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EVALUATING THE EFFECTIVENESS OF SERVICES TO COMBAT HOMELESSNESS AT A SOUTHERN CALIFORNIA RESCUE MISSION

Cody Cheyenne Kennedy
California State University – San Bernardino

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EVALUATING THE EFFECTIVENESS OF SERVICES TO COMBAT
HOMELESSNESS AT A SOUTHERN CALIFORNIA RESCUE MISSION

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Cody Kennedy
June 2020

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Approved by:

Dr. Carolyn McAllister, Faculty Supervisor, Social Work

Dr. Gretchen Heidemann-Whitt , M.S.W. Research Coordinator

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ABSTRACT

This research study was to examine the effectiveness of the services provided at a Southern California rescue mission aimed at combating homelessness in the region. The constructivist paradigm was used to examine the relevant services provided at this facility. The integrated approach is optimal to provide comprehensive service. Because of this, functional theory was the preferred theoretical orientation for this study. Participants were selected through critical case and maximum variation sampling. Data was gathered through questions asked by the researcher, and data analysis occurred using open coding. Findings supported the effectiveness of a comprehensive approach to combat homelessness which incorporates integrated departments providing outreach, medical, mental health, substance abuse treatment, employment, and housing services. Recommendations for the improvement of services at this site involved the implementation of weekly interdepartmental meetings and a uniform progression of services for all clients who enter the program. These findings have shown tangible applications for future evidence-based social work practice, specifically regarding the structuring and implementation of services aimed at combating homelessness.

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CHAPTER ONE

ASSESSMENT

Introduction

Homelessness in the United States has been an issue of vital importance for many years. Public awareness of this issue, on the other hand, has been variable and dependent primarily on political motivations. Unfortunately, this variability also drives the inconsistent availability of federal financial aid meant to fund programs aimed at helping the homeless population. To help identify and measure the effectiveness of programs tasked with combating this social issue, we examined the services offered through a Southern California residential facility wherein onsite departments provided a range of services to combat homelessness. The specific identification of the facility and the region was withheld to respect privacy. In this chapter we identified the research focus, the research paradigm, and the rationale for why we chose this paradigm for our research study. In addition, we presented a literature review to identify information regarding the effectiveness of services relevant to the facility program such as outreach, medical, mental health, substance dependency, employment, and housing. Finally, the chosen theoretical orientation was discussed, as well as the potential contribution this study may have for micro and/or macro social work practices.

Research Focus and/or Question

The research focus of this study was an examination of the effectiveness of the integrated services offered through the facility to combat homelessness. In recent years, homelessness in Southern California has been on the rise (County of Riverside, 2017). In response to this, the facility has provided comprehensive services to the homeless population in the region. Men, women, and children have come to the facility through outreach and other mediums in order to obtain services in housing, employment, medical, mental health, substance abuse treatment, as well as basic human needs. The facility has offered services to the homeless population in the hopes of lessening the recidivism into unemployment, disparaging health, addiction, and homelessness. With seemingly mixed results, assessing the effectiveness of these integrated services seemed necessary for the program to evolve.

Paradigm and Rationale for Chosen Paradigm

This research study was conducted using the constructivist paradigm. While constructivism allows for the gathering of qualitative data, it differs from other qualitative data-based paradigms in many ways. One significant difference is that it does not assume the necessity of an objective reality, but instead approaches research from a perspective which assumes that to truly understand human behavior and the overall human experience, subjective perceptions of those directly engaged and involved in the areas being researched must be examined (Morris, 2014). These constructions are called “hermeneutic dialectic”

due to the inherent structure of seeking out and comparing the ever-evolving subjective interpretations. Such subjective interpretations are essential since one of the guiding principles of the constructivist research paradigm is the uniqueness of the data collected being dependent on the time and place of collection (Morris, 2014). This paradigm seemed the most logical and effective option for this research focus as it allowed data being collected to influence and help expand how and from where subsequent data would continue to be collected throughout the progression of the research study. In addition, this research setting involved participants who were often invested through personal experience which shaped their subjective perception of the services offered to this population. This subjective perception is recognized and considered within the constructivist paradigm.

Literature Review

Due to the nature of the constructivist research paradigm, the literature review takes on a specific and important role. In this approach, the literature is seen as one of many constructions of the research focus (Morris, 2014). Here, it works in tandem with other constructions to shape the progression of the study. In this study, the literature was used to help determine the effectiveness of the services offered to the region's homeless population through the different departments which coordinate within the facility. To help with this determination and to guide the focus of this research, literature on the necessity and effectiveness of each of the departments which provide relevant services were

reviewed. These departments include: outreach, employment, housing medical services, mental health services, and substance abuse treatment.

Outreach

While some of the homeless population seek out services at homeless shelters and rescue missions, many do not. For those who do not, the rationale often includes either an unwillingness to receive the services, an inability to travel to the facility, or simply being unaware of their existence. Instead, homeless in this region have tended to group together in community encampments. To combat this, outreach workers often traveled to encampments in the hope of bringing homeless men, women, and children back to the facility to obtain services. For outreach workers, these encampments have often been difficult to enter due to distrust of those perceived to be in a position of authority by the encampment residents. According to Tomsett, Fowler and Toro (2009), the subculture which exists within these otherwise diverse encampments have been known to promote an ingroup/outgroup mentality which serves to mitigate outreach effectiveness. To combat this, outreach workers have found it necessary to shape their rhetoric based on the common needs of this population in order to entice potential clientele to return with them to the facility. According to Nino, Loya and Cuevas (2009), chronic homelessness will often coincide with level of education, criminal record, history of various types of abuse, mental health issues, and substance dependency. Outreach has addressed this by

bringing along medical and mental health staff to provide onsite services both to provide triage and to promote program entry and commitment.

Medical

Many of the homeless population have been shown either unable or unmotivated to pursue regular medical services. This has led to a much greater rate of morbidity and mortality affecting chronically homeless individuals compared to other populations (Linton & Shafer, 2014). According to Sanko and Eckstein (2013), this population has often forgone consistent and preventative medical treatment, instead relying on emergency and ambulatory care. This has led to largely unpaid high-cost medical bills, which in turn has influenced the increase of overall medical costs in the United States. Sanko and Eckstein (2013) continued by describing the prevalence of “EMS super-users” who have accounted for a disproportionately high amount of emergency medical services, with some having needed as many as 50 to 100 emergency visits per year. It was therefore unsurprising that a majority of those who were either contacted through outreach services or who unilaterally chose to enter shelters needed various types of medical attention. According to Mohtashemi and Kawamura (2010), application of medical services is essential to combating homelessness. Besides slowing the transmission of diseases such as TB and HIV, providing medical service to the homeless have been shown to increase health, energy, aesthetic appearance, confidence, marketability, and likelihood of employment.

Mental Health

According to Tompsett, Fowler and Toro (2009), well over 60% of the homeless population have identified experiencing depression, anxiety, paranoid ideation, somatization, and obsessive compulsions on a consistent basis. Findings have even indicated that adults who experience chronic homelessness can exhibit reduced prefrontal cortical functioning (Davidson, Chrosniak, Wanschura & Flinn, 2013). In addition, homeless men and women who have presented with psychopathology have shown an increased rate of mental health diagnosis as they age. Clearly, the need for this population to have access to comprehensive and effective mental health treatment services is vital for successful transition into being a productive member of society. According to Yoon, Bruckner and Brown (2013), homeless men and women who have participated consistently in comprehensive mental health programs have shown a significantly greater likelihood in successfully obtaining and maintaining employment and transitioning to stable independent living environments. On the other hand, those who did not participate in such services were shown to have a much greater chance of continued homelessness and/or incarceration.

Substance Dependency

While substance dependency has been a widespread problem in the United States, it has shown itself to be especially prevalent throughout the homeless population. According to Caton et al. (2005), substance dependency has been one of the highest-ranking factors which determined the devolution into and/or the continuation of homelessness. While the percentage of homeless

who have admitted to being substance dependent varies greatly, over 90% of the facility's residential clients openly identified. Inconsistencies in this number have likely been due to lack of trust in the system and in those who have appeared to be figures of authority. For many, substance dependency has been the primary engine through which homelessness was realized and maintained. According to Kertesz, Crough, Milby and Schumacher (2009), providing the homeless with comprehensive substance abuse treatment has often manifested into significantly less homeless recidivism when compared to those who were either not provided these services, or who were first provided other services such as housing or employment.

Employment and Housing

Combating homelessness has been an issue which requires attention be paid to a variety of areas relevant to the situation and the individual. While many such services are aimed at the underlying causes of homelessness, such as substance dependency and mental health issues, addressing their physical state of homelessness was also an issue of vital importance facing this population. Because of this, employment services and permanent supportive housing have been shown to be necessary steps in overcoming chronic homelessness (Winetrobe et al., 2017). According to the U.S. Department of Housing and Urban Development (2018), federal funding has been greatly increased through the policies of the Donald Trump administration and under the guidance of the new director of HUD, Ben Carson. But, not surprisingly, these numbers do not

add up, as the current budget shows a \$8.8 billion cut to department funding for the 2018 fiscal year (Guarnieri, 2018). This was an 18% reduction, with similar cuts being proposed for subsequent years. Overcoming homelessness requires a multifaceted approach wherein employment and housing are often a vital component.

Literature Summation

As discussed, each of the areas of service offered by the facility attempt to address and combat homelessness in tangible and necessary ways. As with any services, the first step is to get the target population into a position where they could receive the service. Outreach can often accomplish this. Once the population was reached and agreeable to enter the facility's program, medical, mental health, and substance abuse treatment services can help to affect change to the maladaptive and dysfunctional physiological, psychological, and behavioral patterns inherent to the homeless population. Finally, employment and housing services have been shown to be essential to help the population reach a relevant level of self-sufficiency while being housed in a safe and stable environment. The constructivist research paradigm uniquely incorporates the literature review as one of many constructions of the research focus. To optimize this role, literature regarding pertinent services to combat homelessness was examined and presented, and the review will act as its own construction throughout the duration of this research study.

Theoretical Orientation

The focus of this research study was on the effectiveness of the services provided. The integration of the different departments within the facility was essential for these services to provide a comprehensive approach. This interrelated system was best examined through functional theory. Functional theory identified the greatest degree of stability to be had when interdependent aspects of the whole integrate toward to common goal (Lucas, 2007; Fiedler, 2014). According to Stempfle, Hübner, and Badke-Schaub (2001), increased levels of interdepartmental integration will often lead to an organizational structure which is highly functional due to both external and internal stimuli. Through functional theory, the various departments were examined to determine how they function together to affect services both between one another and together in combating homelessness.

Contribution of Study to Micro and/or Macro Social Work Practice

Contributions of this research study were to help shed light on the effectiveness of the facility's many services. In doing so, both macro and micro contributions were realized. While the combination of services at this facility could have been unique, it was likely that other similar organizations provide similar services. Assuming this to be true, the findings from this study could shed light on the generalizable effectiveness of such services. In a similar fashion, each individual client was assuredly unique in many ways, but commonalities pertinent to the combating of homelessness were undoubtedly present.

Research findings which illustrate a methodology that successfully addresses homelessness as it pertains to these commonalties would be quite useful and was optimistically anticipated with this study.

Summary

As we have discussed, this research study was meant to assess the effectiveness of the services provided by the facility to combat homelessness in the region. These services were progressive and included outreach, medical, mental health, substance dependency treatment, employment, and housing. To accomplish this, we utilized a constructivist research paradigm. With this paradigm, the researcher, the participant interviews, and the literature all existed as constructions of the hermeneutic dialect which were sought out while comparing ever-evolving subjective interpretations. The theoretical orientation through which all this was examined was functional theory which was chosen hoping it would have an impact on micro and macro practices in the future.

CHAPTER TWO

ENGAGEMENT

Introduction

Engagement was a vital and integral aspect of the constructivist paradigm. Here, the fostering of productive and fruitful relationships helped not only in the successful accumulation of information, but also in the subjective influence each interaction had upon the next. According to Morris (2014), engagement in the constructivist paradigm requires the researcher to meet the participant where they are while respecting their subjective reality. To do so, we discussed the setting of this study, our engagement strategies for the participants at the research site, self-preparation, diversity, ethical issues, political issues, and the role which technology can play in engagement.

Research Site

The area in which the facility can be found consisted of notable variations in both high and low socioeconomic status (SES) populations. In some ways, this allowed for the specific region being examined to function as a microcosm of the country. Despite the debatable and likely illusory recent economic improvements in the United States, the number of homeless has increased in the region from 2,165 in 2016 to 2,413 in 2017, with the number of sheltered homeless decreasing from 814 in 2016 to 775 in 2017 (County of Riverside, 2017). In the immediate area surrounding the facility, reported homelessness

increased from 297 to 425 within the same timeframe, while also experiencing the closure of one of its three emergency shelters (County of Riverside, 2017). Due to the pressure from this increasing population, the other two shelters had to expand the breadth and comprehensiveness of their services. By far the largest shelter in the region, the facility on average housed around 130 homeless individuals in their overnight emergency shelter, and another 150 in their long-term “inpatient” residential program. This research study took place on the facility grounds which houses each pertinent facility department.

Engagement Strategies for Participants at Research Site

Engagement of the participants at the research site were made easier by the existence of a past professional relationship between them and the researcher. The individuals who oversaw each department were directly contacted and engaged personally. Engagement included a description of the study, and the subject of the related discussion. Participants were contacted via email initially to schedule a time to discuss the study, during which the researcher explained the nature of the study, and how the process was to unfold. Information regarding the focus of the study was provided in writing to each participant along with a request for their suggestions regarding other potential participants and other pertinent information which they believed should be sought out and discussed. Finally, study duration/time frame, confidentiality, etc. were all be provided in writing as well.

Self-Preparation

To prepare for the data gathering process, the researcher first determined the general direction he wished the interview process to take. While this general direction was desirable, and was made clear in the generated questions, it was imperative that the researcher also allow for the evolution of information inherent to the constructivist paradigm. The nature of this paradigm demanded time consuming and often intense interactions between the researchers and the participants. Brushing up on pertinent information and arriving prepared for each specific interview was intended to increase the success and fluidity of the process. Such information included: a comprehensive understanding of the role of the respective department, how long the department has been functioning, how long the gatekeeper had been in the field, any pertinent cultural or demographic information specific to the gatekeeper, etc. To decrease the likelihood of unnecessary lagging or interruptions, recording the interaction while also taking handwritten notes was thought optimal. In addition, it was important to remember that the subjective nature of the paradigm demanded an approach which would not assume an objective reality, and that an improved understanding could be realized through the subjective perceptions of the constructions (Morris, 2014). The researcher was one such construction, and as meaningful an aspect of the subjective data gathered as any other. All this was to be considered as each progressive interview was conducted within its relative utility, space, and time.

Diversity Issues

Diversity issues are especially pertinent within the constructivist paradigm primarily due to the subjective nature of the research study design. Gender, race, religion, creed, sexual orientation, societal status, socioeconomic status, political ideology, professional hierarchy, level of education, and cultural backgrounds would all play a role in the perspective provided through the participant's answers to the interview questions. This, as well as experience, would greatly shape how participants contribute to the sampling generated by the participants themselves. Diversity issues unique to this study may involve the participants personal background. A moderate range of diversity exists among the seven participants who occupy supervisory positions within the six departments examined during this study. Among these participants, the Program Director was a Caucasian male, the Housing Manager was a Hispanic female, the Men's Program Manager was a Caucasian male, the Women's Program Manager was a Caucasian female, the Medical Director was a Asian American male, the Director of Behavioral Health was an African American male, and the Supervisory Addiction Counselor was a Caucasian male. In addition, it was understood that many who work in this field have personal histories of substance dependence, homelessness, and mental illness. Also, employment requirements often vary based on department in ways such as education, personal experiences, and their approach to the services they provide. Operational transparency will be essential in approaching each of these.

Ethical Issues

As with any research study, the ethical boundaries are what define and legitimize the findings. Without such ethical constraints as anonymity and confidentiality, the reliability of the information being obtained would be questionable, as it would be subjected to motivations such as fear, distrust, and exploitation. As this research study was being approached, agreements surrounding anonymity and confidentiality were made to act as the foundation and the commitment between researcher and participant. Interviews were conducted individually and with the help of a digital audio recording device. No identifying information, such as name, title, address, or social security number, will be collected. Each participant was made aware of the presence of the recording device and was required to provide consent for the interview to commence. Participants were informed that the need for audio recording of interviews was solely for the accurate transcription of the session during subsequent perusal. During interviews, participant responses (personal constructions) were gathered on the digital recording device. These constructions were transferred to a secure, password protected hard drive and immediately transcribed, and deleted from the hard drive upon completion of the study. Quotes from participant interviews were used in the final report but were not directly ascribed to specific participants; rather to “a study participant” attached to a number. The constructivist paradigm brought a unique addition to the ethical framework, as each bit of data collected had the potential to augment

the progress of the next interview. In addition, interaction and open sharing occurred during later stages. The effect this had on confidentiality was explained to participants and consent was obtained.

Political Issues

Political issues can be expansive and divisive, making professionalism difficult. The constructivist paradigm demands the evolution of ideas from one participant to the next, which may shape the direction of the study in a way which illustrates a political ideology inconsistent with the held beliefs of other participants. One source of such possible friction was data collected surrounding the federal reduction in HUD funding under the current presidential administration. The United States has been experiencing an extremely polarized political environment, and differences of political ideology can be enough to disrupt personal and professional relationships. While attempting to mitigate the effects of this through the editing of data might have been tempting, the removal of data would have made it difficult to remain true to the individual constructions.

The Role of Technology in Engagement

In today's world, little can be done without technology being involved. The engagement aspect of this study was no different. Face-to-face interactions allowed for a level of connectivity and personal engagement difficult to replicate over a technological medium. So, in all areas where technology could be reasonably avoided, face-to-face interactions were the preferred method of

communication. Some areas required technology, such as in the conduction of the literature review, the setting up of face-to-face appointments and interviews, and the dissemination of written research study descriptions, guidelines, etc. In addition, interviews were recorded to increase the effectiveness of the interview process as well as the accuracy of the data collected.

Summary

When approaching research through the constructivist paradigm, engagement was essential. Such engagement was necessary for pertinent aspects of the study to be developed, and for the constructions to be shaped. This approach allowed for access to the study site to be attained to facilitate engagement with the participants. During this process, clear defining lines were created to illustrate diversity issues, ethical issues, political issues, and the role of technology in this research study. Any unforeseen obstacle which arose due to any of these were addressed through anonymity, confidentiality, and informed consent.

CHAPTER THREE

IMPLEMENTATION

Introduction

Implementation began with the identification of study participants. Within the constructivist paradigm, the methods through which participants were chosen by the researcher included critical case sampling and maximum variation sampling, both categories of purposive sampling. Once the interview process began, qualitative data was collected from this purposive sample. Once this data was recorded and analyzed by the researcher and participants, a consolidated understanding of the information was generated, the study was terminated, and the findings were communicated and disseminated.

Study Participants

Study participants included those who oversaw the facility's service departments. Dedicated services provided to the residential population through facility departments included outreach, employment, housing, medical, mental health, and substance abuse treatment services. Outreach was overseen by the organization's Program Director, employment was overseen by the male and female Program Managers, housing was overseen by the Housing Manager, medical was overseen by the Chief Medical Officer, mental health was overseen by the Director of Behavioral Health, and the substance abuse treatment services

were overseen by the Supervisory Addiction Counselor. The individuals who occupied each of these positions were the engaged participants.

Selection of Participants

Research study participants were determined through critical case sampling and maximum variation sampling, two of the six sampling methods which comprise purposive sampling. Within the constructivist paradigm, purposive sampling is the optimal method because it relies on the judgement of the researcher to pursue research objectives (Morris, 2014). According to Morris (2014), both critical case sampling and maximum variation sampling are processes of selecting a small number of participants. Critical case sampling makes this selection based on how critical each participant is to the progression of the study. Maximum variation sampling makes this selection by using the judgement of the researcher to determine participants who are sufficiently different to provide optimal variability. Both methods were implemented by determining critical participants who provided a maximum level of variation in experience, perception, and service. These participants were selected for this research study through engagement and communication.

Data Gathering

Data gathering for this constructivist paradigm research study produced qualitative data through interview questions with critical case and maximum variation sampling participants. According to Morris (2014), in the constructivist

paradigm, the researcher is the “data gathering instrument”, with the questions being guides to help along the way. In this study, these questions took on several forms and were to “focus on the present, the past, or the future” (Morris, 2014). Question types and examples related to this study included: a) Experience/Behavior Questions: What is your experience working with homeless men and women? b) Opinion/Value Questions: How do you feel about the level of care being provided to the homeless population? c) Feeling Questions: How do you feel about the level of care being provided to the uninsured homeless population? d) Knowledge Questions: What is your understanding of the process your homeless clients undergo to overcome homelessness? e) Sensory Questions: How would you improve the services offered here to overcome homelessness? f) Background/Demographic Questions: What is your level of education?

According to Morris (2014), the optimal methodology for conducting a constructivist research interview is to enter the room with a “blank page” and only ask the participants to share what they believe is important regarding the research focus. The text goes on to explain how this may lead to discomfort in real-world application, and that a basic framework of questions should be generated beforehand. But, in addition to these questions, the researcher should attempt to maintain a “blank page” perspective to allow an open mind during the interview. Please see Appendix A for questions used as data gathering instruments.

Phases of Data Collection

Data was collected in progressive stages. In the constructivist paradigm, the two stages of data collection included the initial interviews and the member check-in meeting. During the initial interview, the researcher provided the participant with informed consent and the limits to confidentiality inherent to the constructivist paradigm due to the sharing of the data in the group meeting. Next, basic demographics and descriptive information were obtained from the participant before proceeding to the pre-determined questions. As these questions progressed, information obtained had the potential to lead to the generation of new questions and/or the augmentation of existing questions. When this was finished, the participant was asked termination questions such as if they wish to ask anything, or if there is anything which they forgot to mention which they feel may be pertinent to this research study? Next, the participant was asked if they had any suggestions as to who else may be an important resource for the progression of this study? Finally, the information obtained was briefly summarized to ensure accuracy and emailed to the participant after the interview to give them the opportunity to make any necessary corrections or clarifications.

Once the initial interviews were done, the researcher consolidated and transcribed the information obtained through each interview, discussing the transcription with the participant to ensure the information described was an accurate depiction of the information they intended to impart. Next, the

researcher gathered all the participants together for the member check-in meeting to discuss the accumulated information which had been obtained through the individual constructions while evaluating for commonalties and inconsistencies to create a comprehensive joint construction and understanding of the various topics. A draft joint construction which notes the areas of agreement, disagreement, and action strategies was created and presented to all at the member check-in meeting. Finally, during this meeting an action plan was created relevant to the findings from the data gathered and analyzed during each of these steps.

Data Recording

Interviews were conducted individually and with the help of an audio recording device. Each participant was made aware of the presence of the recording device and was required to provide consent for the interview to commence. Participants were informed that the need for audio recording of the interview was solely for the accurate transcription of the session. Transcripts of each interview were created by typing the interaction verbatim into a Microsoft Word document, and saved on a secured hard drive. In addition, two journals were generated during the research process. As described by Morris (2014), the first journal is the “narrative account” of all the interactions and occurrences during each stage of the research study. This included the handwritten notes taken during each of the two stages of interviews, as well as documents, dates of collection, and any relevant interpretations of the data. Morris (2014) describes

the second journal as a “reflective journal” wherein the researcher’s thoughts and reflections are recorded regarding why a certain research plan, method of sampling, rationale for data collection, etc., was preferred. This journal aided the researcher in keeping the relevant information as well as the related thoughts and emotions fresh in the researcher’s mind both for the development of the problem focus and the research paper (Morris, 2014).

Data Analysis

Within this constructivist paradigm, data evaluation was conducted through qualitative analysis to produce a comprehensive description of the effectiveness of services provided. This was a vital step to be conducted as soon as possible once the information was obtained during each interview. Throughout this progression, data collection and analysis interacted to allow for an evolution regarding the way the information received augmented the information sought. According to Morris (2014), as this information evolved, “units” of information would be constructed to be shared with research participants within the hermeneutic dialectic circle. Within this study, these units of information were processed in the bottom up approach of analysis known as “open coding” through the ATLAS TI program, which searched for phrases and sections allowing for the building of “codes” to help summarize what was being shared. These codes helped to create a joint construction upon which the researcher and all participants agreed by the end of the study. Success related

to this analysis is measured by the level of agreement regarding accuracy between the researcher and participants (Morris, 2014).

Termination and Follow-up

During the final member check in meeting, termination was discussed and identified as the next step in the progression of this research study. For termination to be enacted, an action plan must be identified, and a commitment made regarding its implementation (Morris, 2014). This action plan was a commitment to the continuation of the “knowledge generation process” and was to expand upon the information obtained regarding combating homelessness through this research study (Morris, 2014). This was the point of termination, as the goals of the research had been met and the responsibilities for the project were handed over to the group. Since constructivism was an action paradigm, the process would be ongoing as the participants adopted the shared construction and carried on the work.

Communication of Findings and Dissemination Plan

During the final member check-in meeting, the researcher was tasked with presenting the findings and disseminating the information to the membership of the participant group. According to Morris (2014), the final report should be generated which describes the initial research focus, a detailed description of the research site, an overview of the participant selection process, identification of data gather techniques, a description of the units and final joint construction as

agreed upon by the membership, and a plan of action to address any issues which arose at the member check-in meeting. Once this was accomplished, a dissemination plan must be created which clearly described the tangible applications of the research findings for future evidence-based social work practice (Morris, 2014). The dissemination plan for this study was aimed at applying the evidence-based findings from the research to the various departments addressed in this study and how they provide interventions both at the micro and macro levels of services. According to Morris (2014), these can include but are not limited to: changes in policy, new training/education, changes to the organizational structure and culture, memos, posters, etc.

Summary

The implementation of this research study commenced with the selection of the study participants by identifying a small group of gatekeepers through critical case and maximum variation sampling. These included facilitators, providers, and managers who worked for the facility and provided services in outreach, medical, mental health, substance abuse treatment, employment, and housing. A list of questions to be asked during the interview process with these participants was generated allowing for the gathering of qualitative data. Once the data was gathered by the researcher, it was transcribed, analyzed, and evaluated in conjuncture with the group participants. Termination, communication of findings, follow up, and a dissemination plan concluded this

research study, which evaluated and developed an action plan regarding services aimed at combating homelessness at this facility.

CHAPTER FOUR

EVALUATION

Introduction

Evaluation of data is the culmination of the research process. In this chapter we will discuss our research project findings extrapolated through the analysis of data gathering throughout our participant interviews and subsequent meetings. The interpretation of our analyzed data acquired through these interactions aided in the development of a proposed action plan generated during the member check-in meeting. Finally, the implication of the findings for both micro and macro practice were discussed to evaluate the applicability of the data to similar settings that work to mitigate homelessness and homeless recidivism.

Demographics

A total of seven participants from six departments completed the interviews. Demographics of the seven participants varied based on age, race, gender, level of education, and years of experience working with the homeless population both in the area and abroad. Ages ranged from 29 years old to 56 years old with a mean age of 46 years old. Race of the participants included four (58%) identifying as Caucasian, one (14%) identifying as Hispanic, one (14%) identifying as Pacific Islander, and one (14%) identifying as African American. Gender of the participants included five (71%) male and two (29%) female. Level of education included one (14%) holding a doctoral degree two (29%) holding a

master's degree, two (20%) holding a bachelor's degree, one (14%) holding an associate degree, and one (14%) having received a high school diploma.

Experience with the homeless population overall ranged from one year to 20 years with a mean number of 6.5 years of experience. Experience with the local homeless population ranged from one year to eight years with a mean number of a little over three years of experience.

Data Analysis

During the interview process, the following major themes emerged regarding services offered to combat homelessness: successful areas of service, level of care being provided, process to overcome homelessness, areas of departmental excellence and shortcomings, interdepartmental integration, and improving services at the facility. These six major themes manifested 12 subthemes identified by the participants.

Successful Areas of Service

To gain an overall understanding of what areas of service offered at this facility are the most successful in combating existing and recurrent homelessness, each participant was asked to share their thoughts on the success of their services, and why these services have shown success with this population. Overall, the group of participants described the most important areas of services as involving the implementation of clinical services, and the obtaining of gainful employment and housing.

Implementation of Clinical Services. Participant #1 stated, “substance abuse and mental health are the biggest obstacles a vast majority of these people face. Despite being a person of faith in a faith-based organization, the evidence is just too clear to deny that faith, by itself, is insufficient to overcome these things.” Participants #5, #6, and #7 agree with Participant #1, sharing a similar outlook on the importance of medical, mental health, and substance abuse treatment services being rendered before finding work or housing could be feasible, especially long-term. Participant #5 stated, “I have found that a vast majority of the homeless population do not take adequate care of themselves, do not get regular medical or mental health checkups, tend to be emergency super-users, which means they rely on ambulatory and emergency services for all their needs, and consistently suffer from poor overall health. Addressing their medical and mental health, including substance abuse treatment, are the first line of treatment.” Participant #6 added, “the first step is understanding what the individual or family needs in areas of medical and mental health services if anything else is going to be successful and last for any significant period of time.”

Obtaining of Gainful Employment and Housing. Participant #2 stated, “There are many areas which need to be addressed depending on the homeless person you are dealing with, but overall it is housing and getting a job so they can pay for their housing which make someone not homeless.” Participants #3 and #4 reflected similar perceptions, though with some caveats as to how homelessness is overcome. Participant #3 stated, “by far, the most successful

area of battling homelessness comes from a spiritual battle which must be waged so they can take in God in their lives. Through faith, the needed job and the place to live will manifest and their homelessness will be overcome.” Participant #4 expressed a different reason, sharing, “Overcoming homelessness requires a multi-level approach taking into account both personal aspects of the person, and issues with how our country deals with poor and homeless people. Obviously, getting a home is the most important thing to overcome homelessness, but what does it take for someone to get a home? Overcoming the hurdles which have kept them from finding a job so they can get off the streets and into a home seem to be the most pressing issues which most of these people suffer from.”

Level of Care Being Provided

To gain an understanding of the perceived level of care being provided to the homeless population, each participant was asked to discuss their views on the issue. Interestingly, each participant provided their personal views based on both national and local levels of care being provided to the homeless population without prompting. In addition, each participant provided similar viewpoints on both national and local levels of care, identifying national levels of care as “lacking” and local care at this facility as being of “good quality.”

National Level of Care is Lacking. Participant #1 stated, “I think the care being provided on a national level is lacking, which is abhorrent since we are the wealthiest nation on Earth.” Participants #4, #5, #6, and #7 agreed almost verbatim with Participant #1. Participant #4 being the most outspoken and

passionate stated, “The level of care provided in our country is horrible, especially given how wealthy we are. A fraction of the money we give to corporate subsidies could be redirected to help the homeless, and all but fix the problem. With this new administration, the budget has been cut even more with the Department of Housing and Urban Development and that Carson guy...but that is a whole other issue I don’t want to get into.” Participant #2 stated, “homelessness is a travesty on a national level, and it sickens me. Few seem to care or even take the time to notice a homeless person when they are walking in and out of a store or wherever, and these are often the same people I see with their hands raised high at church. Hypocrites.” Participant #3 stated, “homelessness in our country is a war between God and demons for the souls of us all. Politicians and so-called Christians make promises to do things, but few really act.”

Facility Provides a Quality Level of Care. Participant #1 stated, “the care at our facility provides a well-rounded approach to help these clients overcome homelessness. Thankfully, we have adopted a more comprehensive approach compared to the strictly faith-based approach which this organization promoted for many years. Faith and clinical care can go hand in hand.” Each participant agreed with Participant #1 regarding the quality of the services offered here, but some for different reasons. Participant #2 stated, “I think the homeless in our area are offered great services. Those who are willing to follow some rules, stay sober, and enter our inpatient program are given the opportunity to get a job and

get into housing they can afford.” Participant #3 stated, “I know it changed my life, and I have seen it change the lives of so many others. The level of care we provide here is wonderful. We offer two programs, one for those who want their walk to be with God, and the other for those who want a secular program, but both attend church and all which is great.” Participants #4, #5, #6, and #7 provided feedback similar in content to Participant #1.

Process to Overcome Homelessness

While each participant identified the services offered to the homeless at this facility to be of high quality, some disagreed about how these services should be utilized. Some participants expressed that everyone should be provided services uniquely pertinent for their needs, while other participants were adamant that each client should undergo a uniform progression of services in order to give each access to all the services offered at this facility.

Process Specific to Individual. Participant #3 stated, “overcoming homelessness can seem overwhelming at times, but again, through faith all things are possible. Some may disagree with that, but before the clinical programs came into this facility, it was basically just a Christian-based rescue mission providing healing through God. As for a step by step answer, I would say they should get their medical and mental health evaluations if they feel they need it, or if it is clear they are having a real issue, but overall they need to concentrate on their relationship with their higher power.” While Participants #1, #2, and #4 took a similar stance as Participant #3, each presented different

reasoning. Participant #1 stated, “the process can be different for different people, but overall it takes being allowed a chance to find stability, and then being introduced back into the real-world through finding a job and getting a place to live. Not everyone needs the same services, and due to lack of staffing, those services should be allotted for those who are in need of them.” Participant #2 stated, “The process may be a little different for each person. Often issues with substance abuse and stuff can be a huge obstacle they will have to address while they are here as well, but every client doesn’t always need that stuff.”

Effective Progression of Services. Participant #5 stated, “As we discussed, medical and mental health evaluations need to be the first steps when a new client comes in. Then, whichever needs arise need to be addressed, proper care provided, medication when needed, and then work and housing. It is irrational to think that individuals who come from a population who are often wary of organizations and people they may perceive to be in positions of power will be open and forthcoming about all their needs when they first enter a program. They may lie about their past addictions, mental health issues, and even medical issues. Without comprehensive evaluations, there is no way to know whether we are truly providing comprehensive care. Everyone needs to go through a systematic progression of services while they are in this program.” Participants #6 and #7 shared a similar perspective. Participant #7 stated, “outreach is imperative to get them here in the first place. Then medical and behavior health services, including substance abuse treatment are essential for a vast majority of

these clients. Finally, helping them to get gainful employment, save some money, and provide them resources for affordable housing rounds it out. Completing the six-month program and doing these things seem to be effective, but if they skip essential steps, the likelihood of their success could be in real jeopardy.”

Areas of Departmental Excellence and Shortcomings

To gain an overall understanding of where departmental services excel and what departmental shortcoming exist, participants were asked to provide their insight. Overall, participants agreed with what areas of departmental excellence and shortcomings existed at this facility.

Staff Empathy and Understanding to Increase Client Self-Esteem.

Participant #1 stated, “We excel in our ability to relate to the homeless and help them to feel safe. We also provide caring and consistent services without judgement.” This perception of relating to and understanding the clients was shared by all participants as being an area of excellence, vital to the success of the services provided. Participant #5 stated, “our staff are motivated and seem to approach each case with genuine care and empathy. We find our clientele willing to open up to us when they were often unwilling to open up to others in their past mainly due to our attention paid to increasing their self-esteem.”

Lack of Funding, Staffing, and Educated Staff. Participant #7 stated, “funding is always an issue. We fall short on staffing, hours/days of operation, and follow up with clients. We are consistently trying to hire more qualified staff,

but it seldom happens. So, often we rely on less qualified workers, sometimes clients who have only recently graduated the program, as staff members.” Participant #1 stated, “we are short-staffed with people who know how to motivate homeless to come into a shelter without it turning into a religious discussion, which sometime turns the potential homeless intake away from wanting to come in. Funding, numbers of staff, and education levels of staff members are often an issue.” Participant #4 stated, “we fall short on educated workers who understand how to deal with the system. This may be rude, but it is the truth. Most of the workers here at this facility are prior clients with limited education and people skills, as they are still working on themselves. Cuts in federal funding has also led to problems with our services.”

Interdepartmental Integration

With so many moving parts within an organization offering these services, participants were asked to provide their perception regarding quality of the interdepartmental integration. Participants all agreed that integration of the various departments meant to combat homelessness at this facility was lacking. Each also agreed that this lack of integration was attributed to a poor overall organizational design, and a lack of communication between departments.

Departments Integrate Poorly Due to Organizational Design. Participant #2 stated, “Some departments work together better than others. We work well with the housing, I know that. Often the medical and mental health don’t really work closely with the other departments since they provide such different types of

services. Also, we do not all share the same computer system which may be necessary for some confidentiality stuff but makes it difficult to know what has happened with a client in another department.” Participant #6 stated, “Departmental integration is poor across the board. We have meetings at random, and there seems to be disagreements as to how clients are to be helped. As mentioned earlier, part of this is due to different beliefs between faith-based and evidence-based care, and it is an organizational issue as the departments are not designed for effective integration due to both physical layout and virtual interaction.”

Interdepartmental Communication is Lacking. Participant #1 stated, “departments communicate poorly overall. Certain departments do well with others, but usually it comes down to individuals within departments and if they are close to other individuals within other departments. With so many moving parts, it is hard to keep it integrated.” Participant #3 stated, “it just feels like no one really communicates well here with each other regarding the clients. I know some of that may be due to differences in beliefs as to what these clients need, but you’ll have one person in one department communicate with another in another department because they are friends, but not because there is a set structure for communication.” Participant #5 stated, “communication is a huge issue, especially between clinical departments and the rest. But, even within the clinical departments, since we do not share a brick and mortar building, communication and consultation is lacking.”

Recommendations for Improving Services

Once a better understanding of the structure of the program was attained, participants were asked to provide their recommendations for the improvement of services at this facility. Many ideas were thrown around, but two primary themes emerged. These were weekly interdepartmental meetings and a structured and mandated progression of services which all clients had to follow, and all departments would incorporate into their service design. While some disagreed initially with the uniform progression of services, when discussed further the benefits became clearer and outliers acquiesced.

Weekly Interdepartmental Meetings. Participant #3 stated, "I think having regular weekly meetings would be of a lot of help to everyone. Sometimes we go months without a meeting or even speaking to some of our coworkers because we are so busy." Participant #1 stated, "communication is key. Consistent meetings between all the departments, not just the clinical departments meet with the other clinical departments and the outreach, employment, and housing meet together, but everyone. For these clients to overcome homelessness, it takes all these to work in tandem." Participant #7 stated, "integration of services is vital, and that requires communication. If we could all get on the same page, meet weekly, and discuss these clients individually regarding their progress and needs, I think the clients would benefit more."

Mandate Uniform Departmental Progression of Services. Participant #5 stated, "that is a question with a lot of area to cover, and I agree of course that

we need meetings. But, the importance of the meetings in part is the discussion of each client's progression along their path of services received since coming into this program. As we discussed before, every client needs to get a medical, mental health, and addiction evaluation to see what underlying motivators for recurrent homelessness may be present. Then, when these are identified and a treatment plan is generated, a timeline can be created which incorporates the obtaining of employment and housing. If we do not address these first, and the individual suffers from an untreated medical, mental health, or substance use disorder issue, then employment and housing will likely not last for long even if it is obtained." Participant #1 stated, "each client needs to go through consistent, step by step services beginning with our outreach and ending with housing. This is logical and is the reason we have all these services in place."

Data Interpretation

Data gathering for this constructivist paradigm research study produced qualitative data through interview questions with critical case and maximum variation sampling participants. The goal of this study was to determine the effectiveness of the integrated services offered at a Southern California homeless shelter facility. Through the progressive accumulation of qualitative data, six major themes and 12 subthemes emerged illustrating the perspectives of seven key participants who oversaw the six onsite departments: outreach, medical, mental health, substance abuse treatment, employment, and housing. Each of these departments are tasked with providing unique services specific to

the overcoming of homelessness. The major themes included: successful areas of service, level of care being provided, process to overcome homelessness, areas of departmental excellence and shortcomings, interdepartmental integration, and recommendations for improving services.

All the participants described the level of care being provided at this facility in a positive manner, especially when compared to their perceived level of care being provided to the overall homeless population on the national level. In addition, all participants agreed regarding the areas with which each department excelled and experienced shortcomings. This included identifying empathy and understanding as key personality characteristics consistently embodied by the staff and leading to increased self-esteem and empowerment for the clientele. On the other hand, lack of funding and short staffing coupled with staff who were often lacking formal education were shortcomings which participants agreed may have lessened the effectiveness of services. All participants identified that the departments overall integrated poorly, with both organizational structure and a lack of communication being key components.

Participants were split on some of the other issues. When discussing which of the services offered by the six departments were most vital, many identified the implementation of medical, mental health, and substance abuse treatment service being paramount prior to searching for gainful employment and affordable housing, while others insisted the preparing for job interviews, formatting resumes, obtaining gainful employment, and getting into affordable

housing as the most important services offered to overcome homelessness. In a similar fashion, the process to overcome homelessness was also described by participants along the same lines of reasoning as the prior theme, with the same participants who found the clinical services to be most important also identifying them as the necessary beginning to the process to overcome homelessness, only then to be followed by attention paid to employment and housing. These participants identified the need for uniformity in the progression of services, while the others maintained that employment and housing should be the primary focus unless evidence illustrated their need for clinical services.

Recommendations for improving services at this facility were extensive and most lacked any theme relevant to our study. Some of these included: better parking, more shade trees, misting systems, working with local schools to use donated food to help reduce cost of school lunches, etc. As the recommendations were discussed, the two primary themes previously identified continued to be repeated. These included a need for weekly interdepartmental staff meetings and a clearly defined and mandated departmental progression of services which all clients had to follow regardless if they preferred the faith-based or secular track, and regardless if they wished to participate in assessments or services deemed necessary to their continued involvement in the program. Though some participants initially voiced opposition to this plan, further discussion during our member check-in meeting provided sufficient logic to generate unanimous support.

During this study, interactions meant to evaluate the effectiveness of services at this facility seemed to spark interest and motivation among the staff, leading to notably more proactive client and peer engagement, especially amongst the department heads and supervisory providers who participated in this study. Other contributing factors included the opening of dialogue which had been somewhat stifled due to differing of opinions regarding faith-based verses evidence-based treatment approaches offered to the clients. Dissolution of social cliques appeared to occur leading to greater inclusion and open discussion of ideas.

Implication of Findings for Micro and/or Macro Practice

Overcoming homelessness in the United States has been a consistent topic for many years. While politicians claim to be working on the problem, it persists despite this nation being the wealthiest in the world. Implications regarding the findings from this study bring to light the effectiveness of services offered at this facility, which due to its diverse population of clients, staff, and surrounding socio-economic communities, would likely be generalizable if reproduced in another area. On a micro level, the findings from our study which promote interdepartmental communication and progressive exposure to outreach, medical, mental health, substance abuse treatment, employment, and housing will likely lead to improved physical health, mental health, self-esteem, self-worth, self-efficacy, the overcoming of addiction, and empowerment. This is supported by our chosen theoretic orientation, functional theory, which describes

the existence of benefit for both an organization and those receiving services when levels of interdependent integration and communication are increased (Stempfle, Hübner & Badke-Schaub, 2001). On a macro level, the findings from our study identifying the generalizability of this organization's program structure along with the recommendations for improving services through regular interdepartmental meetings and uniform progression of services could, if adopted, lead to systemic changes in how local, state, and federal government programs combat the issue of homelessness.

Summary

The analysis and interpretation of the data collected through in-person interviews led to a greater understanding of the program in general, the present effectiveness of the services being offered, and recommendations for the improvement of these services meant to optimize the potential for success in combating local homelessness. Participants provided in-depth insight regarding the interview questions, expanding on information they felt pertinent, and showing increased levels of excitement and commitment to the potential improvement of services. These improvements included the increased of interdepartmental communication through weekly meetings, and the organization of uniform treatment tracks which each client will follow as they progress through the program. Despite the existence of some differences of opinion, each of the participants committed to continuing developing the program along the lines begun during this study.

CHAPTER FIVE

TERMINATION AND FOLLOW-UP

Introduction

In this final chapter we will be discussing the termination and follow-up of our research study meant to evaluate the effectiveness of services offered to combat homelessness at a Southern California rescue mission. With the emergence of the SARS-CoV-2 pandemic, the facility made the proactive decision to implement policy changes regarding staffing hours, group gatherings, and non-essential personnel entering the facility grounds. Due to this, it was determined that communication through a remote medium (Zoom) would be optimal in keeping in compliance with state and facility mandated regulations. Through this remote medium, our joint construction was finalized during the member check-in meeting, and the termination process was implemented.

Termination of Study

Due to the relatively sudden and unforeseen onset of the SARS-CoV-2 pandemic, termination was performed through a remote medium. This set the stage for the removal of the researcher from the research study environment, shifting the responsibility for the continuation of the work to the participant group. Removal of the researcher was essential to empower the group to move forward with the joint construction. Participants were allowed the opportunity for

reflection regarding their experiences during the research study, encouraging discussion with the researcher and amongst themselves. Each participant agreed to the recommendations identified to improve services at the facility, and an action plan was disseminated to the participants tasked with continuing this identified work. Each participant was provided a debriefing statement which described the termination process and removal of the researcher from the study. Should the need for additional follow-up, debriefing, or questions arise, each participant was provided with the researcher's contact information.

Communication of Findings to Study Site and Study Participants

During the remote member check-in meeting, participants were provided a preliminary report describing the initial research focus, a detailed description of the research site, an overview of the participant selection process, identification of data gathering techniques, and a description of the collected data and subsequent findings. During this time, the participants were given the opportunity to discuss their personal constructs as the joint construction was finalized. As described in the debriefing statement, participants and the facility were made aware that a final report will be made available upon request after September of 2020, and each were encouraged to reach out after that date to receive a copy.

Ongoing Relationship with Study Participants

As the research study progressed, communication was accomplished through in-person interviews and electronic correspondence. As the SARS-CoV-2 pandemic emerged and worsened, electronic correspondence became the primary platform for communication. During the final member check-in meeting, participants were informed of the ramifications of the termination process, the removal of the researcher from the research study, and the importance of empowerment regarding the implementation of the joint construction absent the researcher. As discussed by Morris (2014), the development of an action plan and continuation of the “knowledge generation process” in order to expand upon the obtained information was the point of the termination process. The goals of the research had been met, and the participants would now be empowered with the responsibilities of the project.

Dissemination Plan

The dissemination plan was aimed at applying the evidence-based findings from the research study to the various departments identified in this study and how they provide interventions both at the micro and macro levels of services. These findings have shown tangible applications for future evidence-based social work practice, specifically regarding the structuring and implementation of services aimed at combating homelessness (Morris, 2014). Through electronic correspondence, the results of this study were shared with the Southern California Rescue Mission which acted as the study site.

Participants were reminded that once the research study is published and recorded in the library system of California State University, San Bernardino, access may be granted upon request.

Summary

As the study winds to a close, termination and follow-up are discussed with the study participants. Due to the emergence of SARS-CoV-2, termination and the final member check-in meeting was accomplished over a remote medium of communication to keep with suggested health guidelines. Through this remote medium, our joint construction was finalized, and the termination process was implemented. Participants were provided a preliminary report describing pertinent information such as the initial research focus, a description of the collected data, and subsequent findings. Participants were provided a debriefing statement regarding the study, as well as informing both the participants and the facility that a final report will be made available upon request after September of 2020. To help empower the group to pursue the joint construction autonomously, participants were informed of the removal of the researcher from the research study environment, shifting the responsibility for the continuation of the work to the participant group. Finally, a dissemination plan was outlined applying the evidence-based findings from the research study to the various departments identified in this study while identifying applications for future evidence-based social work practice aimed at combating homelessness. The researcher's

contact information was provided should the participants require additional follow-up.

APPENDIX A
RESEARCH QUESTIONS

RESEARCH QUESTIONS

(Developed by Cody Kennedy)

- What is your age, ethnicity, and level of education?
- How many years have you been working with the homeless population?
- How many years have you been providing this area of service to the homeless population?
- What do you think is the most successful areas of service to combat homelessness and why?
- How do you feel about the level of care being provided to the uninsured homeless population?
- What is your understanding of the process the homeless must undergo to overcome being homeless?
- What do you think are areas where your department excels in providing services to the homeless?
- What do you think are areas where your department falls short in providing services to the homeless?
- How well do you think the departments within the facility integrate?
- How would you improve the services offered here to the homeless population?
- Are there any other questions you think I should have asked?
- Are there any other participants to whom you think I should speak?
- Do you have anything else you would like to share?

APPENDIX B
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

This study you have just completed was designed to assess the effectiveness of services to combat homelessness at a Southern California rescue mission. We are interested in ascertaining what aspects of your respective departmental work are effective in their efforts to combat homelessness? This is to inform you that no deception is involved in this study.

Thank you for your participation. If you have any questions about the study, please feel free to contact Dr. Gretchen Heidemann-Whitt at 909-537-5501. If you would like to obtain a copy of the group results of this study, please contact the ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) after September 2020.

APPENDIX C
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate is designed to examine the effectiveness of services to combat homelessness at a Southern California rescue mission. The study is being conducted by Cody Kennedy, an MSW student under the supervision of Dr. Gretchen Heidemann-Whitt, adjunct professor in the School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub-Committee, California State University, San Bernardino.

PURPOSE: The purpose of the study is to examine the various services offered to the residential homeless population to evaluate effectiveness.

DESCRIPTION: Participants will be asked questions meant to examine the effectiveness of the services provided at this rescue mission. These questions will be shaped to obtain information regarding personal demographics, professional experience, perception related to quality of care, potential improvements to services, and suggestions related to pertinent additional information and/or gatekeepers.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue participation at any time without consequences.

CONFIDENTIALITY OR ANONYMITY: Your responses will be gathered and stored in a secure password protected hard drive. Your responses will be kept confidential except during group meetings where responses will be shared with the other participants within the hermeneutic dialectic circle.

DURATION: It will take 30-40 minutes to complete the questions.

RISKS: There are no foreseeable risks to the participants.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr.

Gretchen Heidemann-Whitt at 909-537-5501 (email: Gretchen.Heidemann@csusb.edu).

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks (<http://scholarworks.lib.csusb.edu>) at California State University, San Bernardino after December 2020.

This is to certify that I read the above and I am 18 years or older.

_____ Date

Place an X mark here

I agree to be tape recorded: _____ Yes _____ No

APPENDIX D
IRB APPROVAL LETTER

*CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
DEPARTMENT OF SOCIAL WORK
Institutional Review Board Sub-Committee*

Faculty Reviewer: Armando Barragán

Due Date:

Student(s): Cody Kennedy

Return To:

Proposal Title: Evaluating the Effectiveness of Services to Combat Homelessness...

Please review the attached IRB application for compliance with standards for protection of human subjects. A copy of the full proposal is in the "Students' Proposals" folder for reference, if necessary. If you will be supervising the project, please read it closely and return to the student with your comments.

Proposal Should Be:

- Approved
- Resubmitted With Revisions Listed Below
- Forwarded To The Campus IRB For Review

Revisions That Must Be Made Before Proposal Can Be Approved:

- Faculty Signature Missing
- Missing Informed Consent
- Revisions Needed In Informed Consent
- Data Collection Instruments Missing
- Agency Approval Letter Missing
- CITI Missing
- Revisions In Design Needed (Specify Below)
- Debriefing Statement
- Debriefing

Reviewer Signature:



Date: 2/19/20

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