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An Exploration of the Factors contributing to Self-Sufficiency Post-Homelessness: A Detailed Look at Commonalities and Barriers

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ABSTRACT

Housing First approaches such as Rapid Re-Housing allow those experiencing homelessness to obtain shelter and support efficiently, perhaps completing steps towards making the experience of homelessness rare, brief, and non-recurring. This study aimed to determine the most challenging factors of self-sufficiency post-homelessness, in an attempt to provide better services in an agency offering Rapid Re-Housing services in Texas. This exploratory and descriptive study used the agency data for a sample of ten individuals who had previously experienced homelessness and had been enrolled in this program when the data was collected. The factor of self-sufficiency post-homelessness was measured using the Service Prioritization Decision Assistance Tool and was divided into five themes or categories: Trauma, Substance Use, Behavioral, Health and Wellness, and Social Support. Although findings suggest that no factors were statistically significant, which may be due to the low sample size, the behavioral category had the highest association with self-sufficiency. The percentage of rent paid by the participants increased since their participation in the program. In addition, the vulnerability index showed this group of clients also improved. The Rapid Re-Housing program appears to somewhat accomplish its goals related to self-sufficiency. Further research is necessary in order to gather a larger sample size and determine more definitive answers regarding the effects of a Rapid Re-Housing program and the factors that make obtaining complete self-sufficiency more challenging.

An Exploration of the Factors contributing to Self-Sufficiency Post-Homelessness: A Detailed Look at Commonalities and Barriers

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To Mom, Dad, Brock, and Grant.

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CHAPTER I

INTRODUCTION

Problem Statement

The experience of homelessness affects individuals, families, and the communities in which they inhabit on local, state, federal, and worldwide levels, and the frequency is increasing (Clark, 2014). As stated by Perkins (2016), The Department of Housing and Urban Development (HUD) has made countless efforts on the national level towards ending the issue. Due to the severity of the issue of homelessness across the nation, it is nearly impossible to end homelessness. In 2002, the federal government declared a plan to end homelessness within the next 10 years. As of 2016, the date had been extended to 2017.

Current Knowledge Regarding the Problem of Homelessness

Research hampers the resolution of this problem. In an attempt to solve the issue of reoccurring homelessness, housing services, such as Housing First and Rapid Re-Housing programs were implemented to navigate people into housing that lasts (Perkins, 2016). One of the many available programs in place to assist in solving this issue is the Rapid Re-Housing program at a local agency. The west Texas-based agency offers several programs, but the focus of this particular study is the HUD-funded Rapid Re-Housing (RHH) program that is available on a national level. The agency staff works with clients to rapidly transition them into housing. This occurs in an attempt to encourage them

toward financial stability that ultimately results in sustainable housing to end homelessness. The RRH program lasts for 24 months, or shorter, as the clients determine their needs. The program was implemented in March of 2017, after receiving a RRH grant from the Continuum of Care (CoC) program. RRH is considered Housing First, meaning the program approaches the issues of homelessness by introducing an individual or family to permanent housing without first addressing issues of sobriety or completed requirements in a program offering services (HUD, 2014)**.** The CoC grant encourages community-wide awareness and commitment to the issue of homelessness and the goal of ending it, or making the experience of homelessness rare, brief, and non-recurring. It strives to provide a solution that provides access to housing while reducing risk of trauma and dislocation typically caused to families experiencing homelessness.

Housing First is controversial, despite being frequently determined to be extremely beneficial in creating a sustainable housing model for the individuals impacted (Garret, 2012; Kertesz & Johnson, 2017; Norman, Pauly, Marks, & Palazzo, 2015; Stergiopoulos, et al, 2015). The agency believes in Housing First, and implements Housing First across all programs, including the RRH program. Barriers faced by the RRH include a lack of knowledge regarding the order of severity of the factors contributing to homelessness. A deeper level of knowledge would ensure a priority focus on the clients and the factors that are most common in their contribution to a client's experience of homelessness. Empathy and sensitivity would also likely develop through the assistance provided to the most vulnerable clients, as it would demonstrate their deeper need for assistance due to the greater struggle faced by the clients in attaining financial sustainability.

Housing First programs have many benefits; however, flaws prevent it from being an entirely sustainable program. Financial challenges affect many people during the course of the program and for a period of time after it ends (Bassuk, DeCandia, Tsertsvadze, & Richard, 2014; Jackson & Kawano, 2015). Literature is lacking in combination of the three major factors highlighted in this study. Financial stability, housing resources, and the factors contributing to homelessness all influence one another when exploring the factors contributing to self-sufficiency post-homelessness. *Post-homelessness* is defined as a setting in which one has previously been experiencing homelessness, but has been housed through enrollment the RRH program. Post-homelessness extends from the initial RRH housing indefinitely. In order to adequately determine the factors that make a client especially vulnerable, it is crucial to acknowledge their housing resources and their financial sustainability incrementally in the program. Most studies included in the literature review determine the effect of housing resources on financial stability or the factors contributing to homelessness and the lack of housing stability that derives.

Present Study

The purpose of the present study is to explore factors contributing to self-sufficiency post-homelessness. This research strives to investigate issues on a larger scale. This would perhaps clarify for those interested in assisting in the future through research or policy work, as well as inspire on the practice level.

CHAPTER II

LITERATURE REVIEW

Introduction

The purpose of this chapter is to delve deeply into the obstacles obstructing clients who have previously experienced homelessness from maintaining financial stability. There are questions regarding the factors contributing to homelessness and their influence on future financial stability. The specific factors contributing to homelessness will be assessed for reoccurrence. Ideally, this would give insight into which factors should be more heavily targeted and which are less likely to cause issues in maintaining financial stability.

The initial keywords searched in order to retrieve sources related to homelessness and the factors contributing to the experience of homelessness was “Factors contributing to homelessness” with 130,353 searches available as well as “Homelessness” AND “Causes” with 267,455. These brought up a number of sources beneficial to the topic. In order to further obtain sources appropriate to the topic, factors typically associated with homelessness were considered, leading to the keyword search “Mental health” AND “Homelessness”. When considering factors that contribute heavily to homelessness, prevalent sources in EBSCO suggested that trauma and abuse are major influences on the population experiencing homelessness. This inspired the keyword searches “Homelessness” AND “Trauma” with 108,267 finds available, “Homelessness” AND

"Abuse" with 259,483, as well as "Homelessness" AND "PTSD" with 20,678. This aspect of the source search was most important, as it relates to the potential forces leading to homelessness, and provides insight into which influential factors could be most prevalent at the RRH agency.

Housing First is a major aspect of this thesis study, as the program at the RRH agency being considered is a Housing First program. These sources are meant to decipher the influences Housing First programs have on those experiencing homelessness. Keywords included in the search are "Housing First" which yielded 7,486,225 results; "Housing First" AND "Homelessness" with 247,411; as well as "Ending Homelessness" with 159,134 sources. The keywords searched regarding Rapid Re-Housing programs and their effect on the population experiencing homelessness include "Rapid Re-Housing" with 46,046 results; "Rapid Re-Housing Effectiveness" with 33,548, and "Rapid Re-Housing" AND "Homelessness" with 7,538 yielded results. "Rapid Re-Housing" AND "Solution" AND "Homelessness" had 6,338 results; "Services" AND "Homelessness" had 442,021 results, and "Housing" AND "Case management" AND "Homelessness" which yielded 210,134 results. Because of the prevalence of Rapid Re-Housing programs and research, these sources were relatively easy to uncover. Rapid Re-Housing is essential, as it is the program of study at the RRH agency.

The keywords searched in order to find reliable sources regarding financial services and support for those experiencing homelessness include "Income" AND "Homelessness", "Finances" AND "Homelessness", "Housing" AND "Homelessness", "Interventions" AND "Homelessness", "Rental Assistance" AND "Homelessness", as well as "Housing Stability" AND "Homeless". These multiple keywords brought up

between 122,392 and 322,837 sources. Financial assistance resources are important, as the program of focus provides rental assistance for people experiencing homelessness.

Housing Practices

Rapid Re-Housing and Housing First provide available low-income housing to those in need in a short amount of time. Programs in this category serve the immediate needs of the population. Furthermore, the benefits suggested of these programs are plentiful. It is suggested that housing provision decreases the number of visits made to emergency departments by 61%. This saves the average taxpayer money, as healthcare fees are reduced by 59% and inpatient hospitalizations decrease by 77% (Garrett, 2012).

Housing First And Homelessness

Housing First has become known as a wildly successful advance in alleviating homelessness across the globe, in places like Australia, the United States, and Europe (Kertesz & Johnson, 2017; Stergiopoulos, et al. 2015). It is also claimed the expense of housing a homeless individual is less of a financial burden on the local economy than paying for hospital bills, litter, and other financial costs typically produced by individuals experiencing homelessness; however, these claims have proven false (Goering, et al., 2014). Kertesz and Johnson (2017) highlight the statement that this financial theory only remains consistent if the sample is of the most highly in need homeless population. Despite the economic controversy of Housing First, it is proposed that Housing First may be a more sustainable solution to solving the problem of homelessness. A study of 1,198 people experiencing homelessness suggests that those in a Housing First intervention are, on average, 39% more likely to remain in housing over a two-year period post-intervention than those involved in a “usual care group” (Stergiopoulos et al., 2015). This

data suggests Housing First may be a particularly useful intervention in preventing recurring homelessness.

A study suggests that individuals with mental illness are more likely to maintain housing with the assistance of a Housing First program. It also highlights the lack of resources used when homeless individuals enter into sustainable housing. This alleviates the social and economic community-wide burden of people without housing (Brown, Jason, Malone, Srebnik, & Sylla, 2016). The effect of Housing First assistance on individuals experiencing homelessness alongside mental disorders is again studied in 2013, suggesting that adults experiencing mental disorders or substance dependence are effectively assisted by Housing First programs and therefore less likely to experience reoccurring homelessness (Palepu, Patterson, Moniruzzaman, Frankish, & Somers, 2013). Another study suggests a statistically significant decrease in behavior problems among children of domestic violence survivors with stable housing compared to those without stable housing (Gilroy, McFarlane, Maddoux, & Sullivan, 2016).

A 2015 study by Norman, Purdy, Marks, & Palazzo suggests that people experiencing homelessness desire to participate in programs that strive to eliminate the issue of homelessness, but are unable to because of the immediate time-sensitive need to find shelter and nutritional support. This study suggests that sacrificing time to engage in a program that focuses on the factors contributing to one's homelessness may put a person into a situation that threatens their survival and wellbeing (Norman, Purdy, Marks, & Palazzo, 2015). Housing First eliminates the survival instinct that is triggered in the population experiencing homelessness due to the fulfilled housing need. As suggested in a 2015 study by Somers, Moniruzzaman, and Palepu, Housing First embraces personal

choice, which provides a holistic healing perspective. Despite these higher rates in individual service and fulfilled housing needs, the researchers did not uncover a difference in accomplishment from Housing First interventions and treatment as usual (TAU) programs (Somers, Moniruzzaman, & Palepu, 2015). Furthermore, in a program working to create sustainable housing, only 51% of families were considered stable at 30 months after exiting the program. “Housing hardships” like paying late rent fees, utility fees, and other various housing fees contributed to instability. Ultimately, it was suggested that the families who exit programs offering Housing First services continue living in poverty and maintain a high likelihood of experiencing homelessness again (Bassuk, DeCandia, Tsertsvadze, & Richard, 2014).

Awareness of potential inconsistency regarding this problem is important when entering into this study. Despite previously mentioned data that suggests specific factors may be influenced more heavily by Housing First interventions, a 2015 study suggests that it is not possible to confidently predict the individual characteristics leading toward financial stability among people placed in Housing First programs who have experienced homelessness previously. However, the study does highlight the effectiveness of the program and recommends its use among people experiencing homelessness due to a wide variety of factors (Volk, et al., 2016). This data is encouraging, as it commends the use of Housing First, regardless of the inconsistency of the previously studied correlations between Housing First and economic stability post-housing. It is suggested that in order to truly assess the success of Housing First interventions, more thorough research must be conducted. Outcomes between individuals exiting Housing First programs and individuals exiting linear interventions that focus more on substance abuse and clinical

therapy were ultimately inconclusive (Kertesz, Crouch, Milby, Cusimano, & Schumacher, 2009). Another study suggested that Housing First interventions, though unclear in their benefits at times, should be implemented with consideration for individuals on a case-by-case basis with focus on the variety of factors influencing a person's housing status. Again, in this study there are no suggested influential biases toward any factors in this study only the recommendation to continue study and continue implementing Housing First interventions (Katz, Zerger, & Hwang, 2017). This reemphasizes the need to conduct a study over Housing First's impact on specific factors contributing to homelessness and their influence on financial stability.

Rapid Re-Housing (RRH)

Rapid Re-Housing presents the opportunity for people experiencing homelessness to face the exclusionary forces, such as social stigma, discrimination, and lack of time due to need to find resources, and instead begin working alongside inclusionary forces, such as building trust, earning respect, and participating meaningfully with the community (Norman, Pauly, Marks, & Palazzo, 2015). Despite this, controversial literature suggests the opposite. Subsidized housing was suggested as ineffective for the population experiencing homelessness. It was suggested that the availability of low-income housing draws the population to specific areas, but does not combat their mobility. Over a longer length of time subsidized housing is suggested to be ineffective (Jackson & Kawano, 2015).

Financial support and services for homelessness are extremely important, as the RRH program at the RRH agency focuses almost entirely on housing funds. If a client is without a home, they are likely to experience the same things they did when they entered

the program. It is important to consider the factors hindering financial stability, especially those explored in the literature review, as they provide insight into the pressing needs of the clients at the RRH agency. As suggested in the 2016 study, Hust concludes with findings that education-related barriers, social support, and problem behavior are commonly associated with financial instability.

It is suggested that housing choice vouchers, something frequently implemented and suggested in the RRH program, create a greater financial sustainability and increase the likelihood that a client is able to apply for Social Security Disability Income (Glendening, McCauley, Shinn, & Brown, 2018). This has been suggested as correlated to clients taking part in housing assistance programs are able to save up money during the program, making it more likely they will obtain an income, as correlation was present in the 2014 study (Biggers, West, De Marco, Dorrance, & Manturuk).

In order for frontline workers to provide better service, an in-depth assessment known as the Service Prioritization Decision Assistance Tool (SPDAT) was developed. This tool was developed by OrgCode Consulting in 2015 in order to allow frontline workers to properly prioritize which clients experiencing homelessness are most vulnerable and in need of prompt assistance. The SPDAT is a beneficial tool, as it considers the various impacts contributing to an individual's situation and determines their level of vulnerability (OrgCode Consulting, 2015). This will provide insight into the factors contributing to homelessness per individual. The tool offers means for the measurement of 15 factors, ultimately assigning a score based on the total of the factors. The SPDAT is a tool that allows an assessor to interpret the responses given by clients regarding a variety of topics. It requires intensive training demonstrating trauma-

informed care provided by OrgCode Counsulting, Inc. or an OrgCode certified trainer (OrgCode Consulting, 2015). This training was unavailable at the time of assessment, but will be implemented into the agency discussed in this study.

The 15 factors have been separated into four groups based on subject commonalities: 1) Trauma, 2) Substance Abuse, 3) Behavior, 4) Physical and Mental Health, and 5) Social Support. Trauma will be measured using the "Experience of Abuse and Trauma" and "History of Homeless and Housing" sections. Substance abuse will be measured using the "Substance Use" section. Behavior will be measured using the "Risk of Harm to Self or Others," "Involvement in Higher Risk and/or Exploitive Situations." "Interaction with Emergency Services," "Legal," "Managing Tenancy," "Personal Administration & Money Management," "Self Care and Daily Living Skills," and "Meaningful Daily Activity" portions of the SPDAT. Mental health will be measured using the "Mental Health and Wellness and Cognitive Function", and physical health will be measured using the "Physical Health and Wellness" and "Medication" sections. Social support will be assessed using the "Social Relationships and Networks" portion of the SPDAT.

Self-Sufficiency Post-Homelessness

Despite the advantages of Housing First programs, they do not always lead to sustainability in the long run. Financial stability continues to be a challenge for many people even after a service program has been completed (Jackson & Kawano, 2015; Bassuk, DeCandia, Tsertsvadze, & Richard, 2014). The culture of poverty becomes the challenge to overcome. It is suggested that trauma and environmental experiences affect genetics, transmitting the changes from generation to generation (Lee, 2015). It becomes

highly difficult to dismiss these genetic defaults, making it common for people previously experiencing homelessness to dwindle on the edge of homelessness until completely re-entering, due to the inconveniences poverty repeatedly offers (Bassuk, DeCandia, Tsersvadze, & Richard, 2014).

Factors To Self-Sufficiency Post-Homelessness

This literature review explores several of the most prominently studied factors suggested to contribute to homelessness. The factors presented in the following can be considered factors contributing to self-sufficiency post-homelessness based on the assumption they encourage or discourage the reoccurrence of homelessness. Beneficial factors will work to alleviate homelessness, while hindering factors will encourage the situation of homelessness. The purpose of uncovering these prominent themes is to gain awareness of the most common influential factors. There is still a great need to determine which factors contribute more or less to financial stability post-homelessness and to include a trifecta of the factors, financial stability, and housing interventions.

Trauma

Trauma is frequently assumed to be a major factor in the experience of homelessness, culturally acknowledged in the general public. Not only is it a causal factor contributing to homelessness, but it also affects those striving towards change or progression out of their situation without housing, due to the frequency of trauma that occurs within the experience of homelessness. Heightened fear and anxiety deriving from experiences of trauma before and during the period without housing affect an individual deeply, diminishing his or her ability to enter into safe spaces that encourage connection and progression (Jordan, 2012). It also affects individuals who have managed to obtain

housing, as it influences the client's ability to remain housed. Victims of violence or sexual assault are more likely to become homeless (Johnson, Ribar, and Zhu, 2017). Victims of trauma diagnosed with Post-Traumatic Stress Disorder (PTSD) from abuse were also found to struggle with remaining in stable housing within a 28-40-month time frame post-shelter (Gilroy, McFarlane, Maddoux, Sullivan, 2016). The minority population of women is more likely to experience homelessness due to trauma and PTSD (Whitbeck, Armenta, & Gentzler, 2015; Ribar, 2017). Because of the wage gap, which provides lower wages to women than men, and the more likely experience of rape or sexual assault, women are more likely to experience PTSD both before and during their experience of homelessness (Whitbeck, Armenta, & Gentzler, 2015).

Veterans were suggested to be susceptible to experiencing homelessness and were found especially at risk for re-entry to homelessness after a rapid-rehousing intervention (Brown, Vaclavik, Watson, Dennis P., & Wilka, 2017). It is assumed this is due to the trauma frequently experienced by veterans while on duty. This information is important to consider while conducting a study of factors in the RRH program, as it could lend clues into the most vulnerable clients and the factors that will make it more difficult to obtain financial sustainability.

Substance Abuse

Substance abuse is also highly correlated with trauma (McNaughton, 2008) (Kertesz, Crouch, Milby, Cusimano, & Schumacher, 2009). It is suggested to be prevalent among those experiencing homelessness for three reasons. First, it is an escape from the hardships of homelessness, namely isolation and marginalization. Connection is crucial in transitioning into stable, self-sufficient housing. Second, it is a social

networking tool, at times providing a supplemental income or social supports that were once lacking. Third, it is a psychological coping tool for the trauma faced. A study suggested that social supports and healthy motivators would eventually ease the need to cope with substance abuse (McNaughton, 2008). It is also suggested that the prevalence of stigma surrounding drug use and the experience of homelessness is due to the inability of those seeking shelter to maintain a clean appearance. This creates a more enacted social stigma due to the outward appearance of the person and the obvious problem. (Woodhead, Timko, Han, & Cucciare, 2019).

Behavior

Education and problem behavior are correlated with economic instability, which ultimately leads to homelessness among the subgroup of people experiencing homelessness who have aged out of foster care, a large subgroup of the population experiencing homelessness (Okpych & Courtney, 2014).

Physical and Mental Health

A 2014 study suggested that physical disabilities can prevent an individual from being able to maintain employment due to lack of ability and agility in certain work settings, especially those catering to employees of limited educational background. This also creates a social barrier between the "abled" and "disabled" (Frishmuth, 2014). Patterns of mental health were also found to be a high factor contributing to a lack of housing stability and were found to be reoccurring in generational lineup (Gilroy, McFarlane, Maddoux, and Sullivan, 2016; Whitbeck, Armenta, & Gentzler, 2015). Trauma and PTSD are heavily linked to mental health, reiterating the suggested struggle of obtaining sustainable housing (Ribar, 2017; Whitbeck, Armenta, & Gentzler, 2015).

Social Support

As previously stated, social supports create the drive and recognition oftentimes needed to reconcile other issues contributing to homelessness, such as trauma or mental health disorders (McNaughton, 2008). Without social support, exclusionary factors lead to discouragement, as lack of social support leads to stigma or social exclusion. These factors create the need for the client to practice resilience and rise above the daily challenges without shelter (Norman, Pauly, Marks, & Palazzo, 2015).

Factors contributing to homelessness can include an array of different perspectives. Most research dives into surveys done of the population itself. However, it is important to consider the social stigma regarding homelessness and the influence that can have on such a vulnerable population. Phillips (2015) collects data demonstrating that in a survey of 107, 29% believed that it was "very likely" people experiencing homeless are lazy, and 26.96% believed that laziness was "probably likely" of the population. This outlook decreases the amount of social support in the lives of those experiencing homelessness. The accessibility of social support has been proposed across the general population to improve mental and physical health, as well as resistance to stressors, potentially increasing the chances of finding sustainable housing (Carton, Young, & Kelly, 2010). It is also suggested that housing status became more sustainable and long-term when support was given from the individual's family or friends emotionally (Gabrielian, Young, Greenberg, & Bromley, 2018). This is evident across many different age groups and subgroups within the population experiencing homelessness. Shah et al. (2017) emphasizes the importance of permanent connections in the lives of foster youth who are aging out of the system, a population exceptionally susceptible to experiencing

homelessness, suggesting that it amplifies the likelihood that the youth will become self-sufficient and able to remain housed.

Social support as found to be less accessible to those in minority populations (Shelton, Poirier, Wheeler, & Abramovich, 2018 & Shinn, et al., 1998). Ethnicity was suggested to be a contributing factor in maintaining financial self-sufficiency. Because of racial discrimination on housing, African-American people were more likely to experience homelessness (Shinn, et al., 1998). This could be considered a lack of social support, as it socially impacts each individual and decreases his or her ability to be housed. It is suggested the LGBTQ population is in need of social support, due to lack of acceptance of their LGBTQ identity. Societal oppression creates fear and shame, communal rejection and a lack of affirmation regarding identity, all of which greatly discourage LGBTQ individuals (Shelton, Poirier, Wheeler, & Abramovich, 2018). In response, a great number of the population experiencing homelessness falls into the LGBTQ category. Members of the LGBTQ population who are people of color are even more at risk of homelessness and decreased social support (Shelton, Poirier, Wheeler, & Abramovich, 2018).

One study suggested local agencies typically tend to prioritize their clients who have more frequently experienced homelessness either informally or formally, creating an advantage. Agencies strive to eliminate homelessness, so the emphasis on housing those in immediate need is natural (Park, Fertig, & Metruax, 2014). This information is important to consider, as it displays the service advantage of those who have experienced homelessness before above those who have always had housing. This factor can be

considered in social support, as it targets the most vulnerable clients and provides them support.

Demographics

A study by Hust (2016) suggests that environmental factors, such as the aforementioned lack of support may directly influence housing stability. More environmental and demographical factors are suggested to contribute to homelessness of youth aging out of foster care, such as foster care experiences, education opportunities, and general well-being (Shah et al, 2017). This can be assumed to influence people experiencing homelessness from all subgroups and their financial stability regarding housing. Other environmental variables, such as sex, highly contribute to homelessness and stable housing, with more women experiencing homelessness than men (Ribar, 2017). Ribar goes on, suggesting that homelessness is not oftentimes isolated, but is related deeply to other patterns in life, timing of events, and the effects of different compound events (2017). Generational mental health patterns and demographics were suggested to create barriers to housing stability (Gilroy, McFarlane, Maddoux, and Sullivan, 2016 & Whitbeck, Armenta, & Gentzler, 2015).

Conclusion of Literature Review

Factors commonly contributing towards the experience of homelessness and projected to affect the self-sufficiency of a person post-homelessness are trauma, substance abuse, behavior, physical and mental health, social support, and a portion of demographic characteristics attributed typically to minority populations. Social support, a potential affect is represented in a downward facing arrow, signifying possible external factors that could make a difference in the final self-sufficiency status post-homelessness.

This information is incorporated in the research model of this study (Figure 1). There is still a need to navigate the longitude of these factors and their influence, as the literature does not discuss the effect of these factors on a person's situation or sustainability post-housing.

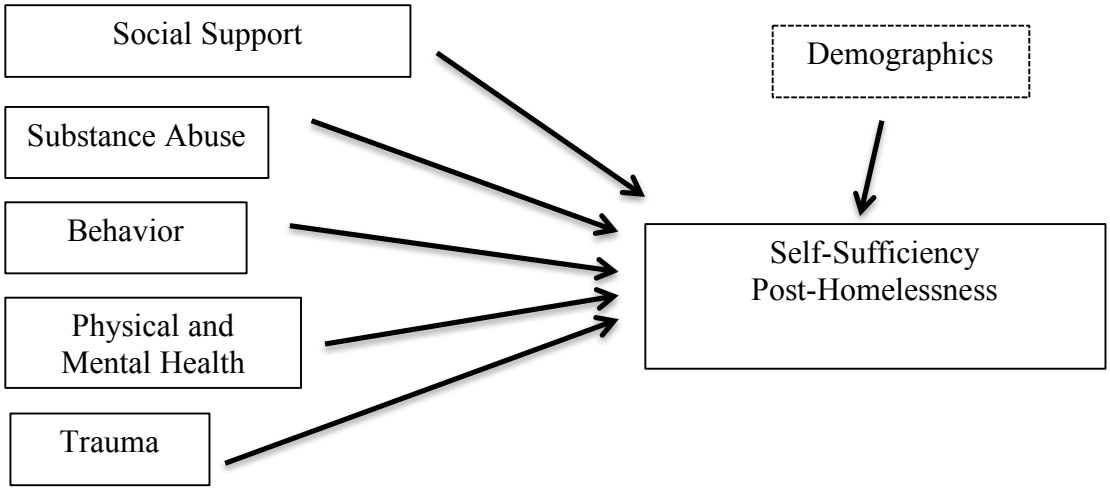

Figure 1. Research Model

This study seeks to address the following hypotheses:

- Hypothesis 1: Among former homeless program participants, a higher level of trauma would be associated with a lower level of post-homelessness sufficiency.
- Hypothesis 2: Among former homeless program participants, a higher level of substance abuse would be associated with a lower level of post-homelessness sufficiency.

- Hypothesis 3: Among former homeless program participants, a higher level of behavior-related barriers would be associated with a lower level of post-homelessness sufficiency.
- Hypothesis 4: Among former homeless program participants, a lower level of physical and mental health would be associated with a lower level of post-homelessness sufficiency.
- Hypothesis 5: Among former homeless program participants, a higher level of social support would be associated with a higher level of post-homelessness sufficiency.

CHAPTER III

METHODOLOGY

This chapter includes information about research methodology and will be used to explore the effect of the factors contributing to self-sufficiency post-homelessness. The overarching research question is "What is the correlation between homelessness-contributing barriers faced among clients and financial stability while in a Rapid Re-Housing program?" This study sought to determine the most prominent factors among clients at the RRH agency who have previously experienced homelessness.

Research Design

` It is difficult to identify a specific research design for this kind of research. Although this study formulated a research model to identify significant factors of a certain outcome, the researcher would consider the nature of the present study exploratory and descriptive. As "Level I Regression Analysis" is used to describe conditional relationships in data indicated by Berk (2010), such as the question in this study regarding how post-homeless self-sufficiency varies with different factors. Berk wrote "identifying interesting patterns in the data, which can be subtle, complicated, and even rare. The patterns can be found over time, over space, and over observational units that can differ in complex ways. The analysis can be directed by existing theory or can be highly exploratory" (2010). Therefore, the results of this study would not be good for causal inference. However, Berk claims that this approach is still formally appropriate

when a regression analysis could be useful and any of the assumptions required for causal inference are not met (p. 483).

Data Collection and Sample

The data collected regarding factors contributing to homelessness and the percentage of rent paid at three time points was assessed in a longitudinal secondary data analysis. The RRH agency has collected data about clients for up to two years, depending on the client. The SPDAT for individuals and the Tenant-Based Rental Assistance (TBRA) agreement are two forms used by the agency that have contributed to the data. As previously mentioned, the SPDAT is meant for assessment in the beginning stages of the program. In this study, the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was most convenient, as it was the original document included in the program. Family and individual VI-SPDATs were implemented based on best fit. Despite the existence of the family version of the SPDAT, it was not implemented, as knowledge regarding the variation between versions was not made evident. Because of this, only the individual SPDAT was used. The original purpose of the VI-SPDAT is stated to be used as "a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client" (OrgCode Consulting, 2015). The VI-SPDAT was used to supplement the data regarding the client's initial status in the program.

After receiving a response to the IRB letter for Exemption 4 (Appendix A), the researcher requested data from the agency. This data was collected from 10 clients residing in a west Texas town with a population of about 120,000. These 10 clients were collected from a program of 17 clients. The clients who were assessed using the SPDAT

and included in this study were the most accessible of the 17 enrolled in the program, either through frequent communication, higher vulnerability and increased need for case management services, or predictability and proximity to the agency. The participants met the qualification of experiencing homelessness, defined as having no permanent physical shelter. Data was collected from January 28th, 2019 to February 25th, 2019. Because this study used current RRH program clients, this is considered a convenience sampling. These adult individuals have been identified as most vulnerable by the SPDAT. At the RRH agency, the typical intervention process involves the data collection of the aforementioned SPDAT and TBRA. The SPDAT was considered in correlation to each individual's TBRA documentation, which is completed monthly. The beginning of each client's involvement in the RRH program was considered, and they were evaluated at start of, then at three, six, and twelve months of involvement in the program. The percentage of rent paid by the client is the variable included in the study, in congruency to the variables present as barriers in the SPDAT. The researcher combined the SPDAT and TBRA data using the client's identification number, which was sequential and not susceptible to decoding, as no key was created.

Sequential numbers were assigned to each individual, and these sequential numbers were not susceptible to decoding by future researchers, as no key was created. Because the VI-SPDAT was conducted at the time of enrollment in the program, scores were obtained and assigned to the sequential numbers associated with each individual in order to provide knowledge of the starting point of each participant.

Measurements

Level of Self-Sufficiency Post-Homelessness

The outcome variable of this study was operationally defined. Ideal self-sufficiency was defined by the ability of a RRH client to pay 100% of their rent, either through earned wages, a voucher, or other consistent means. In order to assess a client's self-sufficiency in a limited time frame, rental assistance was calculated during the program at the start, then at multiple time points post-housing (up to nine times at 24 months since each client started the program) and was averaged for accuracy. The outcome variable of this study was the average of rent percentage paid by the client over three time points. Clients who paid their entire rent were given a percentage label of 100%. For example, clients who paid $180 of their $600 rent will be given a percentage label of 30%, while the RRH agency is responsible for 70%. Ideally, a client would be responsible for 100% of their rent by the end of the 24-month program. Clients who paid 100% of their rent before the 24 months end are susceptible to termination at their own determination.

Factors Contributing to Self-Sufficiency Post-Homelessness

Factors of the outcome variables were measured using the data that the agency has already collected using the SPDAT. The SPDAT measures 15 separate factors through the assessment of the relevant factors selected from the SPDAT data. This assessment tool used in the RRH agency measures factors using the questions and prompts specific to the topic, which the assessor documented as the individual answers. The narrative responses written by the assessor were coded based on a numbering scale specific to each portion. This scale assigns values between 0 and 4, which contribute to

the overall SPDAT score. The following factor will be measured by calculating the average value of the scores of indicators included in each variable. Decisions about the items to be included to measure a certain variable were made by the researcher by contemplating each variable and the questions in the SPDAT.

Trauma. Trauma is measured using the "Experience of Abuse and Trauma" and "History of Homeless and Housing" section of the SPDAT. The portion discussing the "Experience of Abuse and Trauma" is located on page 9 of the SPDAT. It includes prompts regarding past sexual, emotional, physical, and psychological abuse, as well as professional assistance in response to the abuse. Questions are asked regarding the impact of these experiences on the daily life of the individual, as well as their ability to obtain and maintain a job, appropriate housing, or meaningful relationships. This portion prompts the assessor to inquire if the individual views past experiences of homelessness as correlated to their abuse. This section is to be read as written in order to avoid re-traumatizing the individual. A 0 to 4 scale is provided to assess this section.

"History of Homeless and Housing" is measured using questions of the time the individual has spent experiencing homelessness and the frequency. It also prompts questions that define the situation of homelessness, investigating the time spent sleeping on couches, in cars, outdoors, in shelters, or in abandoned buildings. The final prompt inquires if the individual has ever been in jail or hospitalized with no permanent residency to return to after exiting. This portion is located on page 19 of the SPDAT in Appendix B and is assessed using a 0 to 4 scale.

Substance abuse. This section is measured by the "Substance Use" portion of the SPDAT. "Substance Use" is located on page 8 of the SPDAT and includes prompts

regarding drug and alcohol use, frequency, behaviors the individual views as important to the knowledge of the assessor, professional assistance, and perception of their drug and alcohol use. Questions are included regarding harm to self that occurs due to the use of substances, and the emotional impact of the usage. A 0 to 4 scale is provided specifically for the prompts in this section.

Behavioral. This section is measured by the portions of the SPDAT entitled "Risk of Harm to Self or Others," "Involvement in Higher Risk and/or Exploitive Situations," "Interaction with Emergency Services," "Legal," "Managing Tenancy," "Personal Administration and Money Management," "Self Care and Daily Living Skills," and "Meaningful Daily Activity." "Risk of Harm to Self or Others" asks questions regarding hurting oneself or others and actions in response to these thoughts, as well as a timeframe of the last time this occurred. It also asks what was occurring during this time. Questions are asked regarding the reception of professional help as a result of this, specifically in a hospital. Again, the time frame and potential repetition are considered. This portion asks if the individual "recently left a situation [they] felt was abusive or unsafe" and the timeframe. Lastly, this portion asks if the individual has been in any fights, when they occurred, who started it, and how often the individual gets into fights. This portion is assessed using a 0 to 4 scale

"Involvement in Higher Risk and/or Exploitive Situations" prompts the assessor to observe any abscesses or track marks related to injection substance use. It then asks if the individual has been forced or tricked into doing something they did not want to do. Questions are asked regarding the individual's role in "stuff that could be considered dangerous like drinking until you pass out outside, or delivering drugs for someone,

having sex without a condom with a casual partner, or anything like that", as well as situations that are at a high violence risk or sleeping outside. Finally, this portion asks where the individual tends to sleep and how they dress and prepare for sleeping in difficult settings. This portion is located on page 11 of the SPDAT and involves a 0 to 4 scale for proper assessment of prompts.

"Interaction with Emergency Services" is located on page 12 of the SPDAT. This portion covers frequency of emergency room visits, police interactions, ambulance use, fire department needs, crisis team engagements, and hospital visits. A clarification is made that defines emergency service use as "admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations". This portion is assessed using a 0 to 4 scale.

The "Legal" prompts questions regarding general "legal stuff", any use of a court-assigned lawyer, upcoming court dates, potential jail time, dismissed legal involvement, family court involvement, and child custody matters. Fines are also inquired about in regards to frequency, as well as community service. It is also inquired if housing is at risk due to legal issues. This portion can be found on page 13 of the SPDAT and is assessed on scale from 0 to 4.

"Managing Tenancy" is located on page 14 of the SPDAT. This portion involves questions of the current housing state, eviction notices, and concerns that housing may be at risk. It also includes questions regarding relationships with landlords and neighbors,

and general wellbeing of the place the individual resides. This is assessed on an individualized 0 to 4 scale.

"Personal Administration and Money Management" inquires about use of money, ability to save and pay bills in a timely manner, street debt, drug or gambling debt, general debt, and timeliness of payments on child support or student loans. Questions are also included regarding budgeting priorities, like booze, drugs, cigarettes, and rent. This portion is located in page 15 of the SPDAT, and is scaled from 0 to 4.

"Self Care and Daily Living Skills" is located on page 17 of the SPDAT. This portion covers worries and concerns about self-care, cooking, cleaning, and laundry. It inquires about the need for shower reminders and overall cleanliness. Basic skills are addressed, including budgeting for nutritious foods, meal preparation, and doing dishes. It is also prompted to ask about rodent or bud problems related to a dirty housing situation. This section is assessed using a scale from 0 to 4.

"Meaningful Daily Activity" is discussed on page 18 of the SPDAT. The assessor is prompted to investigate the ways the individual spends their day, their free time, and if they feel happy and fulfilled about the activities they do. Questions are asked regarding boredom, planning, and the accessibility of the activities the individual loves. A scale from 0 to 4 enables proper assessment based on prompts in this section.

Physical and mental health. Physical and mental health will be measured by the following indicators: "Mental Health and Wellness and Cognitive Function", "Physical Health and Wellness", and "Medication" portions of the SPDAT. "Mental Health and Wellness and Cognitive Function" is located on page 5 of the SPDAT. Prompts include questions regarding past assistance with mental wellness, feelings of validation and

fulfillment in receiving that assistance, previous prescriptions for "nerves, anxiety, depression, or anything like that", emergency room visits related to emotional health, difficulty learning and paying attention, and previous testing regarding learning disabilities. It also includes questions regarding past experiences, such as the individual's mother's behavior while pregnant, experiences when the individual may have hurt their brain or head, and any past experiences with professionals that could collaborate regarding the individual's mental health, and associated documentation. This section is measured using a 0 to 4 scale personalized to the prompts listed.

"Physical Health and Wellness" includes prompts regarding the state of the individual's health, any assistance being received for the health, and feelings of fulfillment regarding this care. Questions are included regarding major illnesses, such as HIB, Hepatitis C, Diabetes, or other illnesses. It is prompted to ask about past experiences with doctors, as well as their response to the individual's blood pressure, heart, and lungs. Also, it explores potential accessibility for the assessor to contact the professional and the documentation associated. It also inquires about the barriers that keep the individual from living "a full, healthy, happy life". This portion is located on page 6 of the SPDAT, and is measured on a 0 to 4 scale.

"Medication" prompts include questions regarding the history of prescription use, associated documentation, acquisition, distribution, and feelings associated with these instances. It is also inquired if the individual has ever been stolen from regarding their medications and how they keep this from happening. Questions are also included regarding reminders to take prescription medications appropriately and what is typically done in the instance the individual forgets. This portion of the SPDAT is located on Page

7 of the SPDAT. This will be assessed on a 0 to 4 scale based on identifying information per number.

Social support. This section will be measured using the "Social Relationships and Networks" portion of the SDPAT. The social support portion, "Social Relationships and Networks", is found on page 16 of the SPDAT and asks questions regarding friends, family, and other people in the individual's live, and the frequency of interactions with these people. It asks about doctor's appointments and other professional encounters, and what those interactions are like. It inquires if there are people in the individual's live that they feel like are "using" them. Next, it asks if any close friends are always asking for "money, smokes, drugs, food, or anything like that". It inquires about people staying at the home of the individual that the individual did not want there. It asks if the individual has ever been "threatened with an eviction or lost a place because of something that friends or family did". Lastly, it inquires about concerns the individual feels regarding following a previous lease agreement due to friends or family. This portion will be assessed using a rating scale from 0 to 4 based on specific criteria of the section.

Demographics. Demographics were determined using existing client files and previously collected data. For hypothesis testing purposes, the variable of White was defined as white (1) and other races (0). Gender was defined as female (1) or male (0). Age was identified numerically.

Needs assessment scores. Although these variables are not included in the research model, they were measured for additional analyses. The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) scores were considered alongside the SPDAT scores to identify any improvement after implementation of the

housing intervention, as well as to explore the impact of the program. The VI-SPDAT scores and SPDAT scores are numerically different; however, both assign scores to "No Housing Intervention", "Rapid Re-Housing", and "Permanent Supportive Housing" to determine the level of involvement each participant needs (OrgCode Consulting, 2015 & OrgCode Consulting, 2015). For the VI-SPDAT, No Housing Intervention is a score from 0 to 3, while the SPDAT scores that particular intervention from 0 to 19. Rapid Re-Housing is warranted when one scores a 4 to 7 on the VI-SPDAT or a 20 to 34 on the SPDAT. Permanent Supportive Housing is associated with a score of 8 or above on the individual VI-SPDAT or a 35 to 60 on the SPDAT (OrgCode Consulting, 2015; & OrgCode Consulting 2015). It is important to consider the VI-SPDAT scores as being rated slightly different between family and individual VI-SPDATs, with PSH being recommended with a 9 or above, as opposed to a score of 8 or above. In this data collection, 6 out of 10 VI-SPDAT scores were assessed using the family version of the VI-SPDAT. This data is interpreted using only the standards for the individual VI-SPDAT scores.

Analysis Plan

After data was obtained from the agency, a series of data analyses were conducted. Descriptive analyses were conducted to present information about sample characteristics major variables. The hypotheses of this study were tested by using a multiple linear regression to identify the relationship between the independent variables (factors contributing to homelessness) and the dependent variable (level of post-homelessness self-sustainability). VI-SPDAT and SPDAT scores were considered and

compared for change in the numbers of participants assigned by the assessments to the aforementioned potential housing interventions.

CHAPTER IV

FINDINGS

Participants

All ten of the clients had previously experienced homelessness, though the length of time and number of occurrences vary by client. Table 1 depicts the details of the ten participants' demographic backgrounds. Most of the clients in the sample were white (90%), while one of the ten was African-American, or other. Eight female participants accounted for 80% of the total, leaving two males to comprise 20%. They were 40 years old on average with a range from 23 to 61.

Table 1

*Characteristics of the Sample (*N *=10)*

Variable	Category or Range	*N or M*	*% or SD*
Race	African-American	1	10.0
	White	9	90.0
Gender	Female	8	80.0
	Male	2	20.0
Age	23 ~ 61	39.70	11.48

Descriptive Statistics of Major Variables

Length of Stay in the Program

Length of stay in the program is represented in Table 2. The RRH program is optional for a length up to 24 months. This table demonstrates the frequency of participants and the number of months they have been active in the program.

Table 2

*Length of Stay in the Program (*N *=10)*

Time spent up to:	*N*
30 days	1
6 Months	1
12 Months	1
15 Months	1
18 Months	2
21 Months	3
24 Months	1

Vulnerability Scores

This data contributes to the score for each client in the "History of Housing and Homelessness" portion of the SPDAT. Table 3 represents the SPDAT total, as well as the following variables represented within the assessment. This also represents the frequency of scores across the RRH program. The VI-SPDAT was implemented at the start of the program, and the SPDAT was implemented at various stages in the program. The minimum and maximum scores on each assessment are represented by *Min* and *Max*, while the mean is represented by *M*. Higher numbers are demonstrative of a more vulnerable situation, as the scores are ranked from 0 to 4. The most common averaged SPDAT scores to contribute as barriers in a person's experience were related to their traumatic experiences, such as abuse and trauma and their background regarding their experience of homelessness. Trauma had the highest mean with an average of 3.15. In comparison, the lowest mean was substance use with .50. The frequency of scores across the RRH program showed how the program affected the assessment scores. The VI-SPDAT was implemented at start of program, and the SPDAT was implemented at various stages in the program. This table is with regards to the previous explanation of

SPDAT and VI-SPDAT scoring systems. The clients who needs support permanent housing decreased from 60% (VI-SPDAT) to 30% (SPDAT).

Table 3

*Descriptive Statistics of SPDAT Scores (*N*=10)*

Variable	*Min*	*Max*	*M or N*	*SD or %*
VI-SPDAT score	6	14	8.40	2.37
No Housing Intervention (0~3)			0	0%
Rapid Re-Housing (4~7)			4	40%
Permanent Supportive Housing (8+)			6	60%
SPDAT score	18	39	29.10	7.09
No Housing Intervention (0~19)			1	10%
Rapid Re-Housing (20~34)			6	60%
Permanent Supportive Housing (35~60)			3	30%
Trauma Mean	1.50	4.00	3.15	0.78
Experience Abuse/Trauma	0	4	3.50	1.27
History of Homelessness	1	4	2.80	0.92
Substance Use	0	2	.50	0.71
Health & Wellness Mean	1.33	3.67	2.40	0.77
Physical Health & Wellness	0	4	2.40	1.35
Medication	0	4	2.40	1.65
Mental Health & Wellness	0	3	2.40	0.97
Behavior Mean	0.75	2.75	1.61	0.55
Risk of Harm to Self or Others	0	4	1.50	1.18
High Risk or Exploitive Situations	0	4	.40	1.26
Emergency Services	0	4	2.20	1.14
Legal Involvement	0	3	1.90	1.20
Managing Tenancy	0	4	2.40	1.07
Money Management	0	4	1.70	1.16
Self Care & Daily Living	0	3	1.70	0.82
Meaningful Daily Activities	0	3	1.10	0.99
Social Support	0	3	2.40	1.26

Note. Skewness and Kurtosis were in the normal distribution range except Risk and Harm (Skewness=3.16, Kurtosis=10.00)

Percentage of Rent Paid by Self

Table 4 represents the percentage of rent paid entirely by the client, either through their income or through an obtained voucher. Figure 2 represents the mean changes of the percentages of rent paid entirely by client over the 24-month period the clients are

eligible for the program. As time progressed in the program and months increased, the *M*, or mean, of rent paid among participants gradually increased.

Table 4

Percentage of Rent Paid Themselves

Variable	*N*	*Min*	*Max*	*M*	*SD*	*SK*	*KT*
Start of Program (Baseline)	10	0.0%	24.0%	2.4%	7.6%	3.16	10.00
Mean (Post1 thru Post9)	10	0.0%	75.1%	24.7%	27.5%	1.03	-.40
Post1- 30 days	10	0.0%	75.0%	22.4%	29.0%	1.01	-0.50
Post2- 3 Months	9	0.0%	75.0%	12.3%	24.8%	2.49	6.49
Post3- 6 Months	9	0.0%	83.0%	16.2%	27.1%	2.23	5.44
Post4- 9 Months	8	0.0%	80.0%	17.5%	27.7%	2.00	4.23
Post5- 12 Months	8	0.0%	80.0%	19.9%	27.5%	1.79	3.26
Post6- 15 Months	7	0.0%	83.0%	30.9%	34.4%	0.57	-1.80
Post7- 18 Months	6	0.0%	83.0%	36.7%	34.0%	0.56	-1.62
Post8- 21 Months	4	0.0%	100.0%	34.5%	45.5%	1.57	2.34
Post9- 24 Months	1	100.0%	100.0%	100.0%			
Change: Mean – Baseline	10	0.0%	75.1%	22.3%	24.5%	1.26	1.04

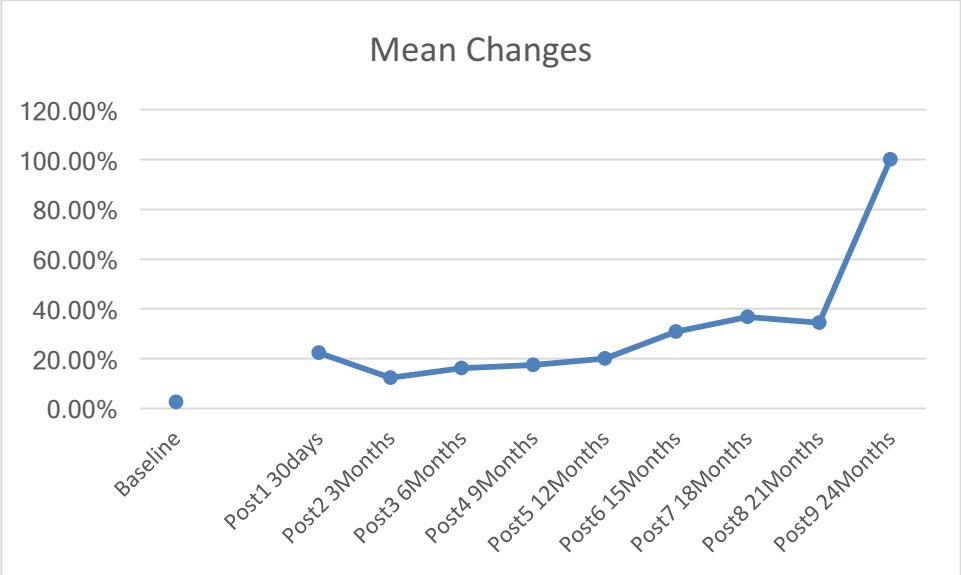

Figure 2. Changes in Mean of Percentage of Rent Paid by Clients over Time

Changes Before and After the Program

Table 5 demonstrates the frequency of scores across the RRH program. The VI-SPDAT was implemented at start of program, and the SPDAT was implemented at various stages in the program. This table is with regards to the previous explanation of SPDAT and VI-SPDAT scoring systems.

Table 5

SPDAT and VI-SPDAT Scores

	Frequency of VI-SPDAT	Percent	Frequency of SPDAT	Percent
No Housing Intervention	0	0.0	1	10.0
Rapid Re-Housing	4	40.0	6	60.0
Permanent Supportive Housing	6	60.0	3	30.0
Total	10	100.0	10	100.0

Hypothesis Testing

The original plan of this study was to test the following hypotheses using a multiple linear regression analysis. Original hypotheses include:

- Hypothesis 1: Among former homeless program participants, a higher level of trauma would be associated with a lower level of post-homelessness sufficiency.
- Hypothesis 2: Among former homeless program participants, a higher level of substance abuse would be associated with a lower level of post-homelessness sufficiency.
- Hypothesis 3: Among former homeless program participants, a higher level of behavior-related barriers would be associated with a lower level of post-homelessness sufficiency.

- Hypothesis 4: Among former homeless program participants, a lower level of physical and mental health would be associated with a lower level of post-homelessness sufficiency.
- Hypothesis 5: Among former homeless program participants, a higher level of social support would be associated with a higher level of post-homelessness sufficiency.

Hypothesis testing may not be relevant due to the small sample size (N=10) given a rule of thumb provided by Harrell Jr (2015), one should have at least ten data per factor. Even simple linear regression analyses (SLRs) that were conducted to examine the bi-variate associations between each factor and this outcome, showed that none of the factors were significant. It means that none of the hypotheses were supported. Therefore, the researcher made a decision to present the results of a multiple linear regression (MLR) to explore the relative strength of predictors. Table 6 presents bivariate correlations among the variables included in the regression model.

Table 6

Bivariate Correlations among the Variables Included in the MLR

	Rent Paid	Trauma	Substance Use	Health & Wellness	Behavioral	Social Support
Rent Paid	1.000					
Trauma	-.116	1.000				
Substance Use	-.101	.050	1.000			
Health & Wellness	-.357	.043	.342	1.000		
Behavioral	-.359	.709*	.124	.068	1.000	
Social Support	-.164	.101	0.000	-.069	.285	1.000

Table 7 presents the results of the MLR analysis. This regression model was not statistically significant in explaining the variance of the outcome variable (Self-Sufficiency): $F = .322$, $p < .877$). Although no factors were statistically significant, the

beta statistics shows that the strongest factor that had the strongest association with the outcome was “Behavioral,” followed by “Health and wellness,” “Trauma,” “Substance use,” and “Social support.” The effect of these factors on outcomes should be investigated with a further study with a proper sample size.

Table 7

*Multiple Linear Regression of Self-Sufficiency (*N*=10)*

Factor	*b*	*beta*	*t*
Trauma	.094	.266	.439
Substance Use	.029	.073	.162
Health and Wellness	-.131	-.364	-.808
Behavior	-.254	-.512	-.807
Social Support	-.015	-.070	-.156

* p < .05, ** p < .01, *** p < .001

CHAPTER V

DISCUSSION

The purpose of the study was to explore the factors that contribute to the ability to become self-sufficient post-homelessness. This was represented in the portion of rent an individual was able to pay, with 100% self-sufficient individual paying their full rent each month. In order to analyze this data, an exploratory descriptive analysis was run in order to identify correlations and patterns among the demographics, percentages of sustainability, and highest contributing factors as noted in the SPDAT.

Discussion of Major Findings

Factors of Self-Sufficiency Post-Homelessness

A multiple linear regression showed none of the factors were insignificant, failing to support the research hypotheses. These results should be inconclusive because they could be attributed to the small sample size (N=10). However, the patterns found in the analysis provide useful information. The behavioral theme was most strongly associated with self-sufficiency as recognized in the beta analysis in the multiple linear regression. Behavior is not thoroughly covered in the literature considered prior to the study. A possible explanation for this association is the variety of factors included in the behavior theme. Another possible explanation is the casual nature of the behavioral factors, as opposed to the more sensitive factors related to drug use or past abusive experiences. Behavioral patterns are simply less stigmatized for a participant to talk about. The

behavioral factors are as follows: “Risk of Harm to Self or Others,” “High Risk or Exploitive Situations,” “Emergency Services,” “Legal Involvement,” “Managing Tenancy,” “Money Management,” “Self Care & Daily Living,” and “Meaningful Daily Activities.”

SPDAT Scores

According to descriptive statistics regarding the indicators included in SPDAT, the most common averaged SPDAT scores to contribute as barriers in a person’s experience were related to their traumatic experiences, such as abuse and trauma and their background regarding their experience of homelessness. This was reflected in the literature. This could potentially be assumed, as the RRH program requires clients be considered homeless at the time of admission into the program. Furthermore, the experience of homelessness places one at risk of traumatic experiences, such as violent attacks from other people, which was suggested in a study to be the greatest effect on the premature mortality of a sample of men and women experiencing homelessness (Montgomery, Szymkowiak, & Culhane, 2017). This is a result of the vulnerability of not having a shelter. The lowest mean was the substance use score. This is important, as several clients did not disclose use during the assessment, despite previous agency knowledge of disclosure by the individual, their partner, or their friend.

Improvement over Length of Stay

Possible improvement over length of stay is suggested in mean of rent portions paid, as well as through the comparisons of the VI-SPDAT and the SPDAT. Over the course of the 24 months there is a steady incline as clients paid higher portions of rent. It should be noted that in this graph only one client completed the program, though their

exit from the program could be considered successful due to their complete self-sufficiency. The differences between the VI-SPDAT and the SPDAT suggest a positive improvement, and that the program is effective. One client's score suggested that they were able to successfully move from a more highly involved program into a state that requires no housing intervention. The number of clients in need of the Permanent Supportive Housing (PSH) program, which typically assists the most vulnerable clients, was cut in half. These improvements suggest gradual movement from receiving more intense services to less-involved assistance. This could be considered an advance into self-sufficiency.

Implications of Findings

The purpose of defining the most prominent barriers, or factors contributing to inability to pay rent was to ultimately identify methods that could assist barrier elimination in the practice setting. Although the present study did not support the research hypotheses, some information from this study could be used to practically create change in case management methods in the nonprofit setting.

Implications for Practice

Potential of RRH. Although the present study is not an evaluation study, some information from this study suggests the potential of this program. According to the minor improvements in rental percentages and the differences in program recommendations from the start of the program (VI-SPDAT) to the time of the SPDAT, the program appears to somewhat accomplish its goals related to self-sufficiency. Despite the original stated definition of self-sufficiency being related to portion of rent paid, it is clear that moving forward into a program of less intensity could be considered an

increase in self-sufficiency. In a general sense, the data suggests the agency is perhaps accomplishing what was originally intended. Based on the differences in program recommendations, it is recommended that clients who consistently score in the range allotted to PSH be moved into the program, rather than remaining in the RRH program. At the time of the initial enrollment, this particular RRH program was the only program offering services of this type. PSH was implemented after participants of this study had been enrolled into RRH. PSH provides assistance for as long as the client would like, up to their lifetime, while RRH only lasts 24 months (Schick, Wiginton, Crouch, Haider, & Isbell, 2019). This would benefit the client by providing appropriate services, as well as those in the community currently experiencing homelessness and in need of immediate assistance but unable to receive due to the lack of available services.

Needs regarding the execution of SPDAT. Several limitations are present regarding the execution of the SPDAT. The SPDAT is meant for use as an introductory tool into the agency in order to provide the case manager with a dimensional view of the client. However, this documentation had not been put in place until the beginning of this study. This created inconsistency among the sampled clients related to time they have been housed and what level of change had occurred since housing. The SPDAT does not appropriately measure change over a period of time. The inconsistent times also influence the level of rapport that is built between the client and the assessment conductor, which could lead to the client lying about his or her experiences or withholding sensitive information that could influence his or her scores on various areas of the SPDAT. This was evident in the data collection, as the substance use score was the lowest. Several individuals did not disclose using drugs during the assessment despite previous disclosure

or disclosure through a partner or friend. Lack of disclosure could lead to a deficiency of drug use-related services that could potentially benefit the client involved.

It is recommended agency staff continue implementing the VI-SPDAT at the start of program and the SPDAT when appropriate in order to continue securing appropriate and helpful data. The SPDAT would be appropriately implemented for this purpose in the first six months of the program after the staff member has built rapport. If the SPDAT is implemented prior to constructive rapport, it is likely the results will be skewed due to a lack of disclosure. It is also recommended that staff members attend the official training for the SPDAT in order to engage the client, as the SPDAT is intended to exclusively be conducted by an individual trained by an OrgCode certified trainer (OrgCode Consulting, 2015). A limitation of this study is a lack of training regarding SPDAT implementation due to time constraints and a lack of convenient resources.

Due to the nature of the SPDAT and the sensitivity surrounding areas and topics present, it is recommended that it be conducted based on individual needs. If they appear tired or become agitated it would benefit the client to break the assessment up based on their preferences. When conducting the assessments for this study, it was evident that some clients needed more time to process different areas of the assessment. It is recommended that future survey conductors discuss this possibility thoroughly before beginning and are consistently maintaining situational awareness while conducting in order to best serve the client.

If the SPDAT were to be appropriately implemented, it would provide insight into the areas of assistance individual neighbors are most greatly in need of. The personalization of services gained from this could potentially generate more effective

services, maximizing the assistance provided and ultimately steering clients more rapidly toward self-sufficiency. Another benefit of this approach would be the increased availability of services for those currently experiencing homelessness, furthering assistance and more promptly ending homelessness altogether.

Progressive engagement. The appropriate implementation of the SPDAT as previously mentioned would improve case management, create more personalized services, and implement the progressive engagement model. The progressive engagement model is defined by the National Alliance to End Homelessness (2015) as a strategy that provides "a small amount of assistance to everyone entering the homelessness system". This model is flexible, progressively increasing the amount of assistance to those most in need (National Alliance to End Homelessness, 2015). It is suggested a more vigorous approach be taken when clients receive higher scores on areas of the SPDAT. This could be in the form of more frequent visits in order to keep the client engaged in the program and less likely to prematurely discontinue services. When considering the mean of rental percentages, there is a lack of substantial increase over several months. This lack of noticeable change could lead to burnout, as staff could not feel effective and ultimately loose motivation to continue working toward their goal (Merkaë Skok, Zoroja, & Pejió Bach, 2013). Progressive engagement could lead toward a more aggressive increase in program effectiveness. It is also suggested that agency staff explore the categories that appear to be underrepresented in their agency and why that might occur. In this study, substance use was measured lower in the SPDAT scores than social stigma surrounding the population associated with the experience of homeless may suggest (Woodhead et al.,

2019). Contrarily, is a possibility this may be heavily influenced by the lack of rapport between the conductor of the assessment and the client.

Implications for Policy

It is also recommended that program requirements surrounding frequency of case management decrease based on progressive improvement. In this study, clients were able to begin paying their full rental portion before the 24-month timeframe ended. For the last several months before exiting, the clients continued services. Progressive engagement encourages case managers to assist the clients initially, and then as needed (National Alliance to End Homelessness, 2015). Unnecessary program or agency requirements could lead to more burnout for case managers and unnecessarily expended resources. A study suggests that burnout leads to exhaustion, frustration, and ultimately lack of production (Merkaë Skok, Zoroja, & Pejió Bach, 2013). Systematic changes regarding timeframe-based improvement could lessen the stress on case managers and allow more intensive and productive services be designated to those most in need. Periodic assessments could be implemented to ensure improvement is happening on a timely basis and clients are still receiving the help they need.

Limitations and Implications for Further Research

This study had multiple limitations. A major limitation is in regards to the underrepresentation of populations outside of those identifying as white and as females. If this study had taken place in a larger metropolitan area it can be assumed higher levels of diversity would be available. This could also be improved if the family version of the SPDAT had been implemented, rather than the individual SPDAT. There is inconsistency between SPDATs and VI-SPDATs, as the SPDATs were not personalized to family size.

Another inconsistency is the consideration of family members upon the collection of the VI-SPDAT scores. Despite being assessed using the family version of the VI-SPDAT, familial consideration did not occur. It is recommended that future researchers implement family SPDATs when appropriate in order to create a more holistic approach. Another benefit of using individual and family assessments as necessary would be better alignment with the person-in-environment theory, which suggests that setting and environment, such as family, highly affects the marginalized individual in terms of well-being, comfort, and security (Akesson, Burns, & Hordyk, 2017).

This author suggests research in the future maintain a consistent time frame of assessment in order to maintain consistent results. If that is not possible, then it is suggested that the conductor of the study identify appropriate means to explore factors affecting someone before being housed and after being housed. If the time frame is not consistent, it is recommended that future survey conductors ensure adequate rapport is built before working through an assessment with a client in order to create more consistent dependent variables. In this study, a limitation is also related to the Housing First approach. Several studies suggest that Housing First must only be implemented with deep consideration for each individual client, and that its long-term success is inconclusive (Jackson & Kawano, 2015; & Katz et al., 2017). This stigma results in an inconsistency in service approaches across agencies unfamiliar to clients in a localized area. Participants may be hesitant to trust the survey conductor because of their past experiences with agencies that do not support substance use or other sensitive areas of the client's life. This long-standing history of discrimination could highly affect the entire engagement (Woodhead et al., 2019). Self-perception influences how a client sees

themselves and how the choose to self-disclose, which could be significantly improved if adequate rapport is built.

The limitations of this data collection pertain primarily to the small sample size. Due to the size of the nonprofit and the nature of the SPDAT, it is difficult to gather a high number of data samples, resulting in a sample of less than 15. It is likely that this data sample is not representative of a large population. In relation to the timing of the research in the brief interval of an internship, a large number of SPDAT documents were not able to be collected. It is recommended that future researchers consider a larger sample size (Harrell Jr, 2015). Limitations of small sample size include lack of clarity regarding biased information and uninformed assumptions (Harrell, 2015; & McNeish & Stapleton, 2016). However, a study suggests that on some occasions, smaller studies suggest a greater heterogeneity than larger studies, as well as a deeper analysis of content (IntHout, Ioannidis, Borm, & Goeman, 2015). Cautions were put in place to obtain a depth of information necessary to the topic in order to beneficial, as well as to maintain a healthy awareness of bias. It is suggested that further research be done over a larger sample size, if available. As previously stated, the SPDAT was conducted on various levels of rapport and at inconsistent time intervals. Improving this to some degree could drastically change the research and cause less limitations overall. It is also recommended to identify prominent barriers as suggested by the client and seek appropriate solutions from the client in an attempt to more deeply dive into solutions that will last in the future and create significant change.

It is recommended that future researchers consider the different versions of the SPDAT and VI-SPDAT assessments when collecting data. Due to the lack of knowledge

regarding the different versions already on file, as well as available for assessment, there are incongruences among scores and are likely to be differences in finalized assessment scores across individuals and families who took similar versions. This could misconstrue the data and data interpretation related to the VI-SPDAT and SPDAT scores and the comparisons previously identified.

Conclusions

Further research is necessary in order to appropriately investigate which factors make self-sufficiency for those recently housed a more challenging venture. The greatest limitations of this study relate to the small sample size, lack of appropriate training for the SPDAT, and the lack of demographic representation due to the geographical location. High scores on the SPDAT and the various themes determined in this study would benefit from more in-depth research and data collection per theme. It is recommended that those working with this specific population strive to identify the needs of the population before beginning services in order to personalize their services and more efficiently problem solve. If further research is conducted and the results are implemented, then it will be more likely the problem of homelessness will ultimately be ended and made rare, brief, and non-recurring.

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APPENDIX A

IRB Approval Letter

ABILENE CHRISTIAN UNIVERSITY
Educating Students for Christian Service and Leadership Throughout the World

Office of Research and Sponsored Programs
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103
325-674-2885

December 19, 2018

Ellie Cornett

Department of Social Work

Dear Ellie,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled
"An Exploration of the Factors Contributing to Post-Homelessness Self-Sufficiency"

(IRB# 18-117)is exempt from review under Federal Policy for the Protection of Human Subjects.

If at any time the details of this project change, please resubmit to the IRB so the committee can determine whether or not the exempt status is still applicable.

I wish you well with your work.

Sincerely,

Megan Roth

Megan Roth, Ph.D.
Director of Research and Sponsored Programs