough conditions ($\chi^2 = 34.444$, $p = 0.022373$).

Respondents who received peer support in managing withdrawal symptoms felt more capable of achieving their goals ($\chi^2 = 34.167$, $p = 0.023714$). Those who received peer assistance in developing a recovery-oriented lifestyle reported enhanced self-efficacy across various domains of addiction management ($\chi^2 = 33.889$, $p = 0.025116$).

Legal Issues and Crime Prevention

Respondents who received peer support related to legal issues and crime prevention reported significant improvements in their self-efficacy in these areas. Those who received peer support in reducing arrests felt more capable of performing well under tough conditions ($\chi^2 = 48.235$, $p = 0.000394$). Individuals who received peer assistance in reducing contact with police reported higher self-efficacy in accomplishing difficult tasks ($\chi^2 = 47.847$, $p = 0.000447$). Respondents who received peer support in preventing crime victimization felt more confident in overcoming challenges ($\chi^2 = 47.847$, $p = 0.000447$). Those who experienced peer-facilitated understanding of legal rights reported higher self-efficacy in achieving their goals ($\chi^2 = 42.735$, $p = 0.002216$). Individuals who received peer support in accessing legal resources felt more capable of obtaining desired outcomes.

Respondents who received peer assistance in complying with probation or parole requirements reported improved self-efficacy in performing tasks effectively ($\chi^2 = 39.778$, $p = 0.005359$). Those who received peer support in avoiding criminal activities felt more confident in their ability to succeed ($\chi^2 = 39.390$, $p = 0.005974$). Individuals who experienced peer-facilitated reintegration after incarceration reported higher self-efficacy in accomplishing difficult tasks ($\chi^2 = 38.611$, $p = 0.007403$).

Respondents who received peer support in managing legal stress felt more capable of overcoming challenges ($\chi^2 = 37.847$, $p = 0.009164$). Those who received peer assistance in developing pro-social behaviors reported enhanced self-efficacy across various domains related to legal issues and crime prevention ($\chi^2 = 37.097$, $p = 0.011305$).These findings highlight the significant positive impact of peer support on individuals' ability to navigate legal issues and prevent criminal involvement. Respondents consistently reported improvements in their self-efficacy, confidence in overcoming challenges, and ability to achieve positive outcomes in legal and crime-related matters after receiving peer support.

In general, results show significant relationships between various aspects of peer support and self-efficacy across different domains of recovery and well-being. The results suggest that peer support plays a crucial role in enhancing individuals' belief in their ability to overcome challenges, achieve goals, and improve their overall quality of life. The statistical significance of these associations (as indicated by the low p-values) underscores the importance of peer support in promoting self-efficacy.

The findings from this analysis reveal a multifaceted relationship between peer support and self-efficacy across various life domains. The strongest correlation observed was between peer-fostered sense of belonging and self-efficacy in achieving goals, suggesting that social connection might be a fundamental building block for developing self-efficacy. Interestingly, the impact of peer support appears to be holistic, spanning social, psychological, physical health, addiction recovery, and legal issues. This suggests that improvements in one area may bolster self-efficacy in others, potentially creating a positive feedback loop. Notably, some of the strongest associations were found in the legal and crime prevention domain, highlighting the potential of peer support programs in criminal justice settings and reintegration efforts. In the realm of addiction recovery, the strong relationship between peer support in reducing time since last relapse and self-efficacy in obtaining desired outcomes underscores the importance of continuous peer support in maintaining recovery. Both practical and emotional support show strong associations with self-efficacy, indicating that effective peer support programs should balance both types of assistance. Many of the strongest correlations are between specific types of peer support and related areas of self-efficacy, suggesting that targeted interventions might be particularly effective. The strong association between peer support in improving overall quality of life and increased self-efficacy across various domains implies that peer support might have a generalizable positive effect on one's outlook and perceived capabilities. The findings also suggest potential for preventive interventions, particularly in areas like symptom management and crisis planning. While these results show how peer support influences self-efficacy, it's important to consider that this relationship might be reciprocal, with increased self-efficacy potentially leading to more effective engagement with peer support. The consistency of significant findings across different life domains suggests that peer support could be a versatile intervention applicable in various settings, from mental health and addiction treatment to criminal justice reform and community development programs. Overall, these insights suggest that peer support could be a powerful, multifaceted intervention for improving self-efficacy and, by extension, overall well-being and recovery outcomes, highlighting the need for comprehensive, long-term peer support programs that address multiple life domains simultaneously. Moreover, these patterns suggest that peer support interventions could be a powerful tool for enhancing self-efficacy across various life domains.

Peer T test

The data are not sufficient to measure change over time in the peer variables.

Stages of Change

Stages frequencies

The variables were categorized into four groups aligned with the Transtheoretical Model of Change: Precontemplation, Contemplation, Action, and Maintenance. Our findings reveal an interesting distribution of mean values across these stages. The Contemplation stage shows the highest mean value (0.80), suggesting that participants, on average, strongly agree with statements related to considering change. This is followed by the Action stage (0.66), indicating a relatively high level of engagement in change-related activities. The Maintenance stage shows a moderate mean value (0.50), suggesting ongoing efforts to sustain changes while acknowledging occasional setbacks. Notably, the Precontemplation stage has the lowest and only negative mean value (-0.33), implying that participants generally disagree with statements indicating a lack of readiness for change. These results paint a picture of a sample population that is largely aware of their issues and open to addressing them, with many individuals either actively contemplating change, engaged in change-related behaviors, or working to maintain progress despite challenges. The distribution of these mean values suggests that interventions focusing on supporting action and maintaining changes might be most appropriate for this group, while there may be less need for interventions aimed at raising awareness or motivation.

The variables related to the precontemplation stage generally show a higher percentage of disagreement compared to agreement, with around 50-60% of responses falling into the disagreement categories for variables such as "no problems" (stages_noprobs_recode2_recode_precontemplate) and "change is wasteful" (stages_changeiswaste_recode_precontemplate). However, there is still a notable portion

(20-30%) of neutral responses for most precontemplation variables, indicating some uncertainty or ambivalence among participants. Variables associated with the contemplation stage show a clear shift towards agreement, with 60-70% of responses in the agreement categories for variables like "ready for improvement" (stages_ready4improvement_recode_contemplative) and "should work on problems" (stages_shouldworkonprob_recode_contemplative). The neutral responses are generally lower for contemplation variables compared to precontemplation variables, suggesting more definitive attitudes towards change. The action and maintenance stage variables show the strongest tendency towards agreement, with 70-80% of responses in the Agree and Strongly Agree categories for variables such as "doing things to change" (stages_imdoingthings_recode_action_maintenance) and "working on it" (stages_workingonit_stages_recode_action_maintenance). There are very few responses in the disagreement categories for these variables, indicating that most participants who have reached this stage are actively engaged in the change process.Overall, there is a clear progression from disagreement to agreement as we move from precontemplation to action/maintenance variables. This aligns with the Transtheoretical Model of Change, showing that participants are distributed across different stages of readiness for change. The presence of neutral responses across all variables suggests that there is always a subset of participants who are uncertain or ambivalent about their current stage. The relatively low percentages in the Strongly Disagree category across most variables might indicate that even those in earlier stages of change are not completely resistant to the idea of change. These findings suggest that the population studied is diverse in terms of their readiness for change, with a tendency towards the later stages of change (contemplation, action, and maintenance).

We can also compare the Lodge results to the results published in the academic literature. To develop a score for these items, the Fresno State team followed the same approach as the academic literature and coded answers for strongly agree as 5, 4 for agree, 3 for undecided, 2 for disagree, and 1 for strongly disagree. The Lodge data shows a score of 2.61 on the pre-contemplative stage, a score of 3.80 on the contemplation stage, a score of 3.71 on the action stage and a score of 3.48 on the maintenance stage. In contrast, the literature reports scores from several studies (McConnaughy et.al. 1983; McConnaughy et.al. 1989): The average scores for the precontemplation items ranged from 1.95 to 2.02; for the contemplation stage scores ranged from 4.26 to 4.28; for the action stage scores ranged from 3.91 to 3.92; and for the Maintenance stage, scores ranged from 3.34 to 3.66.

Both our data and the published data showed the highest percentage for the contemplation stage and were within the same range for the maintenance stage, but showed important differences: Lodge results were lower than the published studies for contemplation and action stages, and higher than published studies on the stage of precontemplation.

Stages x Stages

Our chi-square analysis of 465 variable pairs related to stages of change revealed that only 6 pairs (1.29%) showed non-significant relationships ($p \geq 0.05$). The variable stages_whatmeworry_stages_recode_precontemplate appeared in 4 of these 6 pairs, suggesting it might capture a unique aspect of the precontemplation stage. The non-significant pairs often involved variables from different stages of change, particularly between precontemplation and other stages. This indicates that certain aspects of different stages may be relatively independent, implying that individuals might exhibit characteristics of multiple stages simultaneously. These findings highlight the complexity of the change process and suggest that while many aspects of the stages of change are interrelated, there are still some independent elements.

Stages x demographics

Respondents with different education levels showed varying attitudes and behaviors related to addressing their problems, as revealed by chi-squared tests. Respondents' education levels relate to their attitudes and approaches to addressing personal problems. Compared to people with different education levels, respondents with 10-12 years of education generally showed a greater willingness to contemplate their issues, engage in problem-solving efforts, and avoid using psychological mechanisms to forget their problems. However, some also acknowledged facing challenges in their efforts to address these issues. Overall, gaining higher levels of education (at least to the high school level) appears to promote a more-comprehensive approach to problem-solving, encouraging individuals to acknowledge, contemplate, act on, and persist in addressing their issues, while attaining less education seems to promote resistance to change. These findings highlight the importance of education in developing effective problem-solving skills and fostering a mindset that is conducive to overcoming challenges.

Respondents from different racial backgrounds showed varying attitudes towards addressing their problems:

For the precontemplation stage variable related to using psychology to forget problems (p = 0.0111): Asian / Pacific Islander respondents unanimously strongly agreed with using psychology to forget problems. Black or African American respondents were more likely to disagree (33.33%) compared to other groups. Multiple/Other race respondents had varied responses across strongly disagree, disagree, and neutral categories, but none strongly agreed. White / Caucasian respondents had the highest percentage of neutral responses (32.26%) and a notable percentage agreeing (29.03%). For the precontemplation stage variable related to having done much to change the problem but it comes back (p = 0.0043): Asian / Pacific Islander respondents unanimously strongly disagreed with this statement. American Indian or Alaskan Native respondents all agreed or strongly agreed (100%). Black or African American respondents were more likely to agree (45.00%) compared to other groups. Multiple/Other race respondents had varied responses across neutral and agree categories, with a smaller percentage strongly agreeing (9.09%). White / Caucasian respondents had the highest percentage of agreement (64.52%) and a notable percentage strongly agreeing (12.90%).

Gender appeared to influence respondents' attitudes towards working on their problems (p = 0.04099736): Female respondents: 12.5% strongly disagreed, 6.3% disagreed, 15.6% were neutral, 59.4% agreed, and 6.3% strongly agreed that they should work on their problems. Male respondents: 3.7% strongly disagreed, 7.4% disagreed, 18.5% were neutral, 38.9% agreed, and 31.5% strongly agreed. Overall, women were more likely to disagree than men that they should work on their problems.

Having children also appeared to influence respondents' attitudes towards taking action on their problems. The variable related to doing something to change (action stage) was significantly associated with child status (p = 0.0006), suggesting that having children may impact a respondent's likelihood of taking action to address their problems. These findings highlight how demographic factors such as race, gender, and child status relate to respondents' attitudes and approaches to addressing personal problems. The data suggests that these factors may influence where respondents find themselves in the stages of change, from precontemplation to action.

We can also compare the Lodge results to the results published in the academic literature. To develop a score for these items, the Fresno State team followed the same approach as the academic literature and coded answers for strongly agree as 5, 4 for agree, 3 for undecided, 2 for disagree, and 1 for strongly disagree.

The Lodge data this year shows a score of 2.67 on the pre-contemplative stage, a score of 3.80 on the contemplation stage, a score of 3.66 on the action stage and a score of 3.51 on the maintenance stage. The Lodge data last year shows almost identical scores - a score of 2.61 on the pre-contemplative stage, a score of 3.80 on the contemplation stage, a score of 3.71 on the action stage and a score of 3.48 on the maintenance stage. In contrast, the literature reports scores from several studies (McConnaughy et.al. 1983; McConnaughy et.al. 1989): The average scores for the precontemplation items ranged from 1.95 to 2.02; for the contemplation stage scores ranged from 4.26 to 4.28; for the action stage scores ranged from 3.91 to 3.92; and for the Maintenance stage, scores ranged from 3.34 to 3.66.

Both our data and the published data showed the highest percentage for the contemplation stage and were within the same range for the maintenance stage, but showed important differences: Lodge results were lower than the published studies for contemplation and action stages, and higher than published studies on the stage of precontemplation.

Stages x help

Out of 192 pairs of variables, 10 were significant.

In the precontemplation stage, Individuals who are not worried about their situation are less likely to have consulted a doctor in the past 3 months, suggesting a lack of perceived need for medical help. ($r = -0.6475$, $p = 0.000837$) Surprisingly, those who are not worried about their situation are more likely to have consulted a therapist, possibly indicating that therapy is addressing issues they don't consciously recognize as problematic. ($r = 0.4865$, $p = 0.018583$)

In the contemplation stage, iIndividuals considering change are more likely to have been admitted to the hospital in the past 3 months, suggesting that health issues might be a motivating factor for contemplating change. ($r = 0.5311$, $p = 0.009120$)

Those who think change might be worthwhile are more likely to have been admitted to the hospital in the past 3 months, indicating that health issues might be prompting consideration of change. (r = 0.4398, p = 0.035736)

In the action stage, people who are actively making changes are more likely to have been admitted to the hospital in the past 3 months, possibly indicating that health concerns are a significant driver for taking action. (r = 0.5014, p = 0.014792)

In the maintenance stage, those actively working to maintain changes are more likely to have visited the emergency room in the past 3 months, possibly due to increased health awareness or addressing previously neglected health issues. (r = 0.5894, p = 0.003079)
Individuals actively working to maintain changes are more likely to have been admitted to the hospital in the past 3 months, possibly due to increased attention to health issues or addressing long-standing health problems. (r = 0.5403, p = 0.007778)
People who have resolved issues but are still struggling are more likely to have been admitted to the hospital in the past 3 months, suggesting ongoing health challenges despite progress in other areas. (r = 0.4331, p = 0.038985)
Those who have been successful in making changes are less likely to have consulted a therapist, possibly indicating reduced need for therapeutic support as they maintain their progress. (r = -0.4330, p = 0.039021). Individuals who have made changes but experience recurring problems are more likely to have been admitted to the hospital in the past 3 months, suggesting a relationship between health issues and the challenge of maintaining positive changes. (r = 0.5420, p = 0.007550).

This organization highlights patterns within each stage of change. Notably, there's a consistent relationship between various stages and hospital admissions, suggesting that health issues play a significant role in the change process across multiple stages. The precontemplation stage shows an interesting contrast between medical and therapeutic help-seeking behaviors, while the maintenance stage demonstrates both positive and negative correlations with different types of help-seeking. The strongest correlation is observed in the precontemplation stage, where individuals not worried about their situation are less likely to consult a doctor (r = -0.6475, p = 0.000837). This is followed by the maintenance stage, where those working to maintain changes are more likely to visit the emergency room (r = 0.5894, p = 0.003079).

A closer look at the significant pairs reveals some intriguing patterns. Doctor consultations were involved in four out of the ten significant relationships, including one with individuals who express a "what, me worry?" attitude ($p = 0.025023$). This suggests that medical professionals play a crucial role across various stages of change, from precontemplation to action and maintenance. Therapist consultations were significant in two relationships, both associated with contemplative or precontemplative stages, such as the "what, me worry?" attitude ($p = 0.037930$). This might indicate that therapy is particularly valuable in the early stages of change, helping individuals to consider and prepare for change. Emergency room visits showed a significant relationship with those focused on "boosting and maintaining change" ($p = 0.039417$). This could suggest that individuals working to maintain changes might be more vigilant about their health, leading to prompt seeking of emergency care when needed. Hospital admissions were significantly related to those who feel they've "done much to change the problem but it comes back" ($p = 0.045017$), which might indicate that individuals struggling with recurring issues are more likely to require intensive medical intervention.

These findings highlight the complex interplay between stages of change and help-seeking behaviors. They suggest that different types of professional help may be more relevant or appealing at different stages of the change process. For instance, medical consultations seem important across multiple stages, while therapy might be particularly crucial in the early stages of change consideration. Moreover, the significant relationships predominantly involve professional help-seeking behaviors rather than informal support. This could indicate that progression through stages of change in this population is more closely tied to formal, structured support systems. It may also reflect the complex health needs of individuals experiencing homelessness, necessitating professional medical and psychological interventions. The p-values of the significant relationships range from 0.004464 to 0.047782, with half of them being below 0.025. This suggests that while these relationships are statistically significant, some are stronger than others. The strongest associations appear to be between active stages of change and recent doctor consultations, indicating a potentially important link between taking action to change one's situation and seeking medical care.

Stages x no help

In the precontemplation stage, individuals who don't see themselves as part of the problem exhibit many significant correlations with reasons for not seeking help. They are more likely to think their problems would go away on their own ($r = 0.581$, $p = 0.004$) and have a stronger preference for solving problems on their own ($r = 0.536$, $p = 0.008$). These individuals are more likely to cite affordability as a barrier to seeking help ($r = 0.500$, $p = 0.015$) and have a higher likelihood of being afraid of what others might think if they seek help ($r = 0.486$, $p = 0.019$). They are more prone to viewing seeking help as a sign of weakness ($r = 0.480$, $p = 0.020$) and are more likely to believe that treatment would not help their situation ($r = 0.475$, $p = 0.022$). There is a higher tendency to report not trusting help sources ($r = 0.472$, $p = 0.023$) and they are more likely to report having had bad experiences with seeking help ($r = 0.470$, $p = 0.024$). These individuals are more inclined to believe that seeking help might make their situation worse ($r = 0.468$, $p = 0.024$) and are more likely to report multiple bad experiences with seeking help ($r = 0.466$, $p = 0.025$). There is a higher tendency to believe their problems are not serious enough to warrant seeking help ($r = 0.463$, $p = 0.026$) and they find it harder to talk about their problems ($r = 0.460$, $p = 0.027$). These individuals are more likely to cite lack of timely help as a barrier to seeking assistance ($r = 0.458$, $p = 0.028$) and are more prone to citing lack of time as a barrier to seeking help ($r = 0.455$, $p = 0.029$). There is a higher likelihood of reporting distance as a barrier to seeking help ($r = 0.452$, $p = 0.030$) and they are more likely to report having sought help but not receiving it ($r = 0.449$, $p = 0.032$). People who believe nothing needs to change show several significant correlations. They are more likely to find it difficult to talk about their problems ($r = 0.539$, $p = 0.010$) and are more prone to citing affordability as a barrier to seeking help ($r = 0.526$, $p = 0.012$). These individuals are more likely to believe that treatment would not help their situation ($r = 0.501$, $p = 0.017$) and there is a higher tendency to think that seeking help might make their situation worse ($r = 0.430$, $p = 0.046$). Individuals believing in the 'what,

me worry?' ideas show several significant correlations. They are less likely to view seeking help as self-indulgent ($r = -0.500$, $p = 0.015$) and are more prone to citing affordability as a barrier to seeking help ($r = 0.482$, $p = 0.020$). These individuals are more likely to report having had bad experiences with seeking help ($r = 0.446$, $p = 0.033$) and there is a higher tendency to report multiple bad experiences with seeking help ($r = 0.443$, $p = 0.034$). They are more likely to have thought their problems would go away on their own ($r = 0.441$, $p = 0.035$) and are more prone to believing their problems are not serious enough to warrant seeking help ($r = 0.438$, $p = 0.037$). There is a higher likelihood of preferring to solve problems on their own ($r = 0.436$, $p = 0.038$). People who are coping with their faults show two significant correlations. They are more likely to report having enough support as a reason for not seeking help ($r = 0.417$, $p = 0.048$) and are more prone to reporting multiple bad experiences with seeking help ($r = 0.431$, $p = 0.040$). Individuals who believe change is a waste are more likely to cite affordability as a barrier to seeking help ($r = 0.514$, $p = 0.014$).

In the contemplation stage, Individuals who might want change are more likely to report having enough support as a reason for not seeking additional help ($r = 0.493$, $p = 0.017$).People who are ready for improvement show one significant negative correlation. They are less likely to report having sought help but not receiving it ($r = -0.440$, $p = 0.041$).

In the action stage, individuals actively working on their problem show one significant negative correlation. They are less likely to view seeking help as self-indulgent ($r = -0.577$, $p = 0.004$). People who are unsuccessful but working on their problem show two significant correlations. They are less likely to view seeking help as self-indulgent ($r = -0.550$, $p = 0.007$) and are more likely to report having enough support as a reason for not seeking additional help ($r = 0.419$, $p = 0.047$). Individuals who are working on their problems or maintaining changes show two significant negative correlations. They are less likely to view seeking help as

self-indulgent (r = -0.487, p = 0.019) and are less likely to believe that seeking help might make their situation worse (r = -0.430, p = 0.046).

In the maintenance stage people who have been successful in maintaining changes show three significant positive correlations. They are more likely to report having had bad experiences with seeking help (r = 0.628, p = 0.001), are more prone to reporting multiple bad experiences with seeking help (r = 0.550, p = 0.007), and are more likely to report distance as a barrier to seeking help (r = 0.530, p = 0.009). Individuals who have done much to change but experience relapses show five significant positive correlations. They are more likely to cite affordability as a barrier to seeking help (r = 0.538, p = 0.008), find it harder to talk about their problems (r = 0.529, p = 0.009), are more likely to be afraid of what others might think if they seek help (r = 0.507, p = 0.014), are more prone to viewing seeking help as a sign of weakness (r = 0.431, p = 0.040), and are more likely to cite lack of time as a reason for not seeking help (r = 0.433, p = 0.039). These detailed findings provide a comprehensive view of how individuals at different stages of change perceive barriers to seeking help. This information can be invaluable for tailoring interventions and support strategies to each stage of change.

Upon analyzing these patterns, several key insights emerge across the stages of change: One striking observation is the prevalence of barriers in the precontemplation stage, particularly for those who don't see themselves as part of the problem. This group shows the highest number of significant correlations with reasons for not seeking help, spanning a wide range of barriers from personal beliefs to practical concerns. This suggests that individuals in early stages of change may require more comprehensive and multifaceted interventions to address their diverse range of concerns. Interestingly, as individuals progress through the stages of change, the number and nature of barriers shift. Those in the action and maintenance stages show fewer correlations with barriers, but notably, they still report significant correlations with past negative experiences seeking help. This indicates that even as people become more engaged in change, past experiences continue to influence their help-seeking behavior.

Another notable pattern is the changing perception of seeking help as self-indulgent. While those in the 'what, me worry?' precontemplation stage are less likely to view seeking help as self-indulgent, this view becomes even less prevalent in the action stage. This suggests a positive shift in attitudes towards help-seeking as individuals progress in their change journey. However, it's important to note that even in the maintenance stage, individuals report barriers related to past negative experiences and practical issues like distance. This highlights the ongoing need for support and accessible services even for those who have made significant progress.

The findings also reveal a complex relationship between perceived support and help-seeking behavior across stages. While some individuals in the precontemplation and action stages report having enough support as a reason for not seeking additional help, those in the maintenance stage who experience relapses face multiple barriers, including fear of judgment and viewing help-seeking as a sign of weakness. This suggests that the nature and perception of support may change throughout the change process, and interventions may need to be tailored accordingly. Overall, these patterns underscore the dynamic and complex nature of help-seeking behavior across the stages of change. They highlight the need for stage-specific interventions that address not only the practical barriers but also the psychological and experiential factors that influence an individual's willingness to seek help. Furthermore, they suggest that support systems and interventions should be flexible and ongoing, capable of adapting to the changing needs and perceptions of individuals as they progress through their change journey.

These findings highlight the complex interplay between stages of change and help-seeking behaviors. They suggest that different types of professional help may be more relevant or appealing at different stages of the change process. For instance, medical consultations seem important across multiple stages, while therapy might be particularly crucial in the early stages of change consideration. Moreover, the significant relationships predominantly involve professional help-seeking behaviors rather than informal support. This could indicate that progression through stages of change in this population is more closely tied to formal, structured support systems. It may also reflect the complex health needs of individuals experiencing homelessness, necessitating professional medical and psychological

interventions. The p-values of the significant relationships range from 0.004464 to 0.047782, with half of them being below 0.025. This suggests that while these relationships are statistically significant, some are stronger than others. The strongest associations appear to be between active stages of change (particularly the Action stage) and recent doctor consultations, indicating a potentially important link between taking action to change one's situation and seeking medical care. Overall, these findings emphasize the importance of professional help across all stages of change, with different types of help being more prominent at different stages. This information could be valuable for tailoring interventions and support services to individuals based on their current stage of change in the context of homelessness and well-being.

Stages x wellbeing

The analysis of the relationship between stages of change and well-being in the homelessness dataset revealed some interesting patterns. Out of 651 pairs of variables encompassing stages and well being, 21 pairs (3.23%) showed statistically significant relationships ($p < 0.05$). While this percentage is relatively low, the significant relationships provide valuable insights into how readiness for change connects with various aspects of well-being among individuals experiencing homelessness.

In the precontemplation stage those who don't see their behavior as problematic tend to report better feelings about their family ($r = 0.219$, $p = 0.038$) and themselves ($r = 0.213$, $p = 0.044$). Individuals who view change as wasteful are more likely to report better satisfaction with their home situation ($r = 0.241$, $p = 0.022$), but tend to make fewer plans for the future ($r = -0.256$, $p = 0.015$) and spend less time on inspirational or spiritual activities ($r = -0.210$, $p = 0.047$). People who believe nothing needs to change tend to report higher satisfaction with their home situation ($r = 0.239$, $p = 0.024$). Those who cope with their faults in the precontemplation stage are more likely to feel their life is worthwhile ($r = 0.259$, $p = 0.013$) and feel more appreciated ($r = 0.232$, $p = 0.027$).

In the contemplation stage, those who are ready for improvement tend to have lower satisfaction with their home situation ($r = -0.301$, $p = 0.004$). Individuals hoping for self-understanding were less likely to take time for fun with family and friends ($r= -0.052$ $p =$

0.004700).Individuals who think change might be worthwhile tend to have higher self-esteem (r = 0.218, p = 0.038). People who recognize that improvement is possible report having more time for inspirational or spiritual activities (r = 0.262, p = 0.012).

In the action stage, people actively making changes report having more time for inspirational or spiritual activities (r = 0.262, p = 0.012). Surprisingly, those working on changes report lower satisfaction with their friendships, possibly due to time constraints or shifting social dynamics (r = -0.214, p = 0.042). Individuals who reported working hard to change were more likely to feel bad about family relationships (r = -0.135, p = 0.201781)

In the maintenance stage, individuals worried about slipping back in the maintenance stage tend to report getting more support from friends and family (r = 0.217, p = 0.040). Those who have been successful in maintaining changes report higher levels of support from friends and family (r = 0.287, p = 0.006) and tend to report taking more time for fun with family and friends (r = 0.211, p = 0.045). Those who recognized they've made significant progress but still face challenges were more likely to feel appreciated by others (p = 0.027568). Those who struggle with follow-through in maintenance tend to report making fewer plans for the future (r = -0.277, p = 0.008) and report laughing less frequently (r = -0.234, p = 0.026). Individuals focused on preventing relapse in maintenance tend to report receiving more support from friends and family (r = 0.234, p = 0.026), were more likely to report learning new skills (r = 0.243,p = 0.025251) and more likely to feel good about their future (p = 0.025319). Those who have been successful in maintaining change were more likely to report having time for inspirational or spiritual activities (p = 0.014626).

These findings, supported by statistically significant p-values across multiple stages of change, paint a nuanced picture of how different stages relate to various aspects of well-being for individuals experiencing homelessness. They suggest that from precontemplation through maintenance, each stage is associated with unique well-being indicators.These results offer valuable insights into the complex interplay between readiness for change and various aspects of well-being among individuals experiencing homelessness. Below are some additional insights about these findings. First, Interestingly, individuals in the precontemplation stage often report better well-being in certain areas. This could be due to a lack of awareness about their problems or a coping mechanism that allows them to maintain a positive outlook despite their

circumstances. For example, those who don't see their behavior as problematic report better feelings about family and self, while those who believe nothing needs to change report higher satisfaction with their home situation. This suggests that interventions for individuals in precontemplation should be careful not to disrupt these positive feelings while still encouraging awareness and readiness for change.

Second, The contemplation stage shows mixed results in terms of well-being. While those ready for improvement report lower satisfaction with their home situation, individuals who think change might be worthwhile have higher self-esteem. This suggests that as people become more aware of their need for change, they may experience some decrease in satisfaction with their current situation, but also gain a sense of hope and self-worth as they consider the possibility of improvement. Third**,** People in the action stage report having more time for inspirational or spiritual activities, which could be a positive coping mechanism or a source of motivation for change. However, they also report lower satisfaction with friendships, possibly due to the challenges of maintaining social connections while focusing on personal change. This highlights the need for interventions that support both personal growth and social connections during the change process.

Fourth**,** The maintenance stage shows strong connections between successful change and social support. Those who have been successful in maintaining changes report higher levels of support from friends and family and tend to take more time for fun with them. This underscores the crucial role of social support in sustaining positive changes and suggests that interventions should focus on strengthening and maintaining support systems. Fifth**,** individuals who struggle with follow-through in the maintenance stage report making fewer plans for the future and laughing less frequently. This suggests that difficulties in maintaining change can have broader impacts on well-being and future orientation. Interventions for this group might focus on building resilience, reinforcing coping skills, and fostering a positive future outlook. Sixth**,** Across multiple stages (contemplation, action, and maintenance), engagement in spiritual or inspirational activities emerges as a significant factor. This suggests that such activities might play a crucial role in the change process and in maintaining well-being, regardless of the specific stage of change.

Seventh**,** The findings reveal interesting patterns regarding future planning across stages. While those viewing change as wasteful in precontemplation make fewer plans for the future, those focused on preventing relapse in maintenance are more likely to feel good about their future. This suggests that as individuals progress through the stages of change, their ability to envision and plan for a positive future may improve. These insights highlight the complex and dynamic nature of the relationship between stages of change and well-being among individuals experiencing homelessness. They suggest that interventions should be tailored not only to the individual's stage of change but also to their specific well-being profile. Furthermore, they emphasize the importance of holistic approaches that address multiple aspects of well-being, including social support, spiritual needs, and future orientation, throughout the change process.

Stages x efficacy

n the pre-contemplative stage, individuals strongly believing nothing needs to change show lower confidence in achieving goals, with a moderate negative relationship between these factors. This could be due to those firmly believing no change is needed having lower confidence in goal achievement. Conversely, a strong positive relationship exists between believing problems are too large to handle and confidence in achieving goals, possibly because acknowledging large problems motivates individuals to work harder.

A moderate positive relationship is found between believing problems will resolve themselves and confidence in achieving goals, suggesting optimism about problem resolution correlates with goal achievement confidence. There's also a weak positive relationship between believing problems are not part of one's life and confidence in achieving goals, indicating some denial may boost confidence.

A moderate negative relationship exists between believing one has tried to change before without success and confidence in achieving goals, implying past failures may decrease confidence. However, there's a weak positive relationship between believing all one's problems are solved and confidence in achieving goals, suggesting perceived problem resolution slightly increases confidence.

Lastly, a strong positive relationship is observed between believing one doesn't have ideas to solve problems and confidence in achieving goals. This counterintuitive finding might indicate

that acknowledging a lack of solutions motivates individuals to seek help or new strategies, potentially increasing their confidence in goal achievement.

In the contemplative stage, people who strongly hope for good advice show higher than expected confidence in achieving goals. There is a strong positive relationship between hoping for good advice and confidence in achieving goals. The significance could be attributed to individuals who strongly hope for good advice having higher than expected confidence in achieving their goals.The analysis shows that 13.04% of respondents fall into this category, compared to an expected 4.35% if there were no association. People who strongly hope for good advice demonstrate higher than expected confidence in accomplishing difficult tasks. A strong positive relationship exists between hoping for good advice and confidence in accomplishing difficult tasks. The significance could be attributed to individuals who strongly hope for good advice having higher than expected confidence in accomplishing difficult tasks. The analysis shows that 13.04% of respondents fall into this category, compared to an expected 4.35% if there were no association. Those who strongly hope for good advice show higher than expected confidence in overcoming challenges. There is a strong positive relationship between hoping for good advice and confidence in overcoming challenges. The significance could be attributed to individuals who strongly hope for good advice having higher than expected confidence in overcoming challenges. The analysis shows that 13.04% of respondents fall into this category, compared to an expected 4.35% if there were no association. Those who strongly feel they need more ideas demonstrate lower than expected confidence in performing well in tough situations. A moderate positive relationship exists between needing more ideas and confidence in performing well in tough situations. The significance could be attributed to individuals who strongly feel they need more ideas having lower than expected confidence in performing well in tough situations. The analysis shows that 9.09% of respondents fall into this category, compared to an expected 13.64% if there were no association. Individuals who strongly feel they need more ideas show lower than expected confidence in achieving goals. There is a moderate positive relationship between needing more ideas and confidence in achieving goals. The significance could be attributed to individuals who strongly feel they need more ideas having lower than expected confidence in achieving their goals. The analysis shows that 9.09% of respondents fall into this category, compared to an expected 13.64% if there were no association. People who strongly believe they should work on their problems demonstrate higher than expected confidence in doing tasks well. A moderate positive relationship exists between believing one should work on problems and confidence in doing tasks well. The significance could be attributed to individuals who strongly believe they should work on their problems having higher than expected confidence in doing tasks well. The analysis shows that 13.04% of respondents fall into this category, compared to an expected 4.35% if there were no association. Those

who strongly believe the Lodge can help them show higher than expected confidence in achieving goals. There is a moderate positive relationship between believing the Lodge can help and confidence in achieving goals. The significance could be attributed to individuals who strongly believe the Lodge can help them having higher than expected confidence in achieving their goals. The analysis shows that 13.04% of respondents fall into this category, compared to an expected 4.35% if there were no association. People who strongly hope for good advice show higher than expected confidence in doing tasks well. There is a moderate positive relationship between hoping for good advice and confidence in doing tasks well. The significance could be attributed to individuals who strongly hope for good advice having higher than expected confidence in doing tasks well. The analysis shows that 13.04% of respondents fall into this category, compared to an expected 4.35% if there were no association. Individuals who strongly feel they need more ideas show lower than expected confidence in accomplishing difficult tasks. The significance could be attributed to individuals who strongly feel they need more ideas having lower than expected confidence in accomplishing difficult tasks. The analysis shows that 9.09% of respondents fall into this category, compared to an expected 13.64% if there were no association. People who strongly feel they need more ideas demonstrate lower than expected confidence in overcoming challenges. The significance could be attributed to individuals who strongly feel they need more ideas having lower than expected confidence in overcoming challenges. The analysis shows that 9.09% of respondents fall into this category, compared to an expected 13.64% if there were no association. Those who strongly feel they need more ideas show lower than expected confidence in performing effectively. The significance could be attributed to individuals who strongly feel they need more ideas having lower than expected confidence in performing effectively. The analysis shows that 9.09% of respondents fall into this category, compared to an expected 13.64% if there were no association. Regarding the contemplative stage, there is a positive relationship between contemplative stages and self-efficacy. The 'hoping for good advice' variable shows positive correlations with multiple efficacy measures. This pattern indicates that individuals who are open to receiving advice tend to have higher self-efficacy. For instance, those hoping for good advice have higher confidence in achieving goals, accomplishing difficult tasks, overcoming challenges, and doing tasks well. This suggests a positive relationship between openness to advice and self-efficacy in the contemplative stage.

In the action stage, those who are working hard on their problems demonstrate higher than expected confidence in achieving goals. A strong positive relationship exists between working hard on problems and confidence in achieving goals. The significance could be attributed to individuals who are working hard on their problems having higher than expected confidence in achieving their goals. The analysis shows that 13.04% of respondents fall into this

category, compared to an expected 4.35% if there were no association. Individuals working hard on their problems show higher than expected confidence in doing tasks well. There is a strong positive relationship between working hard on problems and confidence in doing tasks well. The significance could be attributed to individuals who are working hard on their problems having higher than expected confidence in doing tasks well. The analysis shows that 13.04% of respondents fall into this category, compared to an expected 4.35% if there were no association. Individuals working hard on their problems demonstrate higher than expected confidence in overcoming challenges. A strong positive relationship exists between working hard on problems and confidence in overcoming challenges. The significance could be attributed to individuals who are working hard on their problems having higher than expected confidence in overcoming challenges. The analysis shows that 13.04% of respondents fall into this category, compared to an expected 4.35% if there were no association. People working hard on their problems show higher than expected confidence in accomplishing difficult tasks. There is a strong positive relationship between working hard on problems and confidence in accomplishing difficult tasks. The significance could be attributed to individuals who are working hard on their problems having higher than expected confidence in accomplishing difficult tasks. The analysis shows that 13.04% of respondents fall into this category, compared to an expected 4.35% if there were no association. Those who are actively coping with their problems demonstrate higher than expected confidence in achieving goals. A moderate positive relationship exists between coping with problems and confidence in achieving goals. The significance could be attributed to individuals who are actively coping with their problems having higher than expected confidence in achieving their goals. The analysis shows that 13.04% of respondents fall into this category, compared to an expected 4.35% if there were no association. Regarding other action-oriented stages and self-efficacy, respondents who reported actively working on their problems demonstrated higher levels of self-efficacy across various domains. These individuals showed more confidence in achieving their goals, expressed higher belief in their ability to perform tasks well, felt more capable of overcoming challenges, and had greater confidence in accomplishing difficult tasks. Interestingly, 13.04% of respondents fell into these action-oriented categories, which is significantly higher than the 4.35% that would be expected if there were no association. This suggests that for many respondents, taking concrete steps to address their problems is

closely linked with feeling more confident in their overall abilities. This suggests a positive relationship between action-oriented behaviors and self-efficacy in the action stage.

Regarding the maintenance stage and self-efficacy, the analysis also revealed important relationships between respondents' self-efficacy and their ability to maintain positive changes. Respondents who believed they could perform tasks effectively were more likely to follow through with maintenance behaviors ($r = 0.416$, $p = 0.049$). This suggests that individuals who feel competent in their abilities are better equipped to sustain the positive changes they've made. Additionally, respondents who believed strongly in their ability to achieve goals were more likely to persist in their efforts, even when facing struggles ($r = 0.446$, $p = 0.033$). This indicates that a strong sense of goal-achievement efficacy helps individuals push through difficulties during the maintenance phase. These findings highlight the importance of self-efficacy for respondents at various stages of change, particularly in action and maintenance phases. They suggest that as individuals take action on their problems and work to maintain positive changes, their confidence in their abilities tends to increase. Conversely, higher self-efficacy may encourage individuals to take more action and persist in maintaining changes.

It is important to note that out of 248 possible relationships examined between stages of change and self-efficacy, only 24 (9.68%) showed significant associations ($p < 0.05$). This selectivity suggests that the connections between readiness to change and self-confidence are not universal, but rather specific to certain combinations of change stages and types of self-efficacy. In conclusion, this comprehensive analysis reveals a nuanced picture of how readiness for change relates to self-confidence. Active engagement in change efforts is strongly associated with increased self-efficacy across multiple domains, particularly goal achievement and effective performance. Contemplative stages, especially those involving openness to advice or self-understanding, are positively linked with various aspects of self-efficacy. However, early stages of change or intense problem-focus might temporarily lower some aspects of self-efficacy, possibly due to increased self-awareness or the challenges of tackling difficult issues. The relationship between stages of change and self-efficacy is specific rather than universal, with only certain combinations showing significant associations. The findings reveal a consistent and significant pattern in the relationship between the precontemplative stage, particularly the belief that nothing needs to change, and various measures of self-efficacy among individuals

experiencing homelessness. Across all measures of self-efficacy - including achieving goals, accomplishing difficult tasks, overcoming challenges, performing effectively, doing tasks well, performing in tough situations, obtaining desired outcomes, and succeeding in general - individuals who strongly believe nothing needs to change demonstrate lower than expected confidence. This consistency is not only qualitative but also quantitative, with 9.09% of respondents falling into lower self-efficacy categories compared to an expected 13.64% if there were no association, a consistent 4.55 percentage point discrepancy across all measures. This robust relationship suggests a potential cognitive dissonance among individuals in this precontemplative stage, where they simultaneously believe nothing needs to change while demonstrating lower confidence in their abilities across various domains. This dissonance could serve as a significant barrier to entering later stages of change, as individuals may be less likely to consider or attempt change if they don't believe in their ability to achieve goals or overcome challenges. However, these findings also highlight a potential area for intervention, suggesting that strategies focused on building self-efficacy might be particularly effective for individuals in this precontemplative stage. There's a possibility of a circular relationship between the belief that nothing needs to change and low self-efficacy, where each reinforces the other. These insights provide a more nuanced understanding of the precontemplation stage, suggesting that individuals in this stage might be grappling with complex feelings of low self-efficacy that influence their readiness for change. The consistent relationship between this precontemplative belief and low self-efficacy also implies that measures of self-efficacy could be valuable tools in assessing readiness for change, particularly in identifying individuals in the precontemplation stage. Overall, these findings suggest that interventions for individuals in the precontemplative stage should focus not only on raising awareness of the need for change but also on building self-efficacy across various domains, potentially offering a more effective approach in moving individuals towards contemplation and preparation for change. In conclusion, this analysis reveals significant relationships between various stages of change and self-efficacy, highlighting the complex interplay between an individual's readiness for change and their belief in their ability to succeed.

Stages x peer support

The analysis reveals significant associations between stages of change and perceptions of peer support specialist effectiveness across various domains. In the area of risk behavior support, individuals in later stages of change (action, maintenance) tend to report that the peer support specialist was less helpful in areas related to crime victimization ($p = 0.000004$), arrests ($p = 0.000042$), substance use ($p = 0.002280$), and police contact ($p = 0.000032$). This could be

because individuals in these stages may have already addressed these issues and require less support in these areas. Regarding professional services engagement, there's a positive association between contemplative and action stages and peer support for engaging with professional services ($p = 0.000337$). This suggests that individuals in these stages find the peer support specialist more helpful in encouraging them to engage with professional services and treatment, aligning with the increased readiness to seek help characteristic of these stages. In terms of quality of life and coping, positive associations are observed between later stages of change and peer support for improving quality of life ($p = 0.019370$) and coping skills ($p = 0.009738$). This indicates that individuals in later stages of change perceive the peer support specialist as more helpful in these areas, possibly reflecting an increased capacity to benefit from such support as one progresses through the stages of change.

: Individuals in the precontemplation stage exhibit a nuanced and somewhat paradoxical relationship with peer support effectiveness. Despite being a stage characterized by resistance to change, there are surprising positive correlations that suggest even those who don't see themselves as part of the problem find certain aspects of peer support beneficial. The analysis reveals 21 significant correlations, painting a complex picture of the precontemplation stage. Notably, there's a strong positive correlation between not seeing oneself as part of the problem and perceiving the peer specialist as helpful in reducing stress ($r = 0.596$, $p = 0.044$) and improving quality of life ($r = 0.497$, $p = 0.011$). This trend extends to those who believe nothing needs to change, as they still appreciate help with improving social relationships ($r = 0.355$, $p = 0.019$) and living satisfaction ($r = 0.351$, $p = 0.026$). These positive correlations suggest that peer support can be valuable even before individuals fully recognize their problems, particularly in areas that enhance overall well-being without directly confronting problematic behaviors. However, the precontemplation stage also exhibits significant negative correlations, especially for those who view change as a waste of time. These individuals find the peer specialist less helpful in improving self-efficacy ($r = -0.352$, $p = 0.005$) and preventing homelessness relapse ($r = -0.309$, $p = 0.014$). Moreover, those in precontemplation generally perceive less help in addressing crime victimization ($r = -0.241$, $p = 0.001$) and reducing arrests ($r = -0.239$, $p = 0.001$), and they appreciate less informational ($r = -0.209$, $p = 0.001$) and emotional support ($r = -0.207$, $p = 0.045$). This pattern of negative correlations aligns with the characteristic resistance

to change in this stage, particularly for support that might imply a need for personal change. This pattern suggests that while resistant to change, individuals in precontemplation still find some aspects of peer support beneficial, particularly in areas not directly related to their problematic behaviors, and at the same time, individuals in precontemplation may not fully engage with or recognize the value of the peer support specialist's interventions, possibly due to their lack of readiness to acknowledge or address their problems. The coexistence of these positive and negative correlations underscores the complexity of peer support needs in the precontemplation stage. It suggests that while individuals may be resistant to addressing their core issues directly, they can still benefit from peer support that focuses on general well-being and quality of life improvements. This insight is crucial for tailoring peer support interventions to effectively engage individuals in the precontemplation stage, potentially creating a foundation for future readiness to change.

The contemplation stage reveals a complex and nuanced relationship between individuals' readiness for change and their perceptions of peer support effectiveness. On one hand, there are significant positive correlations that highlight the value of peer support during this stage. Those hoping for self-understanding find the peer specialist particularly helpful in providing hope ($r = 0.618$, $p = 0.002$), improving social relationships ($r = 0.501$, $p = 0.041$), providing emotional support ($r = 0.194$, $p = 0.045$), and improving coping skills ($r = 0.479$, $p = 0.010$). Individuals recognizing they should work on their problems perceive the peer specialist as helpful in reducing depression ($r = 0.611$, $p = 0.049$), improving quality of life ($r = 0.513$, $p = 0.019$), and providing informational support ($r = 0.514$, $p = 0.001$). However, this stage also exhibits notable negative associations, particularly in areas related to legal issues and substance use. The strongest negative correlation is observed between recognizing the need to work on problems and perceiving less need for peer support in reducing arrests ($r = -0.484$, $p = 0.016$). As readiness for improvement increases, there's a decreased perceived need for peer support in improving living satisfaction ($r = -0.353$, $p = 0.046$) and reducing stress ($r = -0.200$, $p = 0.009$). Variables indicating contemplation of change also show negative correlations with

perceived need for support in crime victimization ($r = -0.101$, $p = 0.001$) and controlling drug use ($r = -0.079$, $p = 0.025$). Even the need for more ideas, a key aspect of contemplation, shows negative correlations with crime victimization support ($r = -0.036$, $p < 0.001$) and improving psychiatric symptoms ($r = -0.028$, $p = 0.039$). This intricate pattern suggests that as individuals in the contemplation stage become more aware of their problems and ready for change, they may perceive increased value in certain types of peer support (such as emotional and informational support) while feeling less need for support in other areas (particularly those related to legal issues and substance use). This could indicate a growing sense of self-efficacy in some domains or a shift in focus towards other types of support as they contemplate change. The coexistence of these positive and negative correlations underscores the complexity of peer support needs in the contemplation stage and highlights the importance of tailoring support to match the evolving and multifaceted needs of individuals as they move towards action.

The action stage reveals a complex pattern of 24 significant correlations, demonstrating both strong positive and negative associations that suggest a nuanced shift in peer support needs. Individuals actively working on their problems show a decreased perceived need for peer support in several areas, particularly those related to legal issues and substance use. This is evidenced by negative correlations with support for arrests ($r = -0.484$, $p = 0.016$), crime victimization ($r = -0.233$, $p = 0.001$), police contact ($r = -0.231$, $p < 0.001$), and substance use ($r = -0.227$, $p = 0.002$). These negative correlations could indicate a growing sense of self-efficacy in managing these specific challenges or reflect progress already made in these areas. However, the action stage also exhibits significant positive correlations across multiple domains of peer support. Individuals in this stage find the peer specialist particularly helpful in improving social relationships ($r = 0.205$, $p = 0.045$), controlling money spent on substances ($r = 0.197$, $p = 0.049$), providing informational support ($r = 0.194$, $p = 0.045$), offering emotional support ($r = 0.192$, $p = 0.047$), reducing depression ($r = 0.189$, $p = 0.050$), and improving coping skills ($r = 0.188$, $p = 0.051$). Additionally, there are positive correlations with support for improving overall

mental health functioning ($r = 0.186$, $p = 0.053$), reducing stress ($r = 0.185$, $p = 0.055$), and enhancing quality of life ($r = 0.183$, $p = 0.058$). Interestingly, some variables within the action stage show both positive and negative correlations with different aspects of peer support. For instance, while 'actively working on problems' correlates negatively with support for crime victimization, another action-related variable shows a positive correlation ($r = 0.225$, $p < 0.001$) with the same support area. This suggests that different aspects or phases of the action stage may have varying support needs. The pattern that emerges from these correlations suggests that individuals in the action stage, while feeling more self-reliant in addressing certain risk behaviors and legal issues, still highly value peer support in areas related to personal growth, emotional well-being, and maintaining their progress. The peer specialist's role appears to shift towards providing more nuanced, growth-oriented support rather than crisis management or basic needs assistance. This insight is crucial for tailoring peer support interventions to effectively meet the evolving needs of individuals as they progress through the action stage of change.

The maintenance stage reveals a complex pattern of 15 significant correlations, demonstrating both positive and negative associations that highlight the nuanced role of peer support in this final stage of change. Individuals who have been successful in maintaining change show several positive associations with peer support specialist effectiveness. The strongest positive correlation is with the peer specialist's help in coping ($r = 0.4789$, $p = 0.009738$), suggesting that even in the maintenance stage, peer support continues to play a crucial role in reinforcing coping strategies. Additionally, successful maintainers find peer support helpful in preventing relapse into homelessness ($r = 0.4543$, $p = 0.020761$) and improving overall quality of life ($r = 0.4222$, $p = 0.032427$). Interestingly, those in the maintenance stage also show positive correlations with peer support in areas such as reducing stress ($r = 0.3564$, $p = 0.030761$), improving social relationships ($r = 0.3513$, $p = 0.045241$), and enhancing self-efficacy ($r = 0.3024$, $p = 0.027940$). These correlations suggest that peer support remains valuable across multiple domains of well-being, even for those who have successfully maintained their changes. However, the maintenance stage also reveals some negative

correlations, particularly for individuals who report having done much to change the problem but experience it coming back. These individuals show negative associations with the peer support specialist's help regarding arrests ($r = -0.2564$, $p = 0.000860$), crime victimization ($r = -0.0632$, $p = 0.000758$), and substance use ($r = -0.227$, $p = 0.002280$). This could indicate that for those experiencing relapse or ongoing challenges, the peer support specialist's interventions in these specific risk behavior areas may be perceived as less effective or relevant. Additionally, there are some unexpected negative correlations in this stage. For instance, there's a negative association between being here to prevent relapse and the peer specialist's help with improving living satisfaction ($r = -0.2026$, $p = 0.046163$). This might suggest that individuals focused on relapse prevention may be less concerned with or perceive less benefit from support aimed at general life satisfaction. The findings for the maintenance stage suggest a nuanced picture of peer support effectiveness. While peer support remains highly valuable for general coping, preventing homelessness relapse, and improving quality of life, its perceived effectiveness for specific risk behaviors may diminish. This could be due to the complex nature of maintaining long-term change, where individuals may feel more self-reliant in managing certain risks but still value support in maintaining overall well-being.

Overall, these findings highlight the dynamic nature of peer support specialist effectiveness across the stages of change, particularly in the maintenance stage. They emphasize the need for tailored approaches that align with an individual's current stage, specific needs, and the particular challenges they face in maintaining their changes. Peer support in the maintenance stage should perhaps focus more on reinforcing coping strategies, preventing major relapses (like homelessness), and supporting overall quality of life, while being prepared to adapt strategies for those experiencing setbacks in specific risk behavior areas. The analysis of correlations across different stages of change reveals intriguing patterns in the effectiveness of peer support. The findings reveal a complex and paradoxical relationship between the precontemplation stage and perceptions of peer support specialist effectiveness among individuals experiencing homelessness. Despite the characteristic resistance to change in this stage, the results paint a nuanced picture with both positive and negative correlations. Surprisingly, individuals who don't see themselves as part of the problem or believe nothing needs to change still find certain aspects of peer support beneficial, particularly in areas that

enhance overall well-being without directly confronting problematic behaviors. There are strong positive correlations with perceiving the peer specialist as helpful in reducing stress, improving quality of life, social relationships, and living satisfaction. This suggests that peer support can have value even before individuals fully recognize their problems or need for change. However, the precontemplation stage also exhibits significant negative correlations, especially for those who view change as a waste of time. These individuals find the peer specialist less helpful in improving self-efficacy, preventing homelessness relapse, addressing crime victimization, and reducing arrests. They also appreciate less informational and emotional support. This pattern of negative correlations aligns with the characteristic resistance to change in this stage, particularly for support that might imply a need for personal change. The coexistence of these positive and negative correlations underscores the complexity of peer support engagement in the precontemplation stage. It suggests that while resistant to change, individuals still find some aspects of peer support beneficial, particularly in areas not directly related to their problematic behaviors. These findings have important implications for designing peer support interventions, suggesting that a nuanced approach is necessary. Peer support for individuals in precontemplation should focus on enhancing overall well-being and quality of life, while being mindful of potential resistance to change-oriented interventions. The goal should be to engage these individuals in a non-threatening manner, potentially laying the groundwork for future readiness to change. The varied perceptions of peer support effectiveness across different aspects also highlight the need for tailored, personalized support strategies, as what works for one individual in precontemplation may not work for another. The contemplation stage demonstrates the strongest positive correlation (0.6178), closely followed by the precontemplation stage (0.5961), suggesting that peer support may be particularly impactful during these early stages of change. However, as individuals progress to the action stage, the relationship between peer support and individual needs becomes more complex, evidenced by the lowest average correlation (-0.0646) and weakest positive correlation (0.2251) in this stage. Interestingly, while all stages exhibit some negative correlations, they are most pronounced in the contemplation stage (-0.4842) and least evident in the maintenance stage (-0.2564), indicating that the perception of peer support generally becomes more positive as individuals advance through the stages. The maintenance stage stands out with the highest average

correlation (0.1193) and the smallest range between its strongest positive and negative correlations, suggesting a more consistent positive perception of peer support at this final stage. Across all stages, peer support related to coping, stress reduction, and improving social relationships tends to have positive correlations, while support related to arrests and crime victimization often shows negative correlations, especially in earlier stages. These findings underscore the dynamic nature of peer support needs and highlight the importance of tailoring interventions to match an individual's specific stage in their change journey.

Motivational Interviewing: Clinician Reports

The analysis of the provided data reveals several important insights regarding the application of motivational interviewing (MI) skills and client motivation levels during recorded sessions. The following paragraphs summarize these findings.

The distribution of MI skill application levels indicates that the majority of sessions fall under the "A great deal" category. This suggests that in most sessions, clinicians skillfully applied motivational interviewing techniques. The high frequency of sessions in this category reflects a strong adherence to MI principles. Conversely, there are fewer sessions in the "Not at all" and "A little" categories, indicating that instances of low MI skill application are relatively rare. This distribution highlights the overall effectiveness and consistency of clinicians in employing MI strategies.

Similarly, the distribution of client motivation levels shows that most sessions are categorized under "A great deal," indicating that clients were highly motivated to change during these sessions. This high level of client motivation is a positive indicator of the potential success of the interventions. The lower frequency of sessions in the "Not at all" and "A little" categories suggests that low client motivation is uncommon. This distribution underscores the effectiveness of the sessions in fostering client motivation.

The analysis of trends over time for both MI skill application and client motivation reveals consistent patterns. The trend line for MI skill application shows that the application of MI skills has remained relatively high and stable over time, with only minor fluctuations. This consistency suggests that clinicians have maintained a high level of proficiency in MI techniques throughout the recorded period. Similarly, the trend line for client motivation indicates that client motivation levels have also remained high and stable over time. This consistency in client motivation further supports the effectiveness of the interventions.

The correlation analysis of the dataset reveals some interesting insights. Firstly, the length of the session, represented by session_length_numeric, shows very weak negative correlations with both the clinician's skill in applying motivational interviewing (skillful_mi) and the client's motivation to change (client_motivation). Specifically, the correlation coefficients are -0.088 and -0.032, respectively. This suggests that the duration of the session has a small impact on either the clinician's skill or the client's motivation. The analysis of the correlation between session length and client motivation reveals a slight positive correlation. The linear trend line suggests that longer sessions might be associated with higher client motivation levels. However, the correlation is not very strong, as evidenced by the considerable spread in the data points. This finding implies that while longer sessions may contribute to higher client motivation, other factors are also likely to play a significant role in influencing client motivation levels.

To analyze the relationship between MI skill application and client motivation, we performed both a correlation analysis and a linear regression.There is a strong positive correlation of 0.741 between skillful_mi and client_motivation. This indicates that clinicians who are more skillful in applying motivational interviewing techniques tend to have clients who are more motivated to change. In summary, while session length does not have a large influence on the outcomes, the clinician's skill in motivational interviewing plays a crucial role in enhancing client motivation.

The linear regression model used to predict client motivation based on MI skill application revealed that MI skill application is a significant predictor of client motivation. The intercept of the model is 0.7273 with a p-value of 0.0254, and the slope is 0.6364 with a highly significant p-value of P >.001. . These p-values indicate that both the intercept and the slope are statistically significant, confirming the importance of MI skill application in predicting client motivation.

The residual standard error of the model is 0.5826, and the multiple R-squared value is 0.5345, suggesting that approximately 53.45% of the variance in client motivation can be explained by MI skill application. The adjusted R-squared value of 0.519 further supports the model's good fit to the data. The F-statistic of 34.45 with a p-value of P >.001 indicates that the overall model is statistically significant.

In summary, the statistical analysis of clinician data indicates a significant positive relationship between MI skill application and client motivation. Higher levels of MI skill application are associated with higher client motivation levels. The linear regression model confirms that MI skill application is a significant predictor of client motivation, explaining a substantial portion of the variance in client motivation.

Conclusion

The evaluation of "The Lodge" sheds light on the benefits and challenges of a housing-first approach, providing key findings on residents' healthcare access, mental health, peer support, and overall well-being. While the housing-first model successfully offers stability and supportive services, significant barriers to accessing and utilizing healthcare persist.

Healthcare Access and Barriers

A major theme from the evaluation is the difficulty residents face in accessing healthcare

services. Mental health concerns, such as depression, suicidal thoughts, and anxiety, were the primary reasons for seeking care. Residents who accessed mental health services reported substantial benefits, including improved emotional well-being and coping skills. However, barriers such as fear of judgment, past negative experiences with healthcare providers, and logistical hurdles like long wait times or lack of transportation significantly hindered access. Cultural and economic factors also played a role—some residents, especially those from low-income backgrounds, reported avoiding care due to financial constraints or cultural norms that discouraged seeking medical help unless absolutely necessary.

The Role of Peer Support

Peer support emerged as a critical factor in improving healthcare engagement. Emotional support from friends, family, and case managers often encouraged residents to seek necessary medical or mental health care. This support helped to mitigate fears and provided a crucial safety net for individuals hesitant to seek help due to past negative experiences or concerns about stigma. The analysis found that residents with strong support networks were more likely to navigate healthcare systems and receive timely assistance.

Demographic Trends and Behavioral Health

Demographic data revealed important trends in how age, gender, race, and disability status impacted healthcare-seeking behaviors and homelessness duration. Older residents and those with disabilities were more likely to report longer periods of homelessness and greater difficulties in accessing healthcare. Gender also influenced experiences, with women more likely to face challenges related to mental health services and men reporting fewer disabilities. These demographic factors underscore the need for tailored interventions that address the unique barriers faced by different groups.

Well-Being and Help-Seeking Behavior

The evaluation uncovered significant associations between well-being and help-seeking behavior. Residents who practiced self-care, such as maintaining hygiene and engaging in social activities, reported higher levels of well-being. However, many residents exhibited a reluctance to seek help, driven by perceptions that seeking help was a sign of weakness or that their problems were not serious enough. This stigma was especially prevalent in relation to mental health services, where many residents preferred to handle their issues independently, despite the availability of professional support.

Interconnectedness of Well-Being Factors

The analysis also showed a strong interconnectedness between different aspects of well-being. Improvements in one area, such as learning new skills or social engagement, often led to positive changes in other areas like optimism about the future or feelings of self-worth. This highlights the need for comprehensive, integrated support services that address multiple aspects of well-being simultaneously.

Recommendations

As a final conclusion, The Lodge's housing-first model has proven effective in providing stability and improving the overall well-being of its residents. However, persistent barriers to healthcare access, including stigma, logistical challenges, and past negative experiences, continue to affect many residents. By addressing these and other challenges noted throughout this document, and strengthening peer support systems, The Lodge can enhance its impact on the health and well-being of Fresno's unhoused population. The findings emphasize the need for integrated services that consider the complex interplay of social, economic, and personal factors that influence residents' behavior and access to healthcare.

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