Homelessness is an ongoing issue throughout the United States. Hawaii has the largest homeless population due to the high cost of living expenses. Veterans experiencing homelessness is disheartening because they have sacrificed so much during their military career. This study will highlight how gender, race, and sexual orientation play a role in aiding the general homeless population. It will also recommend strategies that will assist homeless assistance programs and agencies with implementing services based on the need of an individual person rather than a certain group of people. The research was performed using surveys, interviews, and focus group strategies to get a better understanding of which services clients prefer and other services that programs lack that would be beneficial to them. 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. Ending homelessness is a critical issue on the federal, state, and local agenda.
Homeless Assistance Program Service Utilization by Homeless Individuals Based on Gender, Race, and Sexual Orientation in the City and County of Honolulu, Hawaii

MSA 698 Directed Administrative Portfolio
Central Michigan University

Submitted by:
April L. Whitaker

Concentration:
Leadership

Project Instructor:
Dr. Robert Stephens

July 24, 2018
Table of Contents

Chapter I  Definition of the Problem ........................................ 3
Chapter II  Literature Review ................................................. 6
Chapter III Research Methodology ......................................... 12
Chapter IV  Data Analysis..................................................... 16
Chapter V  Summary, Conclusion, Recommendations ................. 19
References ........................................................................... 20

Appendices

Appendix A  Permission to Conduct Study ................................. 23
Appendix B  Consent Form (Anonymous Survey, Informal Interview or Formal Interview) ........................................ 24
Appendix C  Survey/Interview Questions .................................. 25
Appendix D  Adult Face-to-Face Interview Consent Form .......... 27
Appendix E  Face-to-Face Interview Questions......................... 29
Appendix F  Focus Group Outline .............................................. 30
Chapter I: Research Problem

Background

Sometimes referred to as “Paradise,” Hawaii was admitted into statehood on August 21, 1959 (Hawaii, n.d.). As the 50th state, Hawaii is the only one located outside of North America. The state consists of eight main islands: Hawaii, Maui, Oahu, Kauai, Molokai, Lanai, Niihau, and Kahoolawe. In 2017, the United States Census Bureau estimated the population of Hawaii at 1.4 million. The capital of Hawaii is Honolulu and its located on Oahu, the third largest island. Honolulu has a population of approximately 988,650 (United States Census Bureau, 2017).

Out of all the states, Hawaii has the highest rate of homelessness. Enormous cost of living expenses shed insight as to why the homeless rate is so high. As an ongoing concern for local government officials and all other stakeholders, ending and preventing homelessness is a top priority. The primary cause of homelessness is the lack affordable housing, homeless individuals erect homeless encampments along sidewalks, in public parks, and on beaches in popular tourist areas in Hawaii. These encampments are an eyesore for tourists and the officials of the City and County of Honolulu and surrounding areas are seeking ways to eliminate this issue. The homeless population comprises of men, women, children, teenagers, individuals, families, and veterans. The 2017 Oahu Homeless Point in Time Count conducted by Bridging the Gap reports a statewide decrease of 8 percent in the total number of sheltered and unsheltered veterans as compared to the 2016 statewide total of 670.

Research Problem

Some of the risk factors of homelessness include lack of affordable housing, unemployment, domestic violence, substance abuse, mental health issues, and having a physical disability. A Traumatic Brain Injury (TBI), Post-Traumatic Stress Disorder (PTSD) and the
inability to transfer skills from military service to civilian life has significantly increased homelessness among the veteran population. A veteran is someone who has served in any of the five branches of the armed forces and discharged or released under any circumstances other than dishonorable (Government Publishing Office, 2017). Eliminating homelessness is a top priority for the Department of Veterans Affairs (VA) and the United States Department of Housing and Urban Development (HUD). The VA can only assist eligible veterans according to their discharge status from the military, while the public has access to any homeless assistance program provided by HUD.

Hawaii is a melting pot; therefore, there are no ethnic majorities. The United States Census Bureau (2017) lists the following demographics of Honolulu: White alone-21.9%, Black/African American alone-2.8%, American Indian/Alaskan Native alone-0.3%, Asian alone-43.0%, Native Hawaiian/Other Pacific Islander alone-9.6%, White/Not Hispanic or Latino-18.3%, Hispanic/Latino-9.9%, and Two or more races-22.4%. Due to homelessness consisting of a diverse population; gender, race, age, and sexual orientation play a major role in the implementation of some homeless programs and services provided to homeless individuals.

This study will answer the following questions:

1. How does gender inequities play a role in the utilization of services provided by homeless assistance agencies?
2. Does sexual orientation factor into the utilization of homeless assistance programs?
3. Are there racial inequities within homeless assistance programs?

Research Audience and Rationale

The intended audiences for this project are: The Governor of Hawaii, Mayor of the City and County of Honolulu and city leaders of surrounding areas, Hawaii Interagency Council on
Homelessness Representative, VA homeless program coordinators, and any stakeholder with an interest in preventing homelessness. The recommendations from this study will hopefully impact the lives of homeless individuals in Honolulu and its surrounding service area in a positive manner. It will attempt to identify race, gender, and sexual orientation prejudices that hinder access to homeless assistance programs. Preventing discriminatory acts will allow any homeless individual access to all available services. Ending homelessness is an ongoing process, but the benefits of this study should jumpstart its decline. Restructuring eligibility requirements and training staff on discriminatory practices will increase the availability of services for homeless individuals. Federal, state, and local agencies collaborating to efficiently allocate resources to Oahu’s homeless population is a step in the positive direction. The effective collaborative efforts of these entities will encourage homeless individuals to utilize services to get their lives back on track. It is disheartening to have a veteran who risked his life for this country living on the street.

**Research Study Scope/Delimitations**

The data collected and analyzed for this study is limited to the service area surrounding the City and County of Honolulu; therefore, it may not be applicable to other state, local, or VA programs. This research will concentrate on the general homeless population, sometimes identifying subpopulations like veterans, in this service area. Beyond the targeted population, the results of this study are not guaranteed. Conclusions can only be drawn about those included within the scope of this research. Other than the VA; most federal, state, or local programs in this service area provide social services to any homeless individual who meet the necessary eligibility requirements. This study has not been tested for reliability or validity.
Chapter II: Synthesis of Related Literature

Gender bias, racial inequities, and discrimination based on sexual orientation are drastically emerging as risk factors for homelessness. There is an abundance of literature on homelessness and its relation to gender, race, and sexual orientation. This chapter will highlight literature that focuses on these issues and how they relate to homelessness. Gender bias will be the first issue that is analyzed and how it plays a role in the implementation and utilization of services provided by homeless assistance programs. Next, it will examine how homeless individuals have been forced into homelessness due to racial inequities. Lastly, it will analyze how sexual orientation factors into homelessness. This chapter will only summarize some of the research others have performed.

Gender

Ending and preventing homelessness is one of the most thought-provoking issues facing the United States. Gender bias is one of the most prominent risk factors of homelessness. Hamilton, Washington, and Zuchowski (2014) point out in their study that the number of homeless Veterans is declining but the number of homeless women Veterans is increasing without an explanation. The study consisted of a focus group of women Veterans that linked their homelessness to the following primary reasons: 1) premilitary adversity (unstable housing), 2) Military Sexual Trauma (MST) and abuse, 3) postmilitary interpersonal violence abuse and termination of intimate relationships, 4) post military mental illness, substance abuse, and medical issues, and 5) unemployment. The focus group participants also comprised the following list of reasons for entry into the military: premilitary survivor instinct, lack of social support and resources, feeling isolated, sense of independence, and barriers to medical, mental
health, and social services. Male counterparts mentioned mental health issues and loss of job as their reasons for homelessness; whereas females cited eviction, and interpersonal issues.

A study performed by Byrne and Montgomery (2014) estimates that 14,000 women Veterans experience homelessness per year compared to 127,000 male Veterans. The study also reports that homeless male Veterans utilized substance abuse outpatient treatment and Emergency Department (ED) services; in contrast, female Veterans utilized outpatient medical services for physical health related issues. In relation to era of military service, there was a significant difference in genders. Female Veterans were more prominent in recent eras of military service compared to men.

According to the 2017 Centers for Disease Control and Prevention (CDC) leading causes of death in the United States, suicide is ranked as 10th on the list. Benda (2005) discovers in her study that 48.7% of homeless female Veterans compared to 44.4% of homeless male Veterans have thoughts about committing suicide. Another astounding statistic revealed in this study is that 36.5% of homeless female Veterans have attempted suicide compared to 26.7% of homeless male Veterans. Family problems, self-esteem, current and childhood physical or sexual abuse, and depression are commonly associated with suicidal thoughts for homeless female Veterans. On the other hand, combat exposure, alcohol and drug abuse, and aggression are linked to suicidal thoughts for homeless male Veterans.

With 12% serving and having exposure to combat, Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) has the largest number of females with a higher rate of Veterans Health Administration (VHA) homeless program utilization than any other Veteran cohort (Blackstock et al., 2012). This study goes on to acknowledge that current programs were designed to accommodate male and female Veterans. Due to the differences of
health care needs and socioeconomic support of OEF/OIF female Veterans, VHA needs to stress the importance of implementing services tailored to this exclusive group of female Veterans.

**Race**

When it comes to the subject of utilizing health care and mental health services, there is a growing concern with the racial differences of utilization. Gallup et al. (1997) found that racial discrimination and social disadvantage were at the forefront of black homelessness; whereas disability and illness lead to white homelessness. The study also mentions that recovery from homelessness for blacks is difficult due to the lack of a supportive atmosphere and the high percentage of poverty in urban communities. The most notable difference between blacks and whites in this study is that black Veterans showed improvement in long-term treatment programs than their counterparts. Being able to communicate with family and close friends on a continuous basis lead to fewer psychiatric problems.

As a key piece to the ending homelessness puzzle, the Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program is designed to provide permanent housing for homeless Veterans. Veterans are referred to the program by VA mental health clinicians or HUD-VASH clinicians who engage homeless Veterans through community outreach events. Pietrzak, Rosenheck, and Tsai (2013) conducted a study among homeless Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) male and female Veterans. The study discovered that most of the referrals received for HUD-VASH were for unmarried, young white males, with no prior criminal record and homeless less than twice in 3 years. In contrast, most referrals submitted to HUD-VASH were for young, black, unmarried females with no prior criminal record and homeless less than twice in 3 years.
Byrne, Montgomery, and Fargo (2016) observes that unsheltered homeless Veterans, when compared to their sheltered equivalents, are more likely to be White males that fall in the 50-59 and 60-69 age ranges. Breeland, Chee, and Zulman (2015) implies that African-Americans in the VA represent approximately 21% of high-utilizing Veterans. High-utilizing patients have chronic conditions with comorbidities and often rely on hospitals and emergency departments for treatment instead of establishing care in a primary care physician or clinic. Caucasian high-utilizing patients are more likely to have a diagnosis of bipolar disorder. In contrast, African-Americans are more likely to have an infectious disease diagnosis like HIV/AIDS. Surprisingly, this study shows that depression, diabetes, and hypertension rates were similar among African-American and Caucasian Veterans.

Some may characterize homelessness as a poverty issue. Lurie, Rankin, and Schuster (2015) hypothesize that minorities are disadvantaged due to poverty, source of income discrimination, and discriminatory federal housing programs and policies. First, the widening wage gap causes minorities to live well below the poverty line as opposed to their White counterparts. Minorities struggle with paying bills or buying food; therefore, opening the door to homelessness. Second, minorities account for 62% of housing voucher and subsidy recipients. Landlords reject these vouchers which limits the availability of a safe housing environment. Third, discriminatory housing programs promote residential segregation. Minorities are limited to sub-standard housing and are subjected to areas with low-performing schools, crime, and insufficient access to health care. Lastly, discriminatory housing financing policies restrict minorities from obtaining home ownership. Most of the lenders raise the costs of loans to make them unattainable for some minorities.
Why are homeless rates among certain ethnicities significantly higher than others?
Marian Jones explains why Hispanics are under-represented in the homeless population of the United States. Jones (2016) explains that Hispanics adhere to norms associated with immigrant communities and black Americans adhere to the American norm of individual autonomy. Members of Hispanic families contribute to the household where collective well-being is valued more than individual autonomy. In contrast, black Americans return to homelessness because they are resented by their families.

**Sexual Orientation**

Of the three topics researched for this literature review, there was an enormous amount of material available on sexual orientation and homelessness. According to a study reviewed by Carrico et al. (2016), sexual and gender minorities are overrepresented within the homeless population of several urban cities in the United States. The risk factors for this subpopulation of homelessness increases due to family conflict, disapproval of sexual orientation, or childhood sexual abuse. Due to the rise in rates of discrimination, victimization, and stigma among sexual and gender minorities; they are at a greater risk for physical and mental health problems.

Gattis and Larson (2017) estimate between 22.4 and 40% of homeless youth are lesbian, gay, bisexual, or transgender (LGBT). This study also notes that homeless LGBT youth report higher rates of mental health issues including suicidal ideation and suicide attempt when compared to their housed LGBT colleagues. Homeless Black LGBT youth are susceptible to challenges and discrimination not experienced by their colleagues who identify as White, heterosexual, or cisgender. These challenges consist of police and community harassment and sexualization. LGBT youth in child welfare systems also face isolation. Robinson (2018) emphasizes that placing a lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth in the
wrong housing environment could expose them to unnecessary violence. Child Protective Service employees must be sensitive to the needs of transgender and gender-expansive youth.

The VHA, one of the first to adopt the electronic health record, is the largest health-care system in the United States. It has been reported that transgender Veterans have experienced health disparities when seeking medical care within the VHA or its affiliates. Brown and Jones (2014) report that Black transgender Veterans experienced health disparities due to their sexual identification or preference when compared to White transgender Veterans.

**Summary of the Literature**

In conclusion, this literature review has identified gender, race, and sexual orientation issues related to homelessness among the general homeless population, as well as Veterans. The most prominent issue that is making headlines today are the disparities experienced by the LGBTQ community. It is imperative that leaders of homeless assistance programs and social service agencies re-evaluate their policies and procedures to accommodate anyone experiencing homelessness. This evaluation will allow the service provider to discover any additional resources needed to expand their current program or develop new programs. Federal and state programs usually have guidelines they must follow as a requirement for receiving funds. If a homeless individual does not meet all the requirements for a particular program, they do not qualify for assistance. This is a barrier in the effort to preventing homelessness. Homelessness will not be eliminated overnight, but any progress is a step in the right direction.
Chapter III: Research Methodology

Until government officials and interested stakeholders take a stand against homelessness, it will continually be a problem without a solution. Homelessness is more than a Hawaii issue, it’s a nationwide epidemic. Ending and preventing homelessness in Hawaii is the focus of several government entities and social service program initiatives. Any Veteran experiencing homelessness after sacrificing their life for the United States is ridiculous.

Due to homelessness consisting of a diverse population; gender, race, age, and sexual orientation play a major role in the implementation of some homeless programs and services provided to homeless individuals.

This study will answer the following questions:

1. How does gender inequities play a role in the utilization of services provided by homeless assistance agencies?

2. Does sexual orientation factor into the utilization of homeless assistance programs?

3. Are there racial inequities within homeless assistance programs?

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 and surveys. 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 gender and race utilize the services, discuss sexual orientation and 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 be answered using the primary and secondary methods listed above. It will be imperative that all study participants 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, sexual orientation, 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 currently unavailable. If time allows, a focus group with homeless Veterans will also be held to obtain information similar to that of the interview and survey. 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 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 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.

**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; 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 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

Reports of discrimination experienced by homeless individuals based on gender, race, and sexual orientation have been reported throughout several articles read for this research. Lack of social support, victimization, and racially motivated policies and procedures are all barriers to ending and preventing homelessness. Due to homelessness consisting of a diverse population; gender, race, age, and sexual orientation play a major role in the implementation of some homeless programs and services provided to homeless individuals.

This study will answer the following questions:

1. How does gender inequities play a role in the utilization of services provided by homeless assistance agencies?
2. Does sexual orientation factor into the utilization of homeless assistance programs?
3. Are there racial inequities within homeless assistance programs?

Gender

Blackstock et.al (2012) proposes that it is highly likely for female Veterans to utilize VA homeless assistance programs if they were oriented toward women. This study also suggests developing a program that focuses on the unique needs of OEF/OIF female Veterans due to the increase in females engaged in combat.

Race

King and Redwood (2014) illustrate how The Consumer Health Foundation changes the identifies three strategies to be successful in racial equity: the process of racial equity, the goal of racial equity, and the intended change. The process of racial equity requires training staff on the different facets of racial equity, diversifying the governance board, and employing a diverse staff. The goal of racial equity involves providing grants for the diversification of programs,
promoting inclusion within the organization and community, strategically communicate racial
equity practices within the organization, and establishing partnerships with other outside of
health care to expand out delivery of services. Intended change involves the ongoing evaluation
of the steps included with the process and goal of racial equity.

Dones and Olivet (2017) have initiated Supporting Partnerships for Anti-Racist
Communities (SPAR). SPAR documents the challenges minorities face when attempting to exit
homelessness. The authors of this article note that Blacks and Native Americans are three times
more likely to be homeless than their White counterparts in SPAR communities. It also explains
that sometimes program staff lack the diversity of the people they serve, and their programs are
not beneficial to Blacks.

**Sexual Orientation**

LGBTQ youth should be housed safely and not have to be subjected to isolation. One
strategy in developing a program for LBGTQ would be to conduct a focus group to obtain their
input on how the program should be implemented. This focus group will provide insight into
how this community feels and which resources are needed to provide stability.

Pushing aside personal agendas to aid in the elimination of homelessness shows that
social service agencies are strongly advocating making this a priority. As stated earlier in this
research, some social service programs target homeless Veterans, but others provide services to
the general homeless population. Some programs that were created to assist men and women
should be restructured to meet the unique situations of homeless individuals requiring assistance.
Chapter V: Summary, Conclusion, Recommendations

The operation of homeless assistance programs and social service agencies relies heavily on funding from federal, state, or local sources. Sponsorships and individual donors are utilized to fund programs on the local service area. It would benefit service providers and program participants if some entities would partner to provide services that are oriented towards females, sexual and gender minorities, exclude racial inequities. 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 providers evaluate their budgets and funding resources to expand current services. These types of strategies will establish long-lasting relationships that will assist in getting some of these people off the streets. After fighting in a war on foreign soil, Veterans should not have to endure battle at home in order to receive care. Evaluating the effectiveness of social programs is an excellent strategy to determine which programs should be discontinued or which programs are producing results.
References


Cohorts of Homeless Veterans. *Administration and Policy in Mental Health and Mental Health Services Research, 40*(5), 400-405


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

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.
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?
________________________________________________________________________
________________________________________________________________________

What is your sexual orientation or preference?
Have you experienced any discrimination based on your race, gender, or sexual orientation?

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 weaknesses 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</th>
<th>Somewhat True</th>
<th>Very True</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Are the mission and/or values of the organization being fulfilled?</td>
<td>Not at True</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></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>Not at True</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Do you feel the services provided by this organization are beneficial to all patrons? Explain why or why not?</td>
<td>Not at True</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Are there discriminatory practices based on race, gender, or sexual identification? If so, what?</td>
<td>Not at True</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></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>Not at True</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td></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>
<td></td>
<td></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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>How has your city’s treatment of homeless people changed over the years?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>What are the facility’s funding sources?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>
<td></td>
<td></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>
<td></td>
<td></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, sexual orientation disparities.
- 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).