Executive Summary

The following is a program evaluation of the effectiveness of federal, state, and local social service agencies providing services for homeless Veterans and the general homeless population. These programs provide housing, employment, medical treatment to homeless individuals as a homelessness prevention tool. The research was performed using surveys, interviews, and focus group strategies to get a better understanding of which services clients preferred the most. It also reviewed several studies that have been completed to identify strengths and potential weaknesses in order to align their mission with that of the federal government to end and hopefully prevent homelessness. Some recommendations included collaborating with several community partners to successfully allocate the necessary resources to the correct programs. Most shelters or social service programs are sponsored by non-profit organizations. Ending homelessness is a major task, but with proper planning it can be accomplished.
The Organizational Design of Social Service Programs and Agencies That Assist Homeless Veterans in the City and County of Honolulu and Their Effectiveness

MSA 698 Directed Administrative Portfolio
Central Michigan University

Submitted by:
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Concentration:
Leadership

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June 3, 2018
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Chapter I: Research Problem

Background

Hawaii was granted statehood and became the 50th state to join the United States on August 21, 1959 (“Hawaii,” n.d.). The state consists of eight main islands: Hawaii (referred to as the Big Island), Maui, Oahu, Kauai, Molokai, Lanai, Niihau, and Kahoolawe. Hawaii is also the only state located outside of North America. The approximate population count for Hawaii is 1.4 million (United States Census Bureau, 2016). According to the United States Census Bureau (2016), Honolulu (located on the island of Oahu), is the capital of Hawaii and has a population of approximately 988,650.

The Hawaii Tourism Commission and tourists sometimes refers to Hawaii as the “Land of Paradise.” Not only is homelessness a major concern across the United States, it is an ongoing concern for local government officials, homeless service providers, and stakeholders. Homeless individuals constructing tent camps along sidewalks, in public parks, and on beaches is tainting the paradise image of the City and County of Honolulu and Oahu as a whole. Based Bridging the Gap’s 2017 Oahu Homeless Point in Time Count, there was a statewide decrease of 8 percent (615) in the total number of sheltered and unsheltered veterans as compared to the 2016 statewide total of 670. Compared to the 35 percent decrease (257 in 2016 to 166 in 2017) documented on neighboring islands, Oahu registered a 9 percent increase in homeless veterans from 413 in 2016 to 449 in 2017.

Research Problem

Most importantly, the Department of Veterans Affairs (VA) and HUD have made ending Veterans’ homelessness a top priority. Whereas VA aids veterans based on the eligibility of their discharge status, HUD aids homeless veterans regardless of their discharge status. Much like the
general population, risk factors of homelessness among veterans include unemployment, mental health issues, substance abuse, lack of affordable housing, domestic violence or having some type of physical disability. Traumatic brain injuries (TBI), Post-Traumatic Stress Disorder (PTSD) and the inability to transfer skills from military service to civilian life has significantly increased homelessness among this population.

This study will answer the following questions:

1. What are the organizational dynamics of federal agencies that provide assistance to homeless veterans?
2. What is the organizational structure of state agencies that affect homeless veterans?
3. How does the organizational structure of local agencies affect homeless veterans?
4. How effective are the federal, state, and local agencies that offer assistance to homeless veterans?

**Research Audience and Rationale**

The anticipated audience for this research project will be the Governor of Hawaii, Mayor of Honolulu, Hawaii, Director of Hawaii Interagency Council on Homelessness, city leaders of surrounding areas, program coordinators of the VA, and any representatives from local agencies that assist homeless veterans. The recommendations from this study will significantly impact the lives of homeless veterans in Honolulu and surrounding service area. It will attempt to identify weaknesses associated with preventing local homeless veterans from obtaining assistance through the various programs that are currently in place. Veterans have fought and are still fighting external and internal battles every day. It is the mission of the local VA to aid veterans in a timely manner. If the mission and values are compromised, the integrity of the VA will diminish.
Although it may not put an end to homelessness among veterans instantly, the benefits of this study should gradually decrease homelessness, identify programs that should need to be restructured, and streamline the access to available services. The goal is to provide the platform that will allow federal, state, and local agencies to network to provide needed services to this population. These collaborative efforts of these entities are intended to minimize barriers to service, avoid unnecessary duplication of services, and enhance service provision.

**Research Study Scope/Delimitations**

The data collected and analyzed for this study is limited to the service area surrounding the County and City of Honolulu, Hawaii; therefore, it may not be applicable to other state, local, or VA programs. As a result, homeless veterans in this service area will be the target population for this research. The results of this study cannot be guaranteed beyond the target population; conclusions can only be drawn about those included within the scope of this research. Most federal, state, or local programs in this service area provide social services to any homeless individual who meet their eligibility requirements if any are required. Therefore; some services mentioned are not exclusively for homeless Veterans.
Chapter II: Synthesis of Related Literature

There is a massive amount of literature relating to homelessness among veterans. This chapter will highlight literature that focuses on the various federal, state, and local organizations that provide services to this population. The first issue to be analyzed is the effectiveness of federal programs for homeless veterans. Next, it will examine the structure of state programs and their effectiveness. Lastly, we will analyze the dynamics of local organizations who also provide services to homeless veterans. This chapter will only summarize some of the tremendous research others have performed.

Federal Programs

The United States Interagency Council on Homelessness (USICH) is the national leader of efforts to prevent and end homeless in America (USICH, 2018). Originally authorized by Title II of the Stewart B. McKinney Homeless Assistance Act of 1987 (PL 100-77), the USICH was awarded an extension by the Consolidated Appropriations Act of 2018 until October 1, 2020. The Council is derived of 19 federal member agencies that meet on a quarterly basis to collaborate on how to efficiently use resources to support best practices at every level of government and the private sector. For 2018, HUD Assistant Secretary Neal Rackleff is serving as Council Chair and Department of Education (ED) Acting Assistant Secretary Jason Botel is serving as Council Vice-Chair (USICH, 2018). Interagency workgroups lead by the USICH exist to create and apply federal strategies, as well as offer support that inspires communities to halt homelessness.

Based on an article by Cunningham and Gillespie (2017), the USICH fosters highly effective partnerships among organizations that have never collaborated in the past due to unknown reasons. Having a federal leadership that prioritizes multisector relationships within
communities conveys a positive message to all stakeholders. As the liaison for nonprofits, business leaders, and philanthropic campaigns; USICH networks with cabinet leaders and program managers to ensure that everyone is collectively working toward a solution to end homelessness. USICH was slated to be terminated in 2017 which some think would have minimized efforts to end homelessness but was eventually extended until 2020 (Cunningham & Gillespie, 2017). One of the most effective initiatives of USICH is Housing First. Housing First, a homeless assistance approach initiated by USICH, utilizes housing stability as a platform to connect homeless individuals with any other services they may need (Cho, 2014). This program is available to all homeless individuals, including veterans.

The determination to prevent and possibly end Veteran homelessness does not rest with one agency, such as VA or USICH, but a collaborative effort of federal, state, and local involvement. The following VA programs are available to homeless veterans: Domiciliary Care for Homeless Veterans (DCHV), Homeless Patient Aligned Care Teams (H-PACTs), Homeless Veterans Community Employment Services (HVCES), Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) and Supportive Services for Veteran Families (SSVF). The DCHV joined with Mental Health Residential Rehabilitation and Treatment Programs (MH RRTP) and developed goals to identify and address rehabilitation, recovery, health maintenance, improved quality of life, and community integration. Additionally, it also provides specific medical treatment for medical conditions, mental illnesses, addictive disorders, and homelessness (VA, 2017).

The next VA program for homeless veterans to be discussed is H-PACTS. The mission of H-PACTs is to present and organize the health care Veterans may need while at the same time assisting them in locating and remaining in permanent housing. According to the VA (2018),
there are 65 H-PACT sites located at VA medical centers (VAMC), Community Based
Outpatient Clinics (CBOC), and Community Resource & Referral Centers (CRRC) across the
country. Upon enrollment into a H-PACT clinic, Veterans are assigned to a professional care
team that is comprised of a primary care provider, nurse, social worker, homeless program staff,
and others who may offer other forms of assistance. Veterans can walk into a H-PACT clinic
without an appointment and receive service immediately.

HCVES is another Veteran homeless program provided by the VA. The goal of this
program is to ensure that a range of employment-related services are accessible to homeless
Veterans who are unemployed, underemployed, or at risk of becoming unemployed, to end a
current episode of homelessness and/or possibly prevent a future episode of homelessness.
Mentioned on the Fact Sheet of the HCVES (2017), the two key staff positions are Community
Employment Coordinators (CEC) and Employment Specialists. The CEC is responsible for
fostering the expansion of community employment partnerships and continuously orientating
homeless program providers. They are also tasked with providing direct assistance to Veterans to
connect them with appropriate VA Medical Center (VAMC) and/or community-based
employment services leading to competitive employment. Lastly, the Employment Specialists
are responsible for assessing the needs of homeless Veterans and providing direct services and
referrals, such as interview skills training and job negotiations regarding reasonable
accommodations.

Next to discuss is the HUD-VASH program which combines Housing Choice Voucher
(HCV) rental assistance for homeless Veterans with case management and clinical services
provided by VA. This combined HUD and VA program allows Veterans to gain stable housing
and recuperate from any risk factors that contribute to or results from homelessness; for example,
mental health problems and substance use disorders (HUD, n.d.). The last homeless Veteran program to discuss is SSVF. According to the SSVF Fact Sheet (2016), this program is intended to aid low-income Veteran families in quickly solidifying permanent housing after experiencing a housing crisis and/or homelessness. In order to accomplish its goal, the SSVF partners with private non-profit organizations and consumer cooperatives to provide supportive services, such as outreach and case management to regain housing stability for eligible Veterans.

State Programs

USICH (2017) points out that Hawaii has the highest rate of homelessness with 505 homeless per 100,000 people followed by New York and Nevada respectively. It is speculated that employment is plentiful, but the lack of affordable housing is one of the most common risk factors of homelessness. The Hawaii Interagency Council on Homelessness (HICH) was created in 2011 through executive order by former Hawaii Governor Neil Abercrombie. Comprised of state department directors, federal agency representatives, and community leaders; the mission of HICH is to end homelessness and strengthen the continuity of efforts to end homelessness across future State of Hawaii administrations (HICH, n.d.). It is noted that Hawaii is the first state in the union to create an organization tailored after the USICH. The current chair, Scott Morishige, was appointed in 2015 under the leadership of the current Governor of Hawaii David Ige.

Local Programs

The Institute for Human Service, Inc. (IHS) is a community and housing-focused non-profit organization which teams up with a variety of partners to provide essential services to end and/or prevent homelessness. According to the annual report of IHS (n.d.), a Board of Directors governs the IHS and they have successfully launched several projects that benefit the homeless population, including Veterans. Project 1) IHS partners with the Interfaith Alliance of Hawaii to
host a summit that provides a platform for faith-based organizations and homeless service providers to come together and explore different perspectives on how to better serve Hawaii’s homeless. Project 2) IHS oversees a Housing First program that provides housing to individuals and families with disabilities with a 97 percent success rate. Then, in partnership with The Queen’s Medical Center and HomeAid Hawaii, IHS opened a respite home that offers emergency housing to homeless individuals recovering from surgical or medical conditions. Project 3) IHS with the assistance of public and private community partners, developed Hale Mauliola. Hale Mauliola is an innovative homeless shelter constructed from retrofitted shipping containers. Project 4) IHS utilizes a 15-passenger van to launch a mobile employment center that offers resume building and other employment related services. Project 5) The Waikiki Homeless Outreach program shuttles homeless individuals from Waikiki to IHS shelters in order to have access to any service they may need including an airline relocation. This program is the result of the collaboration of IHS and Hawaii Lodging and Tourism Association (HLTA).

Another program making strides against homelessness in Hawaii is the Community Health Outreach Work to prevent AIDS Project (CHOW Project). Originally a research project for the University of Hawaii in started 1989, the CHOW Project is a non-profit organization committed to assisting individuals, families, and communities adversely affected by drug use (CHOW Project, n.d.). In 1993 after the passing of legislature, the State of Hawaii Department of Health funded the CHOW Project to implement a syringe exchange program to reduce the transmission of HIV/AIDS and Hepatitis B and C (Grabowski, 2016). Law Enforcement Assisted Diversion (LEAD) is another homelessness-related initiative slated to launch on June 1, 2018. Adopted in Seattle, Washington in 2011, LEAD gives the option of connecting with social service providers to low-level drug offenders and sex workers who are arrested by police officers instead of going
to jail (Hofschneider, 2017). Critics of LEAD say incarceration is often necessary to hold repeat offenders accountable and provide consequences for their actions.

Like LEAD, Community Outreach Court is another program for low-level nonviolent defendants with legal issues. Homeless individuals are often issued citations for being in a park after hours, driving without a license, and camping without a permit. The goal of Community Outreach Court is to provide defendants with alternatives to incarceration and fines, like community service (Friedhiem, 2017). This program hopes to eliminate the stigma that homeless individuals cannot have a criminal record to receive assistance.

**Program Effectiveness**

The main goal of all the social service programs mentioned in the previous sections is to end and eventually prevent homelessness. While the intentions of these programs are great, they must be evaluated on a regular basis to determine their effectiveness. It goes without saying that these programs must be evaluated to determine their effectiveness. Evaluating these programs will identify duplicate services, minimize barriers to services, and ways to improve current services.

The General Accounting Office (n.d.) explains that VA spends millions of dollars on its homeless program initiatives but lack the necessary information to determine their effectiveness. For example, the information collected by the VA’s Northeast Program Evaluation Center (NEPEC) allows program managers to determine if certain services are beneficial to the intended population in a service area. However, NEPEC cannot track information pertaining to the long-term effectiveness of its program after a person has been discharged.

Housing First is the first approach to provide affordable housing to stabilize homeless families but it also has negative side effects. President of the Institute for Children, Poverty, and Homelessness, Ralph da Costa Nunez, feels that providing rent vouchers to homeless individuals
through the Housing First initiative is not a good idea. Mr. Costa Nunez (2016) highlights that Housing First is not an option for all homeless individuals. Subsidizing rent for a homeless family due to job loss or who has experienced some type of illness is a positive solution. However, providing rent vouchers to homeless families with mental health issues is ineffective because they are not equipped to maintain stable housing and will revert to homeless shelters. Fischer, Gillison, and Thyer (2001) performed a study which acknowledges that 71% of their study respondents reported that at least 40% of their income went directly toward housing costs instead of the 30% HUD threshold. Due to the large portions of income allotted to housing costs, these families remain at-risk of housing instability and returning to homelessness.

Risk factors of homelessness remain the same regardless of whether the individual is a Veteran or not. The most common risk factors are substance abuse, lack of employment, mental health issues, and the lack of affordable housing. A study conducted by Mares, Rosenheck, and Tsai (2012) found no significant differences between veteran and non-veterans on mental health diagnoses, housing, clinical status, or health service use. On the other hand, Veterans utilized outpatient health services more than their counterparts due to the availability of services through the VA health care system.

**Summary of the Literature**

In conclusion, this literature review has identified state and local programs that are available to any homeless individual. The social service programs sponsored by VA are for homeless Veterans. It is important to note that most of the local non-profit organizations receive some funding from the federal or state government, as well as community partners. Although a variety of social services are available to homeless individuals through federal, state, and local partnerships, accessibility may become difficult to navigate. Critics have called into question the
effectiveness of some of these programs; for example, LEAD and the Housing First initiative. It is imperative that organizations evaluate their services to identify any barriers that would hinder them from accomplishing their mission of ending and/or preventing homelessness.
Chapter III: Research Methodology

As an issue throughout all 50 states, ending and/or preventing homelessness in Hawaii is the focus of several social service program initiatives. Veterans experiencing homelessness, for any reason, after they have sacrificed their life for their country is even worse. As outlined in Chapter 1, the purpose of this project is to assist with evaluating the following:

1. What are the organizational dynamics of federal agencies that aid homeless veterans?
2. What is the organizational structure of state agencies that affect homeless veterans?
3. How does the organizational structure of local agencies affect homeless veterans?
4. How effective are the federal, state, and local agencies that help homeless veterans?

Data Collection Approach and Procedures

Data to be collected.

This research project will use both primary and secondary collection methods. The primary data collection techniques being used to answer the research questions will be surveys, interviews, and observations. Secondary data collection will be found in the Hawaii Homeless Management Information System (HMIS), a centralized database that is used to record services provided to homeless individuals throughout the state of Hawaii. If possible, the researcher will examine the records of the NEPEC to determine which services are being utilized, how often are they being utilized, and any other vital information related to the research. All the data for this research project will be answered using the primary and secondary methods listed above. It will be imperative that all study participants will sign an informed consent prior to participation.

Data collection procedures.

The paper-based survey will be distributed to homeless veterans, the target population, who do not want to participate in the interview process to collect basic data such as; age, gender,
marital status, ethnicity/race, income (if applicable), length of homelessness, military service background, reason(s) or contributing factors for homeless situation. Allowing this population to complete the survey will provide direct feedback based on their perspective of the services available to them. Following protocol to maintain strict confidentiality, the names of the survey participants will not be collected. Also, a drop-box located on a table near the entrance/exit of the social service program will be used to ensure anonymity.

A semi-structured interview will be given to homeless veterans who want to voluntarily provide detailed information about their homeless situation. The scaled questions will be similar to those provided in the survey. The open-ended follow-up questions for the target population will collect data about their opinions of the services that are available to them. It will also allow the Veterans to voice their opinions about what services they feel should be available to them but are not now. If time allows, a focus group with homeless Veterans will also be held to obtain information. The other interview will include the staff members at social service agencies, program coordinators, and community stakeholders. This interview will be different from that of the target population and consist of questions pertaining to the services they provide to homeless veterans, intake policies and procedures, which services are used the most and least, strengths and weaknesses of their program. If consent is obtained, the interviews of both the staff members and the target population will be recorded for accuracy.

The observation aspect of this research will focus on observing and documenting how the homeless Veterans interact with staff members of the social service agency or program. If possible, the researcher will observe how they interact with each other in their own environment (public park or homeless camp). The data obtained from the HMIS database will verify if the records maintained by facilities is accurate and updated. It will also provide any additional
information the target population or staff neglected or forgot to disclose. All the collection methods listed above are critical in streamlining the homeless veteran epidemic.

**Proposed Approach for Data Analysis and Synthesis**

The data collected from this research project will be analyzed using both qualitative and quantitative approaches. The survey responses will be represented using tables and percentages to indicate the number of veterans who gave each answer as a proportion of the number of veterans who answered the questions. The interview responses and record reviews will be coded to determine which data is relevant or irrelevant. Once the relevant data is identified, the factor analysis will be performed to determine the effectiveness of the programs available to homeless veterans and non-Veterans. An odds ratio will also be used to identify the correlation between male homeless veterans and female homeless veterans. The survey responses of homeless veterans who seek assistance from social services and homeless veterans who do not seek assistance will be analyzed using measures of central tendency.

**Methodological Limitations**

Possible limitations for this study include sample size, collection methods, and potential bias. Due to the research for this project consisting of data collected from Honolulu, Hawaii and its surrounding areas, it may not be applicable to other cities or areas. The survey is a modified version of several existing surveys and was not tested for reliability or validity prior to conducting this research. If participants do not consent to a recorded interview, documentation of their responses is based solely on the accuracy of the notes of the researcher. Those notes may be inaccurate or incorporate potential biases.

The researcher may have difficulty obtaining permission to review records from HMIS or other social service agencies because of protected health information (PHI) restrictions.
Although study participants were asked to be candid during this study, the surveys, interviews, and focus group discussions will be done on a voluntary basis. Staff members of the social service programs may decline the interview for fear of retaliation if their responses discredit the facility in any way. The sample size may be limited based on the number of survey and interview homeless Veteran volunteers and staff participants. Based on the number of homeless Veterans taking advantage of provided services during the allotted timeframe for this research, the convenience sampling could also have some limitations.
Chapter IV: Data Analysis

This chapter of the research will analyze data that has been collected to determine the effectiveness of social service programs for homeless veterans. As outlined in Chapter 1, the purpose of this project is to assist with evaluating the following:

1. What are the organizational dynamics of federal agencies that aid homeless veterans?
2. What is the organizational structure of state agencies that affect homeless veterans?
3. How does the organizational structure of local agencies affect homeless veterans?
4. How effective are the federal, state, and local agencies that help homeless veterans?

Several studies have cited the lack of employment and housing instability are the two main reasons for homelessness. Clients stated lack of employment, lack of affordable housing, and resources needed to stabilize housing (i.e. rent and utility vouchers) are key reasons they are tied to homelessness based on the National Survey of Homeless Assistance Providers and Clients (Aron et al., 1999, p. 20). Very rarely have studies indicated obtaining food as one of the key reasons for homelessness. Food pantries are the most popular programs serving homeless clients followed closely by emergency shelters (Aron et al., p. 61).

Some homeless individuals have become distrustful of social service providers. One strategy would be to provide street outreach or other engagement activities to eliminate negativity surrounding social services. Kasprow, Kane, Rosenheck, and Tsai (2014, p. 702) strongly highlight the importance of developing a relationship with homeless individuals in a welcoming environment prior to attempting to engage them with formal services. If the homeless population take advantage of available services, meeting them in their environment could prove to be beneficial to service providers. CoCs can be led by city or county government or private non-profit organization (National Alliance to End Homelessness, 2017). Because the structure of
CoCs can vary from city or state, these agencies can exercise their leadership and resource management positions to continuously promote the community-wide adoption of RRH in order to be in agreement with federal goals to end homelessness.

The collaboration of federal, state, and local social service providers is a critical component in the quest to end homelessness among Veterans and the general homeless population. Evaluating social service programs will determine if they are fulfilling their mission. For example, an article about Kent County, Michigan discusses realigning resources. Beech explains that several entities in Kent County, Michigan (2017) with different beliefs voluntarily came together and developed a mission to eliminate the experience of homelessness among Veterans entirely. They were innovative in reallocating resources that allowed them to better serve those in need in a timely manner. Pushing aside personal agendas to aid in the prevention of homelessness shows that social service agencies are strongly advocating to make this a priority.

Female homeless veterans with children often face additional barriers when seeking GPD housing assistance from social service programs. In a report by the U.S. Government Accountability Office (2011), more than 60 percent of surveyed GPD programs that serve homeless women veterans either did not house children or placed restrictions on the ages or numbers of children. Another barrier for female homeless veterans is unsafe housing conditions. Sexual harassment or assault incidents were reported at 9 of 142 GPD programs facilities (Government Accountability Office, 2011). If homeless female Veterans feel threatened at VA funded housing facilities, there is an increased risk of them bypassing utilizing housing programs in the future.
As stated earlier in this research, some social service programs target homeless Veterans, but others provide services to the general homeless population. Programs that cater to individuals with a particular characteristic, such as Veterans, are only reaching a select number of individuals. Baumhol, Hopper, and Shinn (2001) suggests a potential way to evaluate a program is to assign homeless individuals to a specialized treatment group who meet a certain criterion, the other homeless individuals would be free to utilize whatever services they choose. Although the two groups would have to be tracked for several years, there would be a more accurate count of the number of prevented homeless cases.
Chapter V: Summary, Conclusion, Recommendations

Homelessness among veterans all over the United States is a growing problem. It will take the commitment of the federal government, state government, and the local community to ensure that homeless Veterans, as well as the general homeless population, have access to services that will end and hopefully prevent homelessness. It is crucial that social service provide outreach programs consist of service providers going to homeless camps or parks to offer homeless veterans assistance. These types of strategies will establish long-lasting relationships that will assist in getting some of these people off the streets. Most, if not all, of these veterans have endured some form of combat and should not have to fight to receive assistance. Evaluating the effectiveness of social programs is an excellent strategy to determine which programs should be discontinued or which programs are producing results. This research should increase awareness about the different risk factors for homeless veterans and identify which programs are effective and ineffective.
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Appendix A

Permission Letter

May 30, 2018

April Whitaker
1381 Kalauiku Way
Wahiawa, HI 96786

Dear Ms. Whitaker:

I have reviewed your request to conduct a research project involving the Hawaii HMIS homeless records database at ________________ and the survey, interview, and research methods that will be used. I feel that this project will be beneficial to ________________. You have my permission to examine Hawaii HMIS records at ________________ for this project.

The following stipulations should be observed: the individual data collected from these surveys will remain strictly confidential. No one from this organization will see any answers associated with personal demographic data. Once all of the surveys are collected, I will compile the results, and make them available to all participants. Participation is strictly voluntary and a decision not to participate in this survey will in no way affect this organization.

If you have any questions regarding this letter of approval, please give me a call at <insert phone number>.

Sincerely,

<Signature: an original signature is preferred/a digital signature will be accepted/a typed signature will not be accepted>

<Insert the name and title of the person granting permission>
May 30, 2018

Dear Participant:

My name is April L. Whitaker and I am a graduate student at Central Michigan University. For my final project, I am examining homelessness among veterans and the effectiveness of social service programs for this population. Because you provide services to the target population, I am inviting you to participate in this research study by completing the attached survey.

The following questionnaire will require approximately 10 minutes to complete. There is no compensation for responding nor is there any known risk. In order to ensure that all information will remain confidential, please do not include your name. Copies of the project will be provided to my Central Michigan University. If you choose to participate in this project, please answer all questions as honestly as possible and return the completed questionnaires promptly in the drop box located at the entrance/exit of the facility. Participation is strictly voluntary, and you may refuse to participate at any time.

Thank you for taking the time to assist me in my educational endeavors. The data collected will provide useful information regarding what services are needed to assist with decreasing the number of homeless veterans. If you would like a summary copy of this study, please complete and detach the Request for Information Form and return it to me in a separate envelope. Completion and return of the questionnaire will indicate your willingness to participate in this study. If you require additional information or have questions, please contact me at the number listed below.

Please note that if you are not satisfied with the way this study is being conducted, you may report (anonymously if you so choose) any complaints to the MSA Program by calling 989-774-6525 or addressing a letter to the MSA Program, Rowe 222, Central Michigan University, Mt. Pleasant, MI 48859.

Sincerely,

April L. Whitaker
whita1a@cmich.edu
Appendix C

Homeless Survey/Interview Questions

Please check the box next to your answer selection. Return the completed survey in the drop box located on the table near the entrance/exit of facility. Thank you for your participation.

**Gender:**  □ Male  □ Female

**Are You Hispanic or Latino:**  □ No  □ Yes

**Race (choose all that apply):**
□ American Indian or Alaska Native  □ Asian  □ Black or African American
□ Native Hawaiian or Pacific Islander  □ White

**Current Marital Status (choose one):**
□ Married  □ Domestic Partner  □ Divorced  □ Separated  □ Widowed  □ Single

**Household Type: (Check only one)**
□ Single adult  □ Couple without children  □ Single parent with children
□ Two parents with children  □ Unaccompanied youth (17 or under)

**Military Background:**
Served/Serving U.S. Military (veteran?):  □ Yes  □ No  □ Don’t Know  □ Refused

**What Branch Did You Serve, or Are Currently Serving?**
□ Navy  □ Army  □ Marines  □ Coast Guard  □ Air Force

**Served in a War Zone?**  □ Yes  □ No  □ Don’t Know  □ Refused

**Do you have a disabling condition?**  □ Yes  □ No  □ Don’t Know  □ Refused
(Examples: Alcohol/substance abuse problems, serious mental health problems, serious medical conditions, physical disabilities, developmental disabilities)

**Type of Disability**
Diagnosed HIV/AIDS:  □ Yes  □ No  □ Don’t Know  □ Refused
Problems with Alcohol:  □ Yes  □ No  □ Don't Know  □ Refused
Problems with Drugs:  □ Yes  □ No  □ Don't Know  □ Refused
Mental Problems:  □ Yes  □ No  □ Don't Know  □ Refused
Physical Disability:  □ Yes  □ No  □ Don’t Know  □ Refused
Developmental Disability:  □ Yes  □ No  □ Don’t Know  □ Refused

**When was the last time you saw a doctor?**
□ Under 1 year  □ More than 1 year ago  □ 2-3 years ago
□ 4-5 years ago  □ Over 5 years ago  □ Do not Recall
Are You Homeless? □ Yes □ No

Reasons or Contributing Factors to Homeless Situation (choose all that apply):
□ Abuse or violence in my home □ Alcohol/substance abuse problems
□ Mental illness □ Unemployment
□ Relationship problems or family break-up □ Family member or personal illness
□ Don’t Know □ Other ___________________

How Long Have You Been Homeless This Time (choose one)?
□ Less than 1 month □ 1 to 3 months □ 4 to 6 months
□ 7 to 11 months □ 12 months to 2 years □ 3 to 5 years
□ 6 to 10 years □ More than 10 years □ Not Applicable

Number of Times Homeless Within the Past Three Years (INCLUDING THIS TIME - choose one):
□ 0-3 □ 4-6 □ 7-9 □ 10 or more

What is the hardest part about being homeless?
__________________________________________________________________________________
__________________________________________________________________________________

What can be done to improve your current situation?
__________________________________________________________________________________
__________________________________________________________________________________

Have you received assistance from any social service agency (ie. VA or CHOW Project)?
__________________________________________________________________________________
__________________________________________________________________________________

Were Those Services Helpful? Why or Why not?
__________________________________________________________________________________
__________________________________________________________________________________
Appendix D

Adult Consent Form for Face-to-Face Interview

Evaluation of Homeless Among Veterans with Post-Traumatic Stress Disorder

April L. Whitaker, Master of Science in Administration
Dr. Robert Stephens, Master of Science in Administration

My name is April L. Whitaker and I am a graduate student in the Master of Science in Administration degree program at Central Michigan University. Currently, I am conducting research to fulfill degree requirements at CMU. You are invited to participate in this research study. The following information is provided to help you make an informed decision whether to participate. If you have any questions, please do not hesitate to ask.

This study will identify the strengths and weakness of current resources available to homeless veterans. You are eligible to participate in this study because you, patron of these services. If you decide to participate in this research project, I will go over this consent form and then go through a series of interview questions about the resource programs.

The interview will take approximately 20 minutes to complete. There are no known risks while participating in the study. This study will be used to determine which programs are beneficial to homeless veterans and which resources should be discontinued. This is an opportunity to express your opinions about the different resources and options available to you. Recommendations will be made to management regarding the most beneficial resource programs.

Subjects will be referred to as patron or staff member. The researcher is the only one who will know who participated in the study. Any information obtained during this study which could identify you will be kept strictly confidential. Results of this study will be available to my CMU research monitor. There will be no compensation for participation in this study other than knowing you are contributing to the future services provided to homeless veterans.

For more information about this study, you may contact Dr. Robert Stephens at steph2rm@cmich.edu.

You are free to refuse to participate in this research project or to withdraw your consent and discontinue participation in the project at any time without penalty or loss of benefits to which you are otherwise entitled. Your participation will not affect your relationship with the institution(s) involved in this research project.

Please note that if you are not satisfied with the way this study is being conducted, you may report (anonymously if you so choose) any complaints to the MSA Program by calling 989-774-6525 or addressing a letter to the MSA Program, Rowe 222, Central Michigan University, Mt. Pleasant, MI 48859.
My signature below indicates that all my questions have been answered. I agree to participate in the project as described above.

______________________________  __________________
Signature of Subject Date Signed

A copy of this form has been given to me. ________ Subject’s Initials

______________________________  __________________
Signature of Responsible Investigator Date Signed
### Face-to-Face Interview Questions

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Not at All True</th>
<th>Somewhat True</th>
<th>Very True</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Are the mission and/or values of the organization being fulfilled?</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Are there specific requirements to enroll in any of the services provided by this facility? If so, please explain.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Do you feel the services provided by this organization are beneficial to the patrons? Explain why or why not?</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Do you see your responsibilities changing in the future? If so, how?</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Will an increase in funding or resources make the organization more efficient? Explain what you think might change.</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>What services does your facility provide to the homeless population?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>What are the agency’s service delivery strengths and weaknesses?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>8</td>
<td>How has your city’s treatment of homeless people changed over the years?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9</td>
<td>What are the facility’s funding sources?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>How would you describe the organizational culture?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Would you like to provide any additional information at this time?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix F

Focus Group Outline

Welcome and thank you for coming.

First, let me thank you for your service to our country. You all here today to participate in this focus group to discuss your experiences with ___________________________. I am collecting this information as a part of my final project for a Master of Science in Administration degree from Central Michigan University (CMU). This focus group will last approximately one hour and there is no compensation for your participation.

During the session, I will be asking questions about your military experience and services that might be helpful to you in the future. During this focus group, you are open to interact with one another and reply to what others are saying. Most importantly, please be respectful of other people’s views and privacy. Please note that you do not have to answer all of the questions.

Although I cannot control what people say after they leave, what is said in the room should stay in the room. To maintain confidentiality, I ask that you do not use your real name. At the end of the session, I will type up the notes and make transcripts of the discussion. Should anyone outside of CMU request to see any of the notes or transcripts, I will remove all personally identifying information to prevent those outside the research team from knowing who provided the information. The information you provide will be kept confidential and only used for this study. Use this discussion as an opportunity to get your voice heard because this information may be used to help improve ___________________________ and other homeless prevention programs.

Any questions about the study, or why we are here for this focus group? Before we go on, I need everyone to read the consent form in front of you and, if you agree with the terms, go ahead and sign it.

Introduction

- Please give us an alias you’d prefer to use for this discussion, where you served, and how long you’ve been home since your last tour of duty.

Reasons for Homelessness

- Please describe some of the challenges you faced when returning from serving your tour of duty. Some examples would be obtaining employment, reintegrating with family life, financial hardship, housing instability.
- Veterans with families only: Were there challenges that were related to you specifically because you have children to take care of?
- Women Only: Were there challenges that were related to you specifically because you are women?
• When did your housing struggles start? Immediately after you returned or sometime thereafter?
• What led you to seek help? Was it a loss of housing, financial crisis, loss of employment?
• How did you hear about _________________________?
• When programs are trying to inform veterans about services, what are good ways for them to reach out to veterans?

Social Service Program Experience and Effectiveness

• What are some of your overall impressions of the ______________________?
• Has __________________ helped you access additional services through the VA? If so, how and what types of services?
• What services did you get from the ____________________? How helpful were they?
• How has your condition changed since starting ________________________?
  Improved job seeking skills, housing voucher, educational assistance?
• Which qualities of __________________ do you think have been most helpful in getting you to this point? For example, case management or referrals?
• For OEF/OIF/OND only: How do you think the needs of OIF/OEF/OND veterans differ from veterans from previous wars?
• Did you face any challenges working with the program? If so could you describe them?

Prospects for the Future

• What types of services would be helpful to you in the future?
• How do you think the __________________________will affect your housing stability long-term?

This focus group outline was developed from the HUD Office of Policy Development and Research (2015).