Executive Summary

The quest to end homelessness is a critical issue across the United States. This research identifies strategies that are beneficial in executing services to homeless individuals and families. Affordable housing, health and human services, and public safety are the basis for the strategic plan for the State of Hawaii. Plans from other agencies included coordinated services, stabilize housing, increasing employment opportunities, and revamping transitional housing into permanent housing. The research was performed using surveys, interviews, and focus group in order to get a better understanding of which services clients need as opposed to what services are being offered. It also reviewed several studies that recommended different strategies to expand homeless assistance and social service programs. One recommendation included collaborating with several community partners to successfully allocate the necessary resources to the correct programs and eliminate underperforming services. Step by step the number of individuals and families experiencing homelessness will decline.
Strategic Planning for Homeless Assistance Programs for Veterans in the City and County of Honolulu, Hawaii

MSA 698 Directed Administrative Portfolio
Central Michigan University

Submitted by:
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Concentration:
Leadership

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July 7, 2018
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Chapter I: Research Problem

Background

On August 21, 1959, Hawaii was admitted into statehood as the 50th state of the United States of America (Hawaii, n.d.). It consists of eight main islands: Hawaii, Maui, Oahu, Kauai, Molokai, Lanai, Niihau, and Kahoolawe. Unlike the other 49 states, Hawaii is not located in North America. The United States Census Bureau estimated the population count for Hawaii at 1.4 million in 2016. Honolulu, the capital of Hawaii located on Oahu, has a population of approximately 988,650 (United States Census Bureau, 2016).

Not only is homelessness a major concern in Hawaii, it is a critical issue all across the United States. Homelessness is prominent among cities in states with enormous cost of living expenses such as New York and Hawaii. Cambridge University Press (2018) defines the cost of living as the amount of money an individual needs to spend on basic goods and services like food, clothing, and housing. An article in Time (2018) estimates the costs of goods and services in Hawaii as 19% higher than the national average. This article illustrates that Hawaii has the highest cost of living rate compared to the other 50 states.

The goal of ending and preventing homelessness is an ongoing concern for federal, state, and local government officials, homeless assistance programs, and other stakeholders in respective communities. Known as the “Tropical Paradise,” homeless encampments constructed along sidewalks, public parks, and on beaches is an eyesore for the popular tourist areas in Waikiki, Honolulu, and surrounding places. Men, women, children, individuals and families are those most affected by homelessness. The subpopulation that stands out the most is Veterans. The 2017 Oahu Homeless Point in Time Count (Bridging the Gap) reports a statewide decrease
of 615 (8 percent) in the total number of sheltered and unsheltered veterans as compared to the 2016 statewide total of 670.

**Research Problem**

Ending and ultimately preventing homelessness is at the forefront of issues being addressed by the Department of Veterans Affairs (VA) for the Veteran subpopulation. Title 38 3.1(d) of the Code of Federal Regulations defines a veteran as follows, “a person who served in the active military, naval or air service, and was discharged or released under conditions other than dishonorable” (Government Publishing Office, 2017). Programs provided by the VA are based on the eligibility of the former service members discharge status from military service. Some noted risk factors of homelessness are lack of affordable housing, unemployment, domestic violence, physical disability, mental health disorders, and substance abuse. In order to maximize available resources VA must collaborate with other agencies to gain access to housing, employment, and other necessities Veterans may need to stabilize their lifestyle. Some homelessness risk factors that are exclusive to the Veteran subpopulation are the inability to transfer skills from military service to the civilian workforce, Post-Traumatic Stress Disorder (PTSD), and Traumatic Brain Injury (TBI).

Accomplishing the mission of ending and preventing homelessness requires each agency involved to strategically plan how they are going to attack this ongoing issue. VA, United States Department of Housing and Urban Development (HUD), and the United States Interagency Council on Homelessness (USICH) all have strategically planned to end homelessness. The basis for ending homelessness relies on four criteria: 1) housing, 2) employment, 3) health care, and 4) collaboration of agencies.

This study will answer the following questions:
1. Based on their current plans, how effective are federal, state, and local agencies in Hawaii increasing access to affordable housing for anyone in Hawaii experiencing homelessness?

2. Based on their current plans, how effective are federal, state, and local agencies in Hawaii providing employment services for anyone in Hawaii experiencing homelessness including Veterans?

3. How accessible are federal, state, and local health care services to individuals experiencing homelessness in Hawaii?

4. Are federal, state, and local agencies effectively collaborating in order to maximize the amount of funds and number of services available to homeless individuals?

Research Audience and Rationale

The intended audience for this project is the Governor of Hawaii, Mayor of the County and City of Honolulu, Director of the Hawaii Interagency Council on Homelessness (HICH), city leaders of surrounding areas, program coordinators of the VA, and any representative from state and local homeless assistance programs with an invested interest in ending homeless. The recommendations from this project should positively influence the lives of all individuals experiencing homelessness in Honolulu and its surrounding areas. Hopefully, it will identify strengths and weaknesses to improve the aforementioned plans of federal, state, and local agencies to end homelessness. Increasing accessibility to services, combining duplicate programs, and maximizing the utilization of funding resources in order to stabilize and ultimately prevent homelessness are all benefits of this project. With the recent criticism the VA has experienced due to Veterans experiencing unreasonable wait times for health care services, the conclusion from this project should assist in them restoring their image.
Ending homelessness is not an overnight task; but the benefits of this study should gradually decrease homelessness, identify programs that should be restructured, and streamline the access to available services. A platform for federal, state, and local agencies to collaborate in order to provide efficient services to Oahu’s homeless population is the ultimate goal in the fight to end homelessness. If the recommendations of this project are implemented efficiently, homeless individuals will feel like respectable citizens of their communities.

**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. For example, a homeless assistance program that proves successful in Honolulu may not be successful in New York City. This research will concentrate on the general homeless population and include the Veteran subpopulation in this particular service area. Beyond the targeted population in the stated service area, the results of this study cannot be guaranteed and conclusions can only be drawn about those included within the scope of this research. This research is intended to focus on homelessness among Veterans, other than the VA, most federal, state, or local programs in this service area provide social services to any homeless individual who meet necessary eligibility requirements.
Chapter II: Synthesis of Related Literature

There are numerous amounts of literature pertaining to the strategic planning of resources for the homeless population. On the other hand, literature is limited concerning the effectiveness of various programs currently in place. This chapter will highlight literature that focuses on strategically planning services for the homeless population including affordable housing, employment opportunities, accessibility to health care, and collaboration of services among federal, state, and local agencies. The first issue to be analyzed will be the plans for federal programs and their effectiveness. Next, it will examine how Hawaii strategically plans their services for homeless individuals. Lastly, it will analyze the strategic plans of local agencies with services tailored to homeless population.

Federal Homeless Assistance Program Strategies

First, this study will review the literature related to the USICH. This agency was designed to develop strategies to end and prevent homelessness and also provides the framework for state and local agencies to follow in order to be successful. According to the USICH website, there are 10 strategies to end Veteran homelessness. The 10 strategies are: state and local leaders publicly committing to coordinate ending homelessness efforts, implementing a Housing First System, implementation of a coordinated entry system, effective deployment of resources to meet short and long-term goals, improve transitional housing support and performance, partner with private landlords, Veteran homelessness accountability, coordinate and execute outreach and engagement efforts, connections to employment, and collaborate with legal services providers (USICH, 2017). These 10 strategies provide the foundation for homeless assistance programs to utilize in order to become successful organizations.
The Continuum of Care (CoC) program, established by HUD, is on a mission to promote communitywide sponsorship and commitment towards the fight against homelessness. Rapid Re-Housing (RRH) is a CoC intervention that seeks to provide permanent housing, financial assistance, and case management services to individuals and families to assist them in quickly exiting homelessness. The National Alliance to End Homelessness (2017) uses the following strategies to increase the effectiveness of RRH: build support, build strategic partnerships, braid multiple funding sources, evaluate and incentivize performances, and encourage performance improvement. If a client is satisfied with the services received through RRH, they will most likely recommend the program to other homeless individuals and families.

The next HUD homeless assistance approach is Housing First. According to the National Alliance to End Homelessness (2016), this approach is based on the belief that once a person experiencing homelessness obtains permanent housing they will want to improve their quality of life. After a homeless individual secures housing they will be motivated to seek employment and any other needed assistance needed to stabilize their future. Housing First focuses on the following core components: limiting prerequisites for permanent housing entry, limiting admission policy barriers, streamlined housing entry, persistently engage tenants to utilize supportive services, full rights for tenants, policies to prevent lease violations and evictions (HUD Exchange, n.d.). These components will ensure that the services provided by Housing First are used appropriately.

VA has at least 14 programs dedicated to ending homelessness among Veterans. Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) is one of the collaborative programs between HUD and VA. HUD is responsible for providing Housing Choice rental vouchers to eligible homeless Veterans and VA is responsible for providing case
management and supportive services (VA, 2018). VA has implemented 3 significant
management strategies to successfully influence the adoption of HUD-VASH. The following
strategies have been effective in various HUD-VASH sites: including peer support specialists on
HUD-VASH teams, dividing VA staff into teams that focus on specific communities, and
imbedding case managers in the communities where Veterans reside (HUD, 2012). Peer support
specialists are Veterans who have utilized the HUD-VASH program and can become role models
to Veterans entering the program. These mentors will assist homeless Veterans with achieving
their goals and build rapport with VA staff. Familiarizing themselves with the culture and
establishing relationships with local organizations are advantages of imbedding case managers
and VA staff in homeless communities.

An article by USICH Regional Coordinator Katy Miller lists effective strategies for the
utilization of shelters to relive the housing shortage for homeless individuals. Miller (2016) first
suggests turning homeless shelters into a triage facility in order for homeless individuals to
obtain access to necessary services expeditiously. Embracing innovation and change within
shelters is another strategy in the fight to end homelessness. Instead of exclusively providing
overnight services, shelters should consider transitioning into a place that provides employment
services for those seeking permanent housing. The several pathways out of homelessness
strategy involves creating outreach teams that provide other avenues for homeless individuals,
who refuse to enter a shelter, access to housing and other services. The last strategy mentioned
by Miller consists of engaging neighborhoods in finding solutions to end homelessness. Instead
of vocalizing their dislike of homeless individuals in their neighborhoods, communities should
consider being private landlords to individuals exiting homelessness. Several federal agencies,
like HUD and USICH, have created their own strategies to be successful in the mission to end and prevent homelessness.

**State Homeless Assistance Program Strategies**

The HICH (n.d.) created a strategic plan that includes 4 goals in their quest to end homelessness. The four goals consist of the following: retooling the homeless crisis response system, increasing access to stable and affordable housing, increasing economic stability and self-sufficiency, and improving health and stability. Goal 1 - Retooling the homeless crisis response system entails: refocusing the crisis response system in order to prevent homelessness and also stabilizing permanent housing for those experiencing homelessness, prioritizing funding for critical services, and maintaining information management systems to ensure they are working efficiently and effectively. Goal 2 - Increasing access to stable and affordable housing comprises of: creating housing for homeless individuals at 50% and below area median income, creating permanent supportive housing for homeless individuals with special needs (mental illness, physical disability, elderly), and eliminating barriers to government-funded housing assistance programs.

Goal 3 – Increasing economic stability and self-sufficiency consists of: providing sustainable employment opportunities for individuals who are experiencing or at-risk for homelessness and making mainstream programs and services accessible to homeless individuals who are unstable financially. Goal 4 – Improving health and stability involves: integrating primary care and behavioral health services with homeless assistance programs and services, stabilizing permanent housing and health care services for youth who exiting the foster care or juvenile justice system, and stabilizing health care and housing for homeless individuals who
frequent hospitals and the criminal justice system. The goals outlined by the HICH provided the framework for the State of Hawaii’s strategic plan to end homelessness.

Using the strategic plan of the HICH as a starting developing tool, the State of Hawaii created their strategic plan to end homelessness. The State of Hawaii’s strategic plan (2016) consists of 3 levers of change: affordable housing, health and human services, and public safety. Lever 1 - Affordable housing consists of engaging landlords, streamlining policies and procedures, aligning state-county development efforts, and maximizing financial resources. One of the major risk factors of homelessness is the lack of affordable housing. Educating landlords on the incentives and benefits of renting property to low-income renters will hopefully increase the number of available housing. Eliminating certain eligibility requirements and duplicate policies and procedures improve continuity and consistency in homeless individuals obtaining housing. Partnerships between state and county agencies will accelerate the development of affordable housing for homeless individuals. Public and private funds are needed to maximize the number and effectiveness of homeless assistance programs.

Lever 2 – Health and Human Services entails investing in rapid permanent housing initiatives, aligning government and private funding sources to be utilized efficiently, align performance metrics to effectively monitor progress, allowing mainstream resources to provide support services to clients, conversion of transition housing to permanent housing, job development and training opportunities for those at-risk or experiencing homelessness, incorporate primary and behavioral health care services with homeless assistance and housing service providers, continually reinforce the coordination of entry services. Having multiple streams of income, like TANF and Medicaid, opens the door for funding to be allocated to other services experiencing financial constraints. Level 3 – Public Safety comprises the following:
developing policies and procedures to guarantee that homeless people are treated with respect, ensuring that outreach services and law enforcement activities align to prevent homeless people from entering the criminal justice system, providing training opportunities for law enforcement and State employees who respond to homeless encampments, and ensuring discharge planning is done appropriately to deter homeless people from re-entering homelessness. If these levels of change are efficiently executed and monitored on a continual basis, homelessness in Hawaii will decrease tremendously.

Summary of the Literature

In conclusion, this literature review has identified federal and state agencies with strategic plans in place to end and prevent homelessness. The literature review excludes strategic plans of local homeless assistance programs due to them being unavailable. Throughout federal and state programs, the coordination of services is vital aspect of ending homelessness. Once services are coordinated, homeless individuals have access to the assistance they need in one place. Having to go to navigate several agencies with various requirements will deter homeless individuals from taking advantage of much needed services. How effective are services if they are inaccessible to those that need them the most?
Chapter III: Research Methodology

Ultimately preventing homelessness in Hawaii is the main objective of all homeless assistance programs. 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. Based on their current plans, how effective are federal, state, and local agencies in Hawaii increasing access to affordable housing for anyone in Hawaii experiencing homelessness?

2. Based on their current plans, how effective are federal, state, and local agencies in Hawaii providing employment services for anyone in Hawaii experiencing homelessness including Veterans?

3. How accessible are federal, state, and local health care services to individuals experiencing homelessness in Hawaii?

4. Are federal, state, and local agencies effectively collaborating in order to maximize the amount of funds and number of services available to homeless individuals?

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 interviews, survey, and focus groups. 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 also examine the records of the VA’s Northeast Program Evaluation Center (NEPEC) to determine which services are being utilized, frequency of utilization, how the programs are funded, and any other vital information related to the research. All the data for this research project will only be obtained by the primary and secondary methods listed above.

**Data collection procedures.**

It will be imperative that all study participants sign an informed consent prior to participation. The first semistructured interview will be conducted with the staff of the local VA medical centers (VAMC) and VA outpatient clinics that are responsible for overseeing homeless assistance programs. The second semistructured interview will be conducted with HMIS administrators, local homeless assistance program staff (ex. Bridging the Gap), and any community stakeholder. Although the interviews will be guided by a predetermined list of questions, it will be flexible to ensure other relevant topics are discussed as well. This interview will 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. A survey will be provided to those homeless individuals 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.

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 currently unavailable. The focus group with homeless Veterans will be held to obtain information similar to that of the interview and survey. If consent is obtained, the interviews of both the staff members and the target population will be recorded for accuracy. The data obtained from the HMIS database will verify if the records maintained by facilities is accurate and updated. 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 of 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. An odds ratio will also be used to identify the correlation between federal, state, local, and non-profit funded homeless assistance programs. 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. The goal of this project is to identify strengths and weaknesses of homeless assistance programs currently in place. Once the weaknesses are identified, the respective agency will modify their plans in order to make their program accessible and beneficial to homeless individuals.

**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 surveys and interviews were not tested for reliability or validity prior to conducting this research because they consist of modified versions of surveys and interviews from other studies. If participants do not consent to a recorded interview, documentation of their responses is based solely on the accuracy of the notes taken by 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; surveys, interviews, and focus group discussions will be done on a voluntary basis. Staff members of VAMC, VA outpatient clinics and homeless assistance programs may decline the interview for fear of retaliation if their responses discredit the program or agency in any way. The sample size may be limited based on the number of 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

All of the strategic planning for agencies and programs researched for this study list affordable housing, coordination of services, and accessible health care services as major issues needed to end and prevent homelessness. Based on responses from community stakeholders and homeless individuals, the following are consistently noted as risk factors of homelessness: unemployment, lack of affordable housing, program barriers making necessary resources inaccessible. This chapter of the research will analyze data that has been collected to determine the effectiveness programs for homeless Veterans. As outlined in Chapter 1, the purpose of this project is to assist with evaluating the following:

1. Based on their current plans, how effective are federal, state, and local agencies in Hawaii increasing access to affordable housing for anyone in Hawaii experiencing homelessness?
2. Based on their current plans, how effective are federal, state, and local agencies in Hawaii providing employment services for anyone in Hawaii experiencing homelessness including Veterans?
3. How accessible are federal, state, and local health care services to individuals experiencing homelessness in Hawaii?
4. Are federal, state, and local agencies effectively collaborating in order to maximize the amount of funds and number of services available to homeless individuals?

Metraux, O’Toole, and Treglia (2016) analyzed the factors of migration among homeless Veterans who received services from the VA. The researchers were able to track this information by using information obtained from the VAMC database. They found that climate, economic factors, and urban movement all played a significant role in the migration process. They first determined that for every 10 degrees the temperature increased, there was almost a 10% increase
in the number of homeless Veterans in that particular area. Next, their study stated that certain
economic factors played a major role in migration. Employment levels and the generosity of
public assistance programs appeal to homeless Veterans; therefore, they migrate to the other
cities that will assist them in stabilizing their future. Lastly, the migration from rural to urban
areas also played a role in the migration of homeless Veterans. Due to the limited number of
services available in rural areas, homeless Veterans migrate from rural to urban areas to take
advantage of the variety of services that cater to the targeted population. Metraux, O’Toole, and
Treglia also suggest further research include analyzing the relationship between individual
characteristics and the various levels of homelessness based on those characteristics.

Baumohl, Hopper and Shinn (2001) performed a study that consists of the following
strategies to prevent homelessness: eviction prevention programs, supportive services for
impaired or disabled individuals, income, discharge planning, and programs to ameliorate
domestic conflicts. Eviction prevention programs through homeless assistance agencies would
provide a platform for landlord-tenants mediation. Instead of the landlord automatically evicting
their tenants, whom eventually end up homeless, the two would compromise to resolve the issue.
The researchers also suggest that supportive services, such as stabilized housing and employment
opportunities, be available to impaired and disabled homeless individuals. Due to the decline of
Social Security Income (SSI) and General Assistance (GA) benefits, this research suggests that
homeless prevention strategies include housing subsidies for individuals who are impaired or
unable to work. Men, women, and children who experience domestic violence or sexual abuse
will benefit from stabilized housing and gainful employment. Establishing a stabilized
environment will keep men, women, and children from depending on the abuser.
Servicing the homeless individuals with the most need is the overall theme of this data analysis. Once housing and employment are stabilized, homeless individuals improve their quality of life. The recurrent risk factors of homelessness include; lack of affordable housing, inability to transfer skills obtained in the military to civil lifestyle, substance abuse, mental illness, domestic abuse, physical disability, and criminal history. The aforementioned risk factors should not deter homeless individuals from seeking assistance. Federal, state, and local homeless assistance agencies and programs should ensure their strategic plans align with the needs of the targeted population.
Chapter V: Summary, Conclusion, Recommendations

Many believe that homelessness is a choice. This research has illustrated that various risk factors that contribute to individuals being homeless are out of their control. For example, the skills a Veteran obtains in the military may not apply to the types of employment available in their particular geographical area. Some homeless individuals migrate from rural to urban areas in order to have access to generous public assistance services. Obtaining multiple streams of income allows homeless assistance agencies to allocate funds to services with the most need. If a family qualifies for Medicaid or TANF, the funds they were receiving can be routed to an individual who does not qualify for any assistance.

An agency that conducts performance improvement procedures have access to more funds and incentives that other programs leave on the table. It is in the best interest of the program identify their strengths and weaknesses to ensure they offer services that are accessible to homeless individuals and families. The VA should research which services provided in one area appeal homeless Veterans in another area causing them to migrate across geographical areas. The ending and ultimate prevention of homeless requires the collaboration of federal, state, and local agencies and service providers. Having to go to several places to access different services is cumbersome for homeless individuals. Establishing a coordinated entry system is ideal in order for homeless individuals and families take advantage of available services.
References


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>
Appendix B

CMU
CENTRAL MICHIGAN UNIVERSITY

Survey Consent Form and Cover letter

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, Professor, 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</td>
<td>2</td>
<td>3</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</td>
<td>2</td>
<td>3</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</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Do you see your responsibilities changing in the future? If so, how?</td>
<td>1</td>
<td>2</td>
<td>3</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</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>What services does your facility provide to the homeless population?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>7</td>
<td>What are the agency's service delivery strengths and weaknesses?</td>
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<tr>
<td>8</td>
<td>How has your city’s treatment of homeless people changed over the years?</td>
<td></td>
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<tr>
<td>9</td>
<td>What are the facility’s funding sources?</td>
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<tr>
<td>10</td>
<td>What are the eligibility requirements in order for homeless individuals to receive services from your organization?</td>
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<td></td>
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<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).