Assessing NonProfit Directors' Effectiveness and Use of Funding for Homeless Programs: A Puerto Rico Case Study

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by

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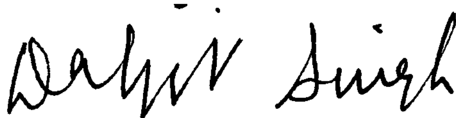

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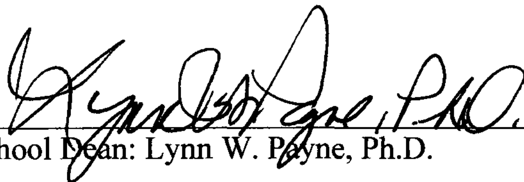

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ABSTRACT

The purpose of the present evaluative case study, which utilizes both quantitative and qualitative data collected from a custom survey instrument, was to create a new body of knowledge expressly related to the effectiveness of nonprofit (NP) programs in Puerto Rico. Additionally, the study investigated the use of funding based upon McKinney-Vento Homeless Assistance Act (MVHAA) criteria and program directors' knowledge of the criteria. In order to achieve the purpose, research questions, developed specifically for the study, were addressed. Quantitatively, the constructs in the research were assessed for any possible associations, based on the following theories: (a) lack of MVHAA knowledge by NP program directors results in ineffective programs that do not offer services that comply with the purposes, goals and key performance indicators of the Act; and (b) lack of MVHAA knowledge by NP program directors results in the misuse of federal funds. Qualitatively, factors related to noncompliance from the perspectives of NP program directors were explored and remedies for the cause(s) of such non-compliance are offered. Thirty-eight of 45 NP program directors participated in the study. The analyses of the findings revealed that (a) 10 of the 38 programs, or 26%, had service outcomes that complied with the MVHAA; (b) 24% of the programs used funding appropriately; and (c) there is an association between MVHAA knowledge, program effectiveness, and appropriate use of funding. Ultimately, the findings can be used to promote public and organizational awareness of the MVHAA's objectives and goals, and may assist, through redirecting emphasis towards outcomes, in overcoming the identified barriers to eradicating homelessness, promoting societal development and progress, and transforming lives.

Acknowledgments

The research and writing of this doctoral dissertation has been a thoroughly absorbing process. I am truly and deeply indebted to so many people that there is no way to acknowledge them all, or even any of them, properly. However, there are some debts of gratitude that I cannot allow to go unacknowledged.

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I owe a particular debt of gratitude to my colleagues and the support staff at both the Professional School of Studies, *Programa Ahora*, of the Ana G. Méndez University System, and the Business School of the Inter American University, whose continued support I most sincerely appreciate.

Finally, I dedicate this dissertation to my darling son, Christopher, who is my heart and inspiration, and to my family for their constant love, patience, support, and encouragement. Without their tender sacrifice, I would have never been able to complete this work. Thank you.

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CHAPTER 1: INTRODUCTION

There are an estimated 6,000 homeless persons in San Juan, Puerto Rico (SJ PR), and more than 50% of these are chronically homeless (Ortúzar, 2006; Rodríguez-Burns, 2006; Tendeciaspr, 2006). In 2007, Puerto Rico received $21 million dollars in federal funding under the provisions of the McKinney-Vento Homeless Assistance Act (MVHAA), also referred to herein as the *Act*, the majority of those funds being allocated to nonprofit (NP) programs in the greater San Juan metropolitan area. In spite of this large investment, homelessness continues (Lopez-Caban, 2007; Parés, 2006). According to the U.S. Department of Housing and Urban Development (HUD), there is a need for evaluation of homeless programs at both the national and local levels (2007).

Statement of the Problem and Purpose

Homelessness in SJ PR is a major social, economic, and geopolitical problem. Each year, the federal government provides over $6 million to NP organizations in the San Juan metropolitan area under the provisions of MVHAA (LexJuris Puerto Rico, 2004), the principal funding authority. The Act has as its ultimate purpose the elimination of homelessness. Funds are made available to NP organizations to foment housing, income, and self-sufficiency for the homeless (HUD, 2007). In many instances, these funds are recurrent (HUD, 2007). Nevertheless, over half of the homeless served are chronic, i.e., they have experienced recurrent episodes of homelessness and their most recent episode has lasted more than 2 years (United States Department of Housing and Urban Development, 2006; Ortúzar, 2006; Rodríguez-Burns, 2006; Tendeciaspr, 2006). The surge and chronicity of homelessness put into question the effectiveness of the programs and the appropriate use of funding allocated under the provisions of the Act.

There is no question as to whether NPs are providing much needed social welfare and other services to the homeless, but there is a question as to whether these services are directed to the achievement of the established goals of the principal funding authority, (i.e., the MVHAA).

The purpose of the present evaluative case study was to create a new body of knowledge expressly related to the effectiveness of NP organizations and the use of funding based upon MVHAA criteria and program directors' knowledge of these criteria. It was hypothesized that part of the problem is related to NP directors' limited working knowledge of the Act and / or its purposes. Consequently, using a mixed methodology, service outcomes and uses of funding by NP programs in SJ PR were examined, and the possible associations among NP program directors' levels of knowledge of the MVHAA and NP program effectiveness and use of funding were explored.

The study assisted in identifying possible factors related to noncompliance by NP programs with MVHAA goals and objectives, and offers remedies for the causes of such non-compliance. In order to accomplish this purpose, a custom survey instrument was designed and used to collect data from 38 out of the 45 NP program directors in SJ PR. Service outcomes and funding levels reported in the survey were verified with NP Annual Progress Reports (APRs) submitted to HUD and evaluated and analyzed in conjunction with MVHAA key performance measures.

The study can be yet another tool for determining and improving the effectiveness of NP programs. The results of the research can be used to promote awareness of the Act, thereby improving overall compliance. Public and organizational awareness of the provisions of MVHAA and increasing emphasis on outcomes may also assist in

overcoming the identified barriers to successfully achieving the Act's principal goals of the eradication of homelessness, the advancement of societal development and progress, and the transformation of lives.

Background and Significance

Currently, there is no effective governmental mechanism to monitor program outcomes. Instead, control mechanisms have been set in place to monitor the use of governmental funds in terms of services, whose outcomes may, or may not, comply with the overall goals and purposes of the Act. The purpose of this evaluative case study, which utilizes both quantitative and qualitative data, was to create a new body of knowledge expressly related to the projected and desired outcomes of MVHAA. In order to achieve this goal, research questions and objectives, developed specifically for this research, were addressed. Quantitatively, the constructs in this research were assessed for any possible associations, based on the following theories adapted from Yin's (2003) framework for assessing program effectiveness.

1. Lack of MVHAA knowledge by NP program directors results in ineffective programs that do not offer services that comply with the purposes, goals and key performance indicators of the Act,

2. Lack of MVHAA knowledge by NP program directors results in the misuse of federal funds.

Research Questions

A custom survey instrument was designed to collect both the qualitative and quantitative data. In order achieve the objectives of this case study, the following

research questions were addressed. The first four questions are quantitative and the last is qualitative.

1. What service outcomes, do homeless programs in SJ PR achieve?

2. How, and for what purpose, do homeless programs use MVHAA government funding?

3. How do program directors' levels of MVHAA knowledge influence program effectiveness?

4. How do program directors' levels of MVHAA knowledge influence the use of funding?

5. What are the possible factors that influence NP services and service outcomes that are not in compliance with MVHAA goals and objectives?

Brief Review of Related Literature

In order to achieve a greater understanding of the problem, a thorough review of the existing literature was conducted. The MVHAA, as the principal funding source, provides the criteria for evaluating NP homeless programs. However, understanding of the complexity of homelessness, as referenced in the MVHAA, and the factors that may influence NP program effectiveness and use of funding are also important in effectively confronting this significant social problem. The literature review was used to offer contextual and background information regarding (a) the evaluation of NP programs under MVHAA, Title IV (Subtitle C); (b) the nature and extent of the complexity of homelessness at the national level; (c) background information on homelessness in Puerto Rico; (d) the history and development of the MVHAA; (e) a review of the goals,

objectives, and provisions of the MVHAA; (f) factors that influence homeless program effectiveness; and (g) a conclusion, summarizing the importance of this research.

There is a great deal of literature and information on homelessness in the U.S. For example, Barak (1992) provided comprehensive exploratory research on the nature of homelessness by examining the possible causes and consequences of homelessness, as well as possible remedies. Barak utilized various surveys and interviews aimed at the homeless and also used a large reference base, which was used in this research as a bridge to other studies and survey analyses. The information was expanded upon to develop an understanding and analysis of the homeless condition, which is ultimately related to detachment from the affiliating bonds that connect individuals to societal networks and structures.

Burt (2003), specializing in the area of homelessness for the Urban Institute, presented several studies related to the homeless and public policy. In a recent study on chronic homelessness, the author emphasized the fact that "the most chronic, disabled, street-dwelling homeless people will accept and remain in housing, given the right configuration and the right supportive services" (Burt, 2003, p. 1267). The research indicates that there is a relationship between recurring homelessness and program effectiveness. Burt also considered certain types of individuals who are particularly vulnerable to chronic homelessness and discussed factors that may influence the non-effectiveness of programs targeting the problems of the homeless, such as drug or alcohol abuse, mental illness, or disabilities. Burt based her research on information gathered from the Urban Institute's research instrument, the "National Survey of Homeless Assistance Providers and Clients," (Aron, Burt, Douglas, Iwen, Lee, & Valente, 1999, p.

xvii) which also provided an excellent point of reference for this study. The Urban Institute's instrument was used to provide insight into the following: (a) definitions of homelessness, service centers, and programs; (b) sampling; (c) data collection approaches such as mail, telephone, in-person; (d) content of survey design; and (e) analysis and research techniques in this area (Aron et al., 1999).

Valuable information for the present case study was also obtained from several studies on homelessness and public policy on the website of the Urban Institute, which provides insight into the social problems related to homelessness. There is a great deal of literature on homelessness that assists in the understanding and analysis of the problem of homelessness in the U.S., but there is only a limited amount of reliable information on the problem of homelessness and programs for the homeless in SJ PR. Nevertheless, existing studies (Colón-Soto, 2005; Puerto Rico Homeless Management Information System, 2007) provide insight into the characteristics of the homeless population in SJ PR.

Colón-Soto (2005) studied homelessness, housing programs, and NP organizations in Puerto Rico. This study included a psychometric response scale, i.e., a Likert-type scale, in its questionnaire as the primary research tool. The Likert scale's response categories represented an ordinal level of measurement and responses; they indicate the relative position of items, but not the magnitude of difference, and can be analyzed using non-parametric tests. In spite of the inherent weaknesses of the Likert scale, which may include distortion from central tendency bias, acquiescence response bias, and / or social desirability bias, the study is a valuable resource as it provides insight into survey design and content.

Additionally, Colón-Soto (2005) provided qualitative insight from key personnel in NP organizations and government agencies that are related to programs for the homeless. For example, she included statements by Dr. Edna Rodríguez Valentín of the Department of Housing in Mayaguez on issues related to homelessness and society. The purpose of Colón-Soto's exploratory research survey was to provide a wider understanding of the nature of the homeless problem in Puerto Rico. Colón-Soto's study is useful in that it provides insight into (a) homelessness in SJ PR, (b) inter-governmental relationships, and (c) NP organizations. However, the information gathered via the questionnaire must be scrutinized for repeated overt political bias and / or personal agenda.

Because only limited research on the evaluation of programs established under the auspices of the MVHAA is available, it was important to access those existing studies to gain insight into the relevant components of program evaluation. The MVHAA, itself a government source, can be used to detail the purpose, programs, and strategies of the Act that address homelessness in America and sets forth the principal criteria for program evaluation used in this research. The definitions on which this study is based (e.g., a *homeless person*) can be found in the Act (McKinney-Vento Homeless Assistance Act, 1987).

In order to achieve criterion validity, it was of utmost importance that other studies related to the area of program evaluations be reviewed and the key principles applied. According to Senate Report No. 410 (2000), the Committee on Appropriations recommended that there is a need to evaluate the administration of MVHAA programs by U.S. Department of Housing and Urban Development (HUD) at the local, state, and

federal levels. The Committee expressed concern regarding the way in which funding is structured and distributed. The literature review details the Committee's recommendations to improve the effectiveness of MVHAA programs.

After reviewing the existing related literature and research, it was noted that few studies have a direct relation to MVHAA-funded programs in Puerto Rico and that most existing studies have used exploratory research designs. According to Glisson, Thyer, and Fischer (2001), studies in this area are overwhelmingly descriptive, and there is a need for research in this area to be taken to the next level, i.e., research is needed regarding the possible associations between variables and / or research in relation to outcome evaluation. Evaluation of NP programs under MVHAA, Title IV (Subtitle C) is particularly overdue.

Definition of Terms

In order to avoid confusion and ensure clarity, the following definitions have been included. These definitions provide a framework for the present research and are in full accordance with the terminology employed by the MVHAA. Additionally, the definitions were verified with the NP Annual Progress Report (APR) format required by HUD.

Homeless person. A homeless person is "an individual who lacks a fixed, regular, and adequate nighttime residence" (McKinney-Vento Homeless Assistance Act, 1987, para. 1).

MVHAA knowledge. MVHAA knowledge refers to the degree of knowledge that the person-in-charge of a program has about the MVHAA.

Program. In this investigation, *program* refers to a NP program with supportive services for the homeless in SJ PR (United States Department of Housing and Urban Development, 2008c).

Program effectiveness. A program is deemed effective when the program outcomes assist participants in (a) obtaining and maintaining permanent housing, (b) increasing skills and income, and (c) achieving self-sufficiency and independence (United States Department of Housing and Urban Development, 2008c).

Program participant. A program participant is a homeless person who lives at a transitional housing program facility and / or receives supportive services.

Provisions of McKinney-Vento Homeless Assistance Act (MVHAA). The provisions of the MVHAA refers to Title IV (Subtitle C) of the Act, which is related to the promotion of rehabilitation for homeless persons with a view to foster self-sufficiency and independence (United States Department of Housing and Urban Development, 2008c).

San Juan, Puerto Rico. In this research, *San Juan, Puerto Rico* refers to the Greater San Juan metropolitan area, which includes San Juan, Bayamon, Carolina, Guaynabo, Trujillo Alto, etc.

Use of funding. In this research, *use of funding* refers to the allocation and use of financial and human resources allowed under the provisions of the Act to a particular program.

Highlights and Limitations of Methodology

An evaluative case study, which utilizes both quantitative and qualitative methods, was considered as an appropriate design for this research. Yin (2008) confirms

that both types of data, i.e., quantitative and qualitative, may be used to evidence case studies. According to both Yin (2008) and U.S. General Accounting Office (1990), the case study method is particularly useful in program evaluation. Moreover, case study research is especially appropriate for understanding how or why something occurs, as in this research. Yin proffers that the case study is "an all-encompassing method" (p. 14), including design, data collection, and data analysis techniques. He makes a clear distinction between the case study and qualitative research methods, and proposes that case studies are both qualitative and quantitative, and need not include "direct, detailed observations as a source of evidence" (p. 15).

Consequently, a custom survey instrument was used to collect the following information from NP programs funded under the MVHAA in SJ PR (a) service outcomes based upon the NP's Annual Progress Report (APR) submitted to HUD, (b) use of funding also based upon the NP's APR, (c) program directors' levels of MVHAA knowledge based upon survey responses, (d) program effectiveness based upon MVHAA goals and key performance indicators, and (e) possible factors for non-compliance based upon survey responses. According to Yin (2008), a survey may be used as part of the design for a case study for the purpose of program evaluation. Care was taken in developing the survey instrument to avoid causing program directors to skip questions that could reflect adversely upon their performance. Question content and wording were addressed by structuring each question in a clear and understandable manner to reflect the terms and phrases used in the APR. To ensure the reliability of data provided by the program directors, all program figures in relation to the APR and funding were verified with HUD.

The purpose of the qualitative component was to identify the possible factors related to noncompliance by NP programs with MVHAA goals and objectives, and to offer remedies for the cause or causes of such noncompliance. The qualitative component consisted of two open-ended questions. Each question was reviewed and evaluated by categorizing responses into factor groupings based on key-word identifiers. This design was used to gain insight from the perspective of the program directors into the identified problem.

Summary and Conclusions

The purpose of this research was to create a new body of knowledge expressly related to the projected and desired outcomes of MVHAA by using a case study methodology to explore and examine the possible association(s) between the knowledge of the provisions and goals of MVHAA, Title IV (Subtitle C), and the way in which NP programs in the community, which are funded under the Act, are implemented and use government funding. Consequently, the findings of this research can be used to promote awareness of the Act in NP organizations and the general public. This increased awareness of the provisions of MVHAA can improve overall compliance with MVHAA. The findings can be used by the NP organizations as a mechanism to determine overall program effectiveness and use of funding in NP programs and to make appropriate adjustments in order to comply with the Act. Public and organizational awareness of the provisions of MVHAA and an emphasis on outcomes can also assist in removing or improving the conditions identified as barriers to successfully achieving the Act's principal goals: the eradication of homelessness, the advancement of societal development and progress, and the transformation of lives.

CHAPTER 2: LITERATURE REVIEW

The purpose of this research was to create a new body of knowledge expressly related to the effectiveness of NP organizations and the use of funding based upon MVHAA criteria and program directors knowledge of these criteria. Each year, the federal government provides MVHAA funds to NPs for the elimination of homelessness. Nevertheless, homelessness continues and the rate of chronicity among the homeless is high. The MVHAA, as the principal funding source, provides the criteria for evaluating NP homeless programs. However, understanding of the complexity of homelessness, as referenced in the MVHAA, and the factors that may influence NP program effectiveness and use of funding are also important in effectively confronting this significant social problem. To provide a backdrop to this investigation, the literature review includes an overview of the related studies and contextual and background information regarding: (a) the evaluation of NP programs under MVHAA, Title IV (Subtitle C); (b) the nature and extent of the complexity of homelessness at the national level; (c) homelessness in Puerto Rico; (d) the history and development of the MVHAA; (e) the goals, objectives, and provisions of the MVHAA; (f) factors that influence homeless program effectiveness; and (g) a conclusion, summarizing the importance of this research.

Evaluation of NP Programs under MVHAA, Title IV (Subtitle C)

There is a paucity of research on the evaluation of programs established under the auspices of the MVHAA, Title IV (Subtitle C). It was therefore important to access those existing studies and to examine the components related to program evaluation. To achieve criterion validity, it was of utmost consequence that studies related to the area of program evaluation be reviewed and the key principles identified and applied. The

overall aim of evaluating a program is to understand the conditions of the program and to identify the areas of improvement that are needed to achieve the program's stated goals and objectives (Bardach, 2000; Dart, 2000; Dunn, 2004; Freeman, Lipsey, & Rossi, 2004; Owen, 1993; Petheram, 1998).

According to Dart (2000), the principles of NP program evaluation are concerned with "the systematic collection of information, in order to improve decision making and enhance organizational learning, with the ultimate aim of bringing about programs that better meet needs and lead to amelioration of targeted social, economic and environmental problems" (p. 37). Consequently, it was determined that, in this research, the evaluation of NP programs under the MVHAA, Title IV (Subtitle C), would necessarily involve the following activities: (a) assessment, via a survey and the APR, of the actual service outcomes of each program in SJ PR; (b) analysis and review of the goals, objectives, provisions and performance measures of MVHAA, Title IV (Subtitle C); (c) a comprehensive understanding of homelessness; and (d) the evaluation of the actual outcomes of individual programs in light of the goals, provisions and key performance measures of the MVHAA in order to determine compliance with the goals, objectives, and provisions of the Act.

It was also determined that various approaches would be used. Impact evaluation and assessment would be needed to determine if the underlying goals and objectives of the Act were accomplished and if the needs of the targeted population were met (Dart, 2000; Owen, 1993). Comparative economic analysis would be needed to measure the allocation and use of financial and human resources provided under the Act to a given program (Dart, 2000; Owen, 1993).

The underlying question to be addressed in the overall analysis of program effectiveness, use of funding, and compliance or non-compliance is adapted from Freeman, Lipsey, and Rossi (2004) and centers on whether the outcomes of nonprofit programs conform to MVHAA specifications. The key performance measures established by HUD are fundamental in analyzing program accomplishments and progress in relation to the measures established. The General Accounting Office (GAO) indicates that performance measurement focuses on the outputs and outcomes of the program, i.e., the activities rendered by and services outcomes of the programs. Both program evaluation and performance measurement examine if the NP program meet the objectives of the MVHAA (GAO, 1998, 2005). According to Yin (2008) and GAO (1990), the case study approach is deemed both an appropriate and effective method for program evaluation.

The GAO (1994) utilized a case study approach in its examination of McKinney Act programs. The study was guided by the following: (a) the services outcomes of the MVHAA programs, (b) the accomplishments and difficulties in implementing the MVHAA, and (c) the future outlook for MVHAA programs. In order to answer the aforementioned, descriptive research design methods, e.g., interviews, focus groups, etc. were used. To narrow the research, 4 cities were selected on the basis of demographic characteristics, economic factors, and estimated homeless population. The cities selected were: Baltimore, Maryland; San Antonio, Texas; Seattle, Washington; and St. Louis, Missouri. All had populations of less than 1 million people. The GAO study used descriptive statistics to summarize the data in a manageable, understandable, and visual form. Its conclusions, credibility, and validity were enhanced by using the triangulation

method. Triangulation, often used in social science research, employs various research methods and data sources to verify credibility and validity evidence (GAO, 2000).

Homelessness at the National Level

Homelessness is a complex social issue with a variety of causes, ranging from poor mental health to situational events. There are multiple and diverse sub-populations and a wide range of individual needs that require attention. Neither the government nor local organizations have been successful in addressing the needs of the homeless population. Homelessness continues and is on the rise. It was important to acquire a systematic understanding of the social problems that contribute to homelessness, and which are addressed by the MVHAA. The underlying assumptions, used to assess the overall nature and extent of homelessness, were adapted from Freeman, Lipsey, and Rossi (2004).

Defining the term *homeless* is difficult because there are no set guidelines for measuring homelessness. There is more to the definition of *homeless* than simply "people in shelters or literally living on the street" (Baumohl, 1996, p. 16). However, there is no agreement between groups on clarifying the definition of *homelessness*. Burt (2006b) divided homeless people into two categories:

1. *At risk population*, also known as, *precariously housed.* These are individuals or families who are at risk of becoming literally homeless. According to HUD (2007), certain individuals or families are more vulnerable to homelessness, e.g., individuals, who use a large portion of their income for rent, individuals or families who cannot live independently and need to live with family and / or friends, etc.

2. *Literally homeless.* These are individuals or families who do not have adequate living conditions. This includes those individuals or families that live in emergency shelters and transitional housing. According to HUD (2007), the literally homeless include people living in inadequate living conditions such as streets, vacant buildings, and other places not fit for human habitation.

The latter category is the primary focus of the MVHAA, which is the governing authority for all HUD homeless programs. The provisions of the MVHAA reflect the need of the government to channel its limited human and financial resources to the needs of this specific and needy population. According to the MVHAA section 11302, the definition of a homeless individual is:

> [An] individual who lacks a fixed, regular, and adequate nighttime residence and an individual who has a primary nighttime residence that is (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. (MVHAA, 1987, para. 1)

This somewhat ambiguous definition of homelessness causes problems in counting the homeless and in the statistics related to homelessness in that it is difficult to know whom to include.

According to the National Coalition of the Homeless (2008a), there are few estimates of homelessness at the national level. The major drawback with the few existing national reports is that the information provided and used to determine the estimates of the homeless in United States of America are based on dated information, and are not completely representative of the whole population (National Coalition of the

Homeless, 2008a). One of the national surveys was developed, after several years of collaborative efforts, between 12 federal agencies, the U.S. Bureau of the Census (which is responsible for data collection), and the Urban Institute (which is responsible for analyzing the data). The Urban Institute's study by Aron et al. (1999) used descriptive statistics and design to provide national scope data that can assist in understanding the demographic and other characteristics of the homeless via the *National Survey of Homeless Assistance Providers and Clients (NSHAPC)*. The overall aim of this landmark study was to provide information about homeless assistance providers (i.e., location, services, and programs) and the characteristics of those who participated through these providers. Additionally the study focused on programs that are in accordance with the homeless assistance program definition. The MVHAA's homeless definition was adopted. The survey was based on data collected from 76 sample areas between October 1995 and 1996 with geographic levels ranging from central cities to rural areas (Aron et al., 1999). The study examined the services delivered and outcomes of programs. It did not attempt to infer correlations or determine cause-and-effect relationships. The Urban Institute's research instrument was used to provide insight into the following: (a) sampling; (b) data collection approaches, such as by mail, by telephone, or in-person; (c) content of survey design; (d) descriptive research design; (e) statistical methodologies; and (f) power analysis (Aron et al., 1999).

Aron et al. (1999) used a purely descriptive research design to document the characteristics of homeless program clients, service providers, and the services or programs. Various methods of descriptive statistics were used in the study. In order to summarize the data in a manageable and understandable form, tabulation with frequency

distribution and / or percentages, cross-tabulation, pie charts, bar charts, computer mapping, central tendency, and dispersion were used. According to Aron et al. (1999), 34% of homeless individuals belong to homeless families and approximately one third are children. This was also the case in 2005 (HUD, 2007). The national geographical breakdown of the homelessness is shown in Table 1. This information was adapted from Aron et al (1999) *National Survey of Homeless Assistance Providers and Clients.* The majority of the homeless live in the central cities and metropolitan areas, i.e., 91%.

Table 1

NSHAPC Geographic Areas

Characteristic	Percentage
Central Cities	71%
Suburbs and Urban Fringe Areas	20%
Rural Areas	9%

Table 2 highlights the national educational breakdown of the homeless population. This information was adapted from Aron et al (1999) *National Survey of Homeless Assistance Providers and Clients.* According to NSHAPC, the majority of homeless people did not finish high school.

Table 2

Education levels of Homeless at the National Level

Characteristic	Percentage
Less than High School	38%
High School	34%
More than High School	28%

Table 3 highlights the national breakdown according to gender of the homeless population. This information was adapted from Aron et al (1999) *National Survey of Homeless Assistance Providers and Clients* and HUD's (2007) *Annual Homeless Assessment Report.* The percentages of males and females have not changed significantly. The majority of the homeless are male, i.e., 68% in 1999 and 65% in 2005.

Table 3

Gender Description of Homeless at the National Level

Characteristic	NSHAPC	AHAR
Male	68%	65%
Female	32%	35%

Table 4 highlights the ethnicity of the homeless at the national level. This information was adapted from the *National Survey of Homeless Assistance Providers and Clients* (Aron et al., 1999) and HUD's (2007) *Annual Homeless Assessment Report.* The ethnic composition of the homeless has changed significantly. According to NSHAPC, 59% of the homeless clients are minorities (i.e., 40% are African-American, 11% Hispanics, and 8% Native Americans). According to AHAR, 45% are African-American, 6% Hispanics, and 2% Native Americans.

Table 4

Ethnicity of Homeless at the National Level

Characteristic	NSHAPC	AHAR
White, non-Hispanic	41%	41%
Black, non-Hispanic	40%	45%
Hispanic	11%	6%
Native American	8%	2%
Other and Multiple Races	0%	6%

The NSHAPC also reports that 80% of the homeless are between the age of 25 and 54, and that 23% of the homeless are veterans. According the HUD's (2007) *AHAR*, the majority (i.e., 72%) of homeless are between the ages of 18 and 61 and 18% of the homeless clients have veteran status. The chronically homeless were reported in NSHAPC as 22% and in AHAR as 23%. This remains constant between 1999 and 2005. Additionally NSHAPC details the following characteristics: alcohol problems during the past month (reported by 38% of the homeless), drug problems (26%), and mental health problems (39%).

Additionally Aron et al. (1999) point out the difficulty in measuring the total number of homeless participants who use services. Clients may often use multiple services at various programs and not necessarily be homeless. Therefore, the NSHAPC uses the term program contacts. The distribution of program contacts in the study by Aron et al. (1999) illustrate that on any given day in February, service providers can expect anywhere from 0 to 186,000 program contacts with an average of 17,600. For each sampling, the researchers used tabulation and bar charts to portray the percentage of

the average, high, and low estimated number of program contacts, with each area categorized by housing, food, health, and other. This shows the standard deviation of each category. The results show great variation in the composition of programs. Aron et al., (1999) explain that all estimates in the study have a 90% confidence level. Thus, an estimated 186,000 program contacts with a 90% confidence level have a 90% probability to be between 167,400 and 204,600. Consequently, there is only a 10% probability of error.

According to the data obtained from Aaron et al. (1999), the following services are seen as the most needed by homeless clients: (a) job placement services, 42% of homeless clients indicated finding a job was an essential and immediate need; (b) housing, 38% of homeless clients seek help for affordable housing; (c) supportive services, 30% of homeless clients need assistance for rent and utilities; (d) transportation, 19% of homeless clients need assistance with transportation; (e) food, 17% of homeless clients need help in obtaining sufficient food and (f) other, 24% of homeless clients responded 'other'. Examples of the 'other' response category include: legal aid, health related services, child care / support services and personal / spiritual development assistance, etc. The services activities deemed appropriate under the MVHAA are in line with services needed according to *NSHAPC.*

Overall, Aaron et al. provided a valuable study at the national level related to the characteristics of homeless individuals and families. This study enhanced the overall understanding of the nature of the homeless client who uses services, the services provided, the level of services needed, and program types. This information provided a foundation and framework for subsequent assessments, such as the *Annual Homeless*

Assessment Report. It also assisted in public policy discussions and evaluations in relation to homelessness.

In response to the recommendations of the Senate Report No. 410 (2000), i.e., to improve collection of homeless data, HUD in collaboration with various organizations, worked for several years on the national report on homelessness to enhance standardization and data collection methods to be representative of the national level (HUD, 2007). The first *Annual Homeless Assessment Report* was presented by HUD in 2007. During this process of standardization, using the MVHAA definition of *homeless*, HUD provided directions on counting the homeless in its various guides to counting homeless people (HUD, 2008a, 2008b). These guidelines standardize the counting of the homeless and statistics in research. However, it is important to note that research prior to 2007 may not have conformed to these standards.

According to HUD (2007), as part of the competitive funding process, each Continuum of Care (CoC) is required to provide HUD with estimates of the number of sheltered or unsheltered homeless persons in its jurisdiction. The method used by HUD in counting sheltered homeless persons is *point-in-time count*, i.e., on a specific night homeless individuals in emergency shelters and transitional housing are counted. The HUD (2007) *Annual Homeless Assessment Report* states that the estimates of sheltered homeless people are reasonably reliable with only some providers submitting questionable data. HUD (2008a) requires that the various subpopulations be reported. One of the subpopulations that must be reported includes the chronically homeless. According to HUD (2008e), a person is considered chronically homeless when the "unaccompanied homeless individual with a disabling condition has either been

continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years" (p. 15).

Another subpopulation includes homeless individuals who have serious mental illness. According to the National Coalition for the Homeless (2008a), this subpopulation includes people with behavioral or psychological disorders, (e.g., clinical depression, schizophrenia, and bipolar disorder), which are an obstacle in carrying out essential aspects of daily life, such as self-care, household management and interpersonal relationships. Homeless people with mental disorders remain homeless for longer periods of time and have less contact with family and friends. Additionally, individuals living with HIV / AIDS must be reported. According to the National Coalition for the Homeless (2008a), these are individuals living with Acquired Immunodeficiency Syndrome (AIDS) and other illnesses caused by the Human Immunodeficiency Virus (HIV). They have a higher risk of discrimination, health problems, job loss, challenges and overall becoming homeless (National Coalition for the Homeless, 2008c).

Victims of domestic violence (i.e., victims of dating violence, sexual assault, and stalking) and substance abusers must also be reported. Substance abusers include homeless people with a history or pattern of alcohol and / or drug use (Zerger, 2002). According to Zerger (2002), substance abuse is considered to be a cause and / or a consequence of homelessness. Additionally HUD requires *veterans*, i.e., homeless persons who meet VA health care eligibility requirements, and unaccompanied youth, i.e., unsupervised children (under the age of eighteen), to be reported (National Coalition for the Homeless, 2008c).

HUD (2008) provides a *Guide to Counting Unsheltered Homeless People*, which describes acceptable methodologies for counting the homeless. However, the method of collecting information on unsheltered homeless people varies from organization to organization. The data collection is mixed. Some providers use acceptable methods of counting the unsheltered homeless and some use highly unreliable methods. Additionally, some providers use estimates instead of collecting data. There is still confusion on how to obtain a more accurate unsheltered homeless count.

Figures from the HUD (2007) *Annual Homeless Assessment Report* indicated that, on a given night in January 2005, 754,000 people were homeless, 56% sheltered, i.e., in emergency or transitional housing, and 44% unsheltered. During the period of February 1 through April 30, 2005, 704,000 people sought shelter, 66% of these being individuals and 34% families. Homeless individuals who used shelters shared the following characteristics (a) 47% are single men, (b) 59% are minorities, and 45% of these are African American, (c) 25% are under the age of 18, (d) 25% are persons with disabilities, (e) 19% are veterans, (f) 2% are over the age of 65, and (g) 23% are chronically homeless (HUD, 2007).

The composition may differ depending on location. The homeless in cities are primarily individuals and in rural areas families predominate (HUD, 2007). These results are similar to figures from the report by The Homelessness Research Institute of the National Alliance to End Homelessness (2007).

According to United States Conference of Mayors (2006), homelessness is caused by a number of diverse, complex and interrelated factors, including domestic violence, lack of affordable housing, an ineffective welfare system and disabling conditions.

According to the U.S. Conference of Mayors (2005) *Hunger and Homelessness Survey*, 12 surveyed cities identified domestic violence as a primary cause of homelessness. The victim of the domestic violence has the very difficult choice of subjecting his or her family to the known abuse, or subjecting his or her family to the fear of the unknown. According to the National Coalition of Homelessness, women and children are particularly vulnerable due to domestic violence (US Conference of Mayors, 2007).

Baumohl, Burnam, and Koegel (1996), in the 1980's, confirm that the growing 'at risk' population was a result of the increased number of poor, i.e., 26% from 1970 to 1988, and a decreased supply of low-cost housing. The factors influencing decreased supply of low-cost housing were the modifications made in both federal and financial practices, which eliminated the incentive to develop low cost housing. The Baumohl et al. (1996) study, published for the National Coalition for the Homeless, is the foundation for ensuing studies on homelessness, as it is an outstanding resource for understanding the nature, causes, and problems related to homelessness in America. Another factor influencing homelessness and housing is the current economic and foreclosure crisis. The federal government identified that the current economic crisis effects both the *at risk* population and *literally* homeless. Under the American Recovery and Re-investment Act, i.e., the stimulus plan, HUD assists in minimizing these effects on the homeless by providing prevention, transitional housing, and re-housing. According to HUD (2009), prevention measures are strategies to prevent individuals or families from becoming homeless. The aim of this strategy is to assist at-risk individuals and families by providing them with temporary assistance such as rent, utilities assistance, or relocation.

The purpose is to minimize the number of individuals who will become literally homeless. This is now an important HUD goal.

HUD provides transitional strategies, such as transitional shelters, to assist individuals and families who are experiencing homelessness for the first time due to the economic crisis. Additionally HUD provides re-housing, i.e., strategies to assist individuals and families in obtaining permanent housing. The aim of this strategy is to provide temporary assistance in locating, obtaining and maintaining residential stability (HUD, 2009).

The Baumohl et al. (1996) study suggested that certain populations, e.g., low-income individuals, are more vulnerable or at risk to become homeless. Barak (1992) reviewed several surveys and interviews predominately aimed at the homeless in order to formulate his conclusions that an individual's homeless condition is the ultimate state caused by a series of events that negatively affected the low-income earner and that the major cause of homelessness is an ineffective welfare system that is unable to help individuals and families support themselves. Accordingly, homelessness is related to detachment from the affiliate relating bonds that connect individuals to societal networks and structures. Without these networks and structures individuals are left isolated and without support.

Hafetz's (2003) study sheds light on new variables and challenges affecting homelessness, including (a) the local economy changing direction towards a global economy, (b) decline in public funding, (c) increase in the amount of criminal activity with imprisonment, and (d) changes within the mental health policies. These variables were also identified by the National Coalition for the Homeless (2006).

According to HUD (2008), a homeless individual is considered to have a disabling condition if he or she has one or more of the following, diagnosed substance abuse disorder, serious mental illness or disability, and / or chronic physical illness or disability. Such conditions limit the ability of the individual to perform normal everyday tasks. This increases their risk of becoming homeless. "The analysis of AHAR sample data captures information on the number of disabled persons but not the types of disabilities, showing that 25% of all sheltered homeless adults have a disabling condition" (HUD, 2007, p. 32).

The Jainchill, Hawke, and Yagelka (2000) study showed that, for both genders, increased psychological disorders were significantly associated with adult homelessness. Among males, a history of physical and / or sexual abuse or crime was also an important link while age and psychological disorders correlated with homelessness among females. This study used the Pearson product moment correlation to determine the correlation between homelessness and such variables as abuse and pretreatment, as well as socio-behavioral and psychological variables by gender. Although the study attempted to correlate variables, the overall conclusion was that causes of and problems related to homelessness are intertwined with only a very few significant correlations. Additionally, addiction disorder is a complex cause and consequence of homelessness. According to Zerger (2002), substance abuse is both a causative factor and result of homelessness. Substance abuse in the 'at risk' population and the lack of needed services for treatment of this disorder, may cause individuals to become homeless. On the other hand, homeless individuals may abuse drugs and / or alcohol as self-medication (Kraybill & Zerger, 2003).

Homelessness in Puerto Rico

There is a great deal of literature and information on homelessness that assists in the understanding and analysis of the problem of homelessness in the U.S., but there is only a limited amount of reliable information on the problem of homelessness and related NP programs for the homeless in SJ PR. Nevertheless, existing studies (Colón-Soto, 2005; Puerto Rico Homeless Management Information System, 2007) establish that the homeless population of SJ PR is characterized by higher rates of: (a) mental health problems, including depression, anxiety disorders, schizophrenia, and personality disorders; (b) violent and / or traumatic experiences, e.g., physical aggression, murder, sexual assault; (c) suicide; (d) drug and alcohol addiction; (e) HIV /AIDS and tuberculosis; (f) prostitution; and (g) mortality than the general population. The socio-demographic characteristics of the homeless population of SJ PR are shown in Table 5. This information was adapted from the 2007 Puerto Rico Homeless Management Information System (PR HMIS) report. As indicated, 65.2% of the SJ PR homeless are males, 61.5% are 25-44 years old, 53.7% have a high school education, and 77.9% are not married. In SJ PR, the male homeless population is nearly twice that of the female population, the 'under 25' and 'over 65' age groups account for only 10.3% of the homeless population, and among those who stated that they were 'married', the overwhelming majority, 92.7%, were living in 'de-facto' relationships.

Table 5

Socio-Demographic Description of Homeless in SJ PR

Characteristic		Percentage
Male		65.2%
Female		34.8%
Age		
	18-25	8.3%
	25-34	27.1%
	35-44	34.4%
	45-54	21.1%
	55-64	7.2%
	65 or older	2.0%
Education		
	Primary	36.3%
	Secondary	53.7%
Marital Status		
	Married	22.1%
	Not Married	77.9%

Table 6 illustrates the breakdown of employment and income statistics of the SJ PR homeless population. Again, this was adapted from the San Juan PR HMIS (2007) report. The majority of the homeless, i.e., 92.4%, earn less than $501, and 95.3% are unemployed.

Table 6

Employment and Income Among Homeless in SJ PR

Characteristic		Percentage
Employment		
	Employed	4.7%
	Unemployed	95.3%
Monthly Income		
	None	73.0%
	$1-$500	19.4%
	$501-$1,000	5.5%
	$1,001-$1,500	1.0%
	More than $1,500	1.0%

Table 7 shows the number of homeless episodes, an indication of chronicity, in SJ PR. These figures are from the PR HMIS (2007) report. The majority of the homeless in SJ PR, i.e., 83.1%, are prone to chronic homelessness, which indicates that MVHAA programs in SJ PR are not effectively addressing the problem.

Table 7

Episodes in SJ PR

Characteristic	Percentage
First Episode	16.9%
2-4 Episodes	67.9%
5 or more episodes	15.2%

In Table 8, the reasons for homelessness as identified by the homeless of SJ PR are shown. These figures were also adapted from the PR HMIS (2007) report. The causes of homelessness in SJ PR, as at the national level, range from domestic violence to economic problems. It is essential that service providers understand the causes in order to be able to provide the correct mix of services. For example an individual with an addiction disorder would need different services than a victim of domestic violence, etc.

Table 8

Reasons for Homelessness in SJ PR

Characteristic	Percentage
Addiction	51.2%
Domestic Violence	20.5%
Economic Problems	13.4%
Sickness	12.5%
Release from Prison	2.5%

Table 9 shows the breakdown of services received by the homeless of SJ PR from NP homeless programs. These figures were adapted from the PR HMIS (2007) report. It should be noted that the 'supportive services' component includes services that are not necessarily in compliance with the MVHAA. The majority of services received by the homeless were in the area of supportive services. Only 8.8% of the services rendered included referral and / or placement in permanent housing, indicating that programs are not focusing on permanent housing and are in noncompliance with the MVHAA.

Table 9

Services Received by the Homeless in SJ PR

Characteristic	Percentage
Homeless Prevention	2.5%
Supportive Services	48.4%
Emergency Shelter	20.1%
Transitional Housing	21.0%
Permanent Housing	8.8%

Table 10 shows the socio-demographic breakdown of SJ PR program leavers (PLs) in permanent housing. These statistics were taken from PR HMIS (2007). It should be noted that the majority of PLs in permanent housing are women, i.e., 62.5% are women.

Table 10

Socio-Demographics of SJ PR PLs in Permanent Housing

Characteristic		Percentage
Male		29.5%
Female		62.5%
Age		
	18-25	40.6%
	25-34	40.4%
	35-44	45.5%
	45-54	42.9%
	55-64	54.3%
	65 or older	27.3%
Education		
	Primary	23.3%
	Secondary	54.5%
Marital Status		
	Married	39.2%
	Not Married	54.8%

Table 11 shows the employment / income breakdown of SJ PR PLs in permanent housing. Again, these statistics were taken from the PR HMIS (2007) report. It is interesting to note that 33.1% of participants with no income and 33.1% of participants with earnings of over $1,500 per month obtained permanent housing.

Table 11

Employment / Income of SJ PR PLs in Permanent Housing

Characteristic		Percentage
Employment		
	Employed	78.6%
	Unemployed	41.3%
Monthly Income		
	None	33.1%
	$1-$500	59.4%
	$501-$1,000	82.9%
	$1,001-$1,500	85.7%
	More than $1,500	33.1%

Table 12 is of particular interest in that it shows the chronicity breakdown of the percentages of PLs in SJ PR in permanent housing. Chronicity, i.e., the problem of chronic homelessness, is difficult to measure. Of the 3 groups identified, i.e., 1 episode of homelessness, 2-4 episodes, and 5 or more episodes of homelessness, those homeless persons who had experienced 5 or more episodes of homelessness had the lowest rate for obtaining permanent housing. This, of course, appears to be reasonable. However, it is impossible to know if any of the participants with more than 2 episodes of homelessness, obtained and then lost housing the previous year. These figures were adapted from information in the PR HMIS (2007) report.

Table 12

Homeless Episodes of SJ PR PLs in Permanent Housing

Characteristic	Percentage
First Episode	40.2%
2-4 Episodes	47.8%
5 or more episodes	28.3%

Table 13 shows the reasons for homelessness breakdown of SJ PR PLs in permanent housing. These statistics were taken from the PR HMIS (2007) report. The three precipitating causes of homelessness among PLs currently in permanent housing included economic problems, domestic violence, and sickness. An effective welfare system and prevention strategies might have minimized the literally homeless in this category.

Table 13

Reasons for Homelessness Among SJ PR PLs in Permanent Housing

Characteristic	Percentage
Addiction	32.1%
Domestic Violence	62.0%
Economic Problems	69.0%
Sickness	56.5%
Release from Prison	33.3%

Although the statistics in Tables 10-13 show percentages, the actual significance of these percentages is illusive. From the existing information, it is impossible to know the duplication rates. Nevertheless, as indicated, the HMIS (2007) report and Colón-

Soto's study (2005) provide insight into homelessness in SJ PR and into inter-governmental relationships and NP organizations. Colón-Soto (2005), in particular, used various descriptive design techniques, including experience surveys. Experience surveys were used to provide qualitative insight from key personnel figures in NP organizations and government agencies related to programs for the homeless, e.g., statements by Dr. Edna Rodríguez-Valentín of the Department of Housing in Mayaguez on issues related to homelessness and society.

Colón-Soto (2005) provided insight into exploratory research design, descriptive design techniques, and the format and content of survey design. This study included a psychometric response scale - a Likert-type scale - in its questionnaire as the primary research tool to measure relationships between the above variables. The Likert scale's response categories represented an ordinal level of measurement and responses, i.e., they indicated the relative position of items, but not the magnitude of difference, and can be analyzed using nonparametric tests. In spite of the inherent weaknesses of the Likert scale, which may include distortion from central tendency bias, acquiescence response bias, and / or social desirability bias, the study is a valuable resource because it provides insight into survey design and content. The information gathered via the questionnaire was also scrutinized for political bias and / or personal agenda.

In all of Puerto Rico, according to HUD's (2006) *Continuum of Care Homeless Populations and Subpopulations Report*, which presents slightly different statistics from Colón-Soto (2005) and HMIS (2007), there were 8,722 homeless people, 30% of whom were sheltered (i.e., in emergency or transitional housing) and 70% unsheltered. Homeless individuals who used shelters shared the following characteristics: (a) 80% are

chronically homeless, (b) 24% are persons that are severely mentally ill (c) 64% are persons affected by chronic substance abuse, (d) 8% are under the age of 18, (e) 6% are victims of domestic violence, (f) 5% are persons with HIV or AIDS, and (g) 3% are veterans (HUD, 2006a).The characteristics of the homeless in Puerto Rico are not reflective of the trends in the rest of the United States. Puerto Rico suffers from a very high percentage of chronicity, i.e., 82.1%, compared to a 25% chronicity rate in the rest of the United States. Additionally, the Puerto Rico homeless population has a higher proportion of individuals with substance abuse and mental illness as compared to the United States.

Development of MVHAA

According to the National Coalition for the Homeless (2006), the initial response to homelessness came primarily from local, rather than federal, authorities. The first federal circuitous involvement was in 1983, when a federal task force was set up to assist local and state authorities in receiving surplus federal resources. With greater public awareness and demand for direct federal intervention, various bills were introduced and passed in early 1986. The first, the Homeless Eligibility Clarification Act of 1986 was passed to remove barriers that inhibited the homeless from accessing existing mainstream programs and services. The Homeless Housing Act was also passed, authorizing HUD to create emergency and transitional housing programs. A limited and revised version of the Homeless Persons' Survival Act was also enacted into law (HUD, 2005; National Coalition for the Homeless, 2006).

In 1987, Title I of the Homeless Persons' Survival Act was passed and during this same year, the Act was renamed the Stewart B. McKinney Homeless Assistance Act, in

honor of the late Senator McKinney for his key role in the development of the Act. The Act was amended in 1990, 1992, 1994, and 1998. "These amendments have, for the most part, expanded the scope and strengthened the provisions of the original legislation" (National Coalition for the Homeless, 2006, p. 3). In 2000, the Act was renamed McKinney-Vento Homeless Assistance Act, in honor of the late Senator Vento (HUD, 2005; National Coalition for the Homeless, 2006).

McKinney-Vento Homeless Assistance Act

The purpose, goals, and provisions of Title IV (Subtitle C) of the MVHAA address homelessness in America through supportive housing and supportive services programs. The Act provided the principal criteria for program evaluation in this dissertation research. Additionally, other government reports and secondary sources directly related to the Act were used to provide insight into the MVHAA. Studies by Bardach (2000), Dart (2000), Dunn (2004), Freeman, Lipsey, and Rossi (2004), Owen (1993), and Petheram (1998), were used as guides in understanding the overall goals and objectives of Title IV (Subtitle C) of the Act. The MVHAA was designed by the policy makers to address the social problem of homelessness. Homelessness was defined in detail in the previous section.

According to HUD (2008c), the three overall goals in assisting homeless individuals are (a) obtaining and maintaining permanent housing, (b) increasing skills and income, and (c) achieving self-sufficiency and independence. The purpose of MVHAA, Title IV (Subtitle C), is to

> ...promote the development of supportive housing and supportive services, including innovative approaches to assist homeless persons in the transition from homelessness, and to promote the provision of supportive

> housing to homeless persons to enable them to live as independently as possible. (McKinney-Vento Homeless Assistance Act, 1987, para. 1)

Therefore, the principal goal of program directors, as established by the MVHAA, is to foster the rehabilitation of homeless persons via housing with supportive services, with the intent of promoting self-sufficiency and independence.

The focus of this present evaluative case study is Title IV (Subtitle C) of the MVHAA. The general review of program components of Title IV (Subtitle C) of the Act centers on supportive housing programs and supportive service programs. Program components include both supportive housing and services. The types of supportive housing programs include transitional, permanent for persons with disabilities, safe havens, and innovative supportive housing.

Transitional supportive housing programs assist homeless individuals and families, via temporary housing and supportive services, to obtain permanent housing. The purpose of this type of housing is to assist participants in the strategic area of self-sufficiency and independence by providing them with temporary living arrangements and supportive services. The time-frame for this temporary living arrangement is 24 months. Penalties are imposed upon programs if over half of the participants have not moved to permanent housing within that time-frame (Burt, 2006a; HUD, 2008d; MVHAA, 1987).

Another type of supportive housing program is called permanent housing for persons with disabilities. The purpose of this type of permanent housing is to assist participants in self-sufficiency and independence by providing permanent living arrangements and supportive services to persons with disabilities. The term *disability* is defined under MVHAA section 11382 (2) and under Social Security Act section 223 as long continuous (or indefinitely) condition that limit the individual's ability to perform

every-day tasks (MVHAA, 1987). The definition of *disability* also includes developmental disability and HIV / AIDS. If a homeless individual suffers from severe mental illness, the corresponding supportive housing program is the *Safe Haven.* The purpose of this program is to assist participants (who are usually unable or unwilling) to participate in housing programs and / or supportive services. Additionally the Act provides the NP programs the option to custom design supportive housing programs, not covered under the existing programs, under the section of *innovative supportive housing* (HUD, 2008).

Supportive services programs can be used either in conjunction with NP supportive housing programs or alone through a supportive service center. According to MVHAA section 11385 (b), the services deemed appropriate under the Act include the following: (a) core services, i.e., development of life skills, education, employment, and housing placement or assistance; (b) health related services, i.e., alcohol, and drug abuse related services, mental health related services, AIDS related services and other health care services; and (c) other supportive services, e.g., child care services, security for participants, etc.

Supportive services for individuals who move from transitional to permanent housing end within 6 months after individuals have received their permanent residence. Additionally, the grantee is required to share 20% of the supportive service costs. Other eligible activities are acquisition, rehabilitation, or new construction or leasing of a building structure for the purpose of supportive housing and service programs. In addition, the Act covers 5% of the administration costs and up to 75% of the operational costs related to supportive housing programs (HUD, 2008).

Performance Measures of McKinney-Vento Homeless Assistance Act. Grant recipients are required to establish performance measures based on the goals of the Act and target populations' needs and report their compliance or non-compliance to HUD via Annual Progress Reports (APRs). The stated purpose of the NP APR is to inform HUD of progress and accomplishments. Organizations must detail information about client-level outcomes. Client-level calculations are based on the number of participants who were in the program during the last year and the number of participants who left the program during the last year. Of the participants who left the program, the number of participants who obtained permanent housing, economic self-sufficiency, and employment (and maintained it for at least 3 months), and who increased educational, academic, or vocational skills must be reported (HUD, 2003).

Programs are expected to detail the year's measurable objectives for each of the following goals (a) residential stability, (b) increased skills or income, and (c) greater self-determination. Additionally, for each goal, programs should describe their progress in achieving their objectives and indicate the following year's measurable objectives.

Programs must also provide financial information to HUD. The information must indicate the services rendered and the distribution of supportive services. Programs are encouraged to detail any situations or problems that they encountered during the operating year (HUD, 2003).

Together with the APR form, HUD provides worksheets to assist program directors in obtaining and managing the data needed for the form. HUD also provides *Supportive Housing Program (SHP) Self-Monitoring Tools.* This user-friendly tool

provides staff with forms to monitor their program effectiveness and compliance with HUD policies and regulations.

In theory, HUD measures the performance of the programs that serve the homeless to improve the effectiveness and compliance under the MVHAA. However, in practice, the APRs are little more than a formality. Nevertheless, HUD employs the performance measures as a reporting requirement of the Government Performance Results Act (GPRA) and as a feedback mechanism (Khadduri, 2005). The following key performance indicators were used in this research to measure whether a program had achieved the aforementioned goals: (a) 61% or more of participants who left the program during the last year, or program leavers (PLs) obtained permanent housing; (b) 17% or more of PLs obtained employment; (c) 75% or more of PLs achieved at least one of their work plan goals, e.g., passing the GED exam or completing vocational training; (d) 75% or more of PLs increased access to mainstream services; (e) no more than 5% of PLs had previously participated in a transitional housing program or supportive services (Burt & Trutko, 2003; Khadduri, 2005; HUD, 2005; HUD, 2006).

Factors that Influence Homeless Program Effectiveness

Related studies and literature on homelessness, NP supportive housing, and service providers were reviewed to address various issues related to program effectiveness. The factors that influence program effectiveness ranged from public policy and MVHAA program structure, individual program strategies, and complexity of the homeless population. Additionally, data collection, measurement and management information systems used in the MVHAA program structure between federal and local agencies influence the effectiveness. According to the HUD (2007) Annual

Homelessness Report and the Senate Report No. 410 (2000), the Committee on Appropriations recommended that the administration of MVHAA programs by HUD must be evaluated. The committee was concerned with the way funding is structured and distributed. The Committee was also concerned with the formula funding calculations of HUD:

> The Committee continues to be very concerned over HUD's administration of the McKinney homeless assistance programs through formula funding to local continuums of care. With the exception of the Emergency Shelter Grants program, the legislation for the Supportive Housing program, Shelter Plus Care and the Section 8 Moderate Rehabilitation SRO program requires a national competition by grantees, not a formula allocation. This is especially troubling since HUD uses a modified allocation formula pursuant to the Community Development Block Grants (CDBG) program to award funding to local continuums of care. The CDBG formula has no real nexus to homeless needs and the use of the CDBG formula also means that local continuums of care are assured of receiving a minimum amount of funds where a grant application meets certain minimum requirements regardless of the actual homeless assistance needs of the jurisdiction. Additional funds are then allocated to the local continuums of care where there is a reallocation of funds in cases where local continuums of care fail to meet the basic requirements. (S. Rep. No. 410, 2000, p. 51)

To recap, there is a need for evaluation of program use of funding, HUD's allocation and distribution of funding, and additionally, the evaluation of the entire Continuum of Care (CoC) application process.

A CoC is defined as a group of organizations and government agencies working together in a given geographical area or jurisdiction with a common vision and strategies to serve the homeless population. The services provided may include supportive housing programs, supportive services, prevention measures, transitional / emergency strategies and affordable housing. "prevention, outreach and assessment, emergency shelter, transitional housing, permanent supportive housing, and affordable housing, plus

supportive services in all components" (HUD, 2002, p. xi). A CoC must submit a comprehensive work plan and application to HUD. The purpose of the CoC is to improve the overall effectiveness of programs. According to HUD (2002), this new structure that includes organizations and government agencies working together improves the services delivered and hopefully, increases the effectiveness of meeting the needs of the homeless.

According to Senate Report No. 410 (2000), the Senate Committee endorsed a permanent housing strategy to address the problem of homelessness. The Committee took note of the problem of the *revolving door syndrome*, which affects the overall effectiveness of the housing programs. It also noted the need to address special populations, such as persons with disabilities, to assist in achieving the overall effectives of MVHAA housing program strategies. Burt (2003), who specialized in the area of homelessness for the Urban Institute and who presented several studies related to the homeless and public policy, monitored certain types of individuals who are particularly vulnerable to chronic homelessness and discussed factors that may influence the noneffectiveness of programs, such as drug or alcohol abuse, mental illness, and disabilities. In a recent study on chronic homelessness, the author emphasized the fact that "the most chronic, disabled, street-dwelling homeless people will accept and remain in housing, given the right configuration and the right supportive services" (p. 1267). Additionally, it is important to note that Burt (2003) indicates that there is a relationship between recurring homelessness and program effectiveness.

Colón-Soto (2005) described the characteristics of the homeless person who received services from transitional housing programs for the homeless in SJ PR in terms of gender, subpopulations, services received, and agencies that provided the services.

However, Colón-Soto also addresses (a) the underlying political and moral values related to the development of the public policy behind the MVHAA; (b) the objectives and history of that public policy; (c) NP program staffs' understanding of the historical, political, and moral aspects of these details; (d) the core values that NP programs evidenced in program implementation and provision of services; and (e) opinions regarding the obstacles to program implementation and internal evaluation. However, she makes no attempt to establish any relationships between these factors. Recommendations are proffered in the most general terms and include (a) motivating the development of alternative social policies to combat homelessness in the Puerto Rican context and (b) encouraging orientation of NP program staff regarding the public policy behind the MVHAA to eradicate assistentialism. Program ineffectiveness and noncompliance with the MVHAA are attributed to lack of training / knowledge of NP program staff, the organizational culture of assistentialism, and the lack of compatibility of national strategies to local situations.

"While… most, homeless assistance providers manage their homeless assistance programs and activities very well, there is inadequate information to ensure the funds are used well or even appropriately" (S. Rep. No. 410, 2000, p. 52). This recaps the present study's problem statement, which proffers that there is no question as to whether NPs are providing much needed social welfare and other services to the homeless, but there is a question as to whether these services are directed to the achievement of the established goals of the principal funding authority, i.e., the MVHAA. Consequently, HUD must effectively evaluate the use of funding, establish standards and ensure that programs are using funds appropriately. The Senate Committee recommended various measures to

improve the effectiveness of the MVHAA programs. The first recommendation is related to the need for a thorough evaluation of (a) the nature and extent of homelessness, (b) service providers, and (c) the housing programs. The Committee expressed concerns that the MVHAA programs have not been analyzed for over 15 years. There has not been a complete overview of the extent of the nature of homelessness and whether MVHAA is meeting the need. According to Acosta and Toro (2000), the effectiveness of a public program and policy depends on the understanding and assessment of the social needs of the target population. Acosta and Toro (2000) examined the effectiveness of social programs in Buffalo, New York. Regression Analysis was used to examine the relationship between (a) 16 predictor variables, e.g., social-demographic characteristics such as age, gender, etc; and (b) dependent measures of service utilization, client preference, and client satisfaction. Examining various variables allowed the researchers to understand the use of services by the homeless and their preferences towards different areas. The analysis results showed that there is a discrepancy between homeless service priorities and what the service providers deemed as priorities for the homeless. To achieve the goals of the MVHAA, HUD must require programs to use 30% of the funds in permanent housing (Acosta & Toro, 2000; S. Rep. No. 410, 2000).

The first step of any analysis involves the data collection method, i.e., determining the estimates and demographic / social characteristics of the homeless. HUD is required to establish guidelines on how to count homeless individuals and families. Additionally, HUD must develop appropriate data collection strategies to obtain the accurate homeless data. The Committee believed that it is essential that the estimates of the number of homeless individuals be free from duplicity, in order to analyze trends and

patterns related to homeless characteristics and their use of the services needed and rendered. Accurate information allows HUD and NP programs to assess effectiveness. This leads to the next recommendation which focused on the need for a management information system. HUD is required to develop, establish and implement a management information system at the local, state and federal level. One percent of funding is available for the automation of the housing program reporting system, i.e., APR.

HUD is required to analyze APRs and develop strategies for success. Additionally, HUD must submit yearly reports on the following (a) the demographics of homelessness, (b) changes in the characteristic of the homeless, (c) the pattern in use and demand for homeless assistance, and (d) the effectiveness of assistance (HUD, 2007; S. Rep. No. 410, 2000).

According to the figures of HUD's National APR Data 2006 Operating Year, it is required that 61% or more of PLs obtain permanent housing. According to APRs, on the national level, 62.4% of PLs obtained permanent housing. Additionally, it is required that 17% or more of PLs obtain employment. At the national level, 17% of the PLs obtained employment. In most national level reporting, Puerto Rico is excluded. The APR can potentially be the key tool for HUD to obtain homeless information and service provider compliance (HUD, 2006b).

The first limitation of the APR is that the information provided to HUD depends on the data collection methods of the individual homeless assistance programs and their compliance with HUD guidelines to these methods. Secondly, it is difficult to determine whether an organization is duplicating information, as some organizations may receive various grants under the MVHAA (Khadduri, 2005). There is no way to know whether

there is duplication in APR and the reporting of the needs of the target population within a specific geographical area (Khadduri, 2005).

According to Khadduri (2005) for HUD, the key performance indicators in the APR focus on the outcomes of activities and not actual compliance with the Act's goals and / or the needs of the target population. Additionally, performance measures do not provide indicators and strategies for the various needy subpopulations of homeless, such as victims of domestic violence. The APR lacks disclosure of all possible client-level measures and characteristics. For example,

> …a transitional housing program may report that 50% of its clients suffer from mental illness and that 50 percent are individuals (not in families), but are those the same clients? If the program reports that 70 percent of its clients exit to permanent housing, what are the characteristics of the 30 percent who exit without achieving that objective? (Khadduri, 2005, p. 4)

Additionally, the APR does not provide information on the relationship between housing programs and supportive services and does not capture all views of residential stability. HUD does not provide quality control of the APR. Reports are submitted with omissions and inconsistencies. The process of submission does not include a strategy for feedback and internal checks of missing information. According to Khadduri (2005), the lack of understanding of what must be included in the APR and the omission of information creates challenges for both MVHAA performance measures and reporting. Again, the APR can be the key for effective performance reporting, monitoring and program evaluation, if used as intended.

In order to achieve program effectiveness, HUD encourages program directors to plan and organize prevention activities to minimize homelessness. A program may implement various approaches. The first approach is primary intervention. The aim of

this approach is to prevent the homelessness from occurring. Therefore, the focus of this method is to assist individuals and families that are at risk. The second approach is secondary prevention efforts. Secondary prevention efforts focus on the first-time homeless individuals and families. The aim of this approach is to minimize the extent of homelessness and prevent chronicity.

Another new approach to enhance public housing program effectiveness is replacing traditional public housing managers with for-profit managers. According to Bowie's (2004) study, greater level of effective supportive services were provided by the private sector. Bowie (2004) found that there was a significant correlation between management type, i.e., privately or publicly owned, and social service satisfaction and utilization. According to Bowie, social service use and satisfaction was greater in privately managed areas.

The barrier for new approaches is the resistance to change. An example of this resistance is demonstrated in the study of Asmussen, Moran, Shern, Shinn and Tsemberis (2003) which used a randomized experiment with 168 individuals who were homeless and had severe psychiatric disabilities, randomly assigning them to either (a) the experimental program, especially modified to adjust to the needs of this client group or (b) programs with predetermined services, such as traditional outreach and drop-in center programs. The researchers used the Chi-square method to determine whether there was a relationship between the participants' program type (experimental vs. control) and their housing status and found a significant relationship among these variables.
Although, the results were high in obtaining and retaining residential stability, perceptions for the implementation of the study were negative. The study encountered

resistance from staff members and services providers to implement experimental programs (e.g., drop-in centers). Staff members' reluctance in referring clients involved 'ethical' issues related to assigning housing to participants who were not ready for it.

Additionally, resistance to change may cause distress symptoms. Wong (2002) investigated homeless individuals and their ability to cope with changing housing status by measuring distress symptoms. Wong used multiple regression analysis to examine the relationship between (a) changes in score on the Epidemiologic Studies-Depression Scale (CES-D) and (b) the distress status of the participants, i.e., the current status of participant at the time of the CES-D scores. This study used the CES-D as a measure of psychological symptoms and also interpreted situational reactions to temporary circumstances. For the analysis, the difference between CES-D scores obtained in two separate time periods were calculated. The results showed a high correlation between psychological distress and change in housing status.

According to the Annual Homeless Assessment Report (2007), the traditional approaches used by programs directors for homeless families are not effective.
HUD introduced a new approach, i.e., rapid re-housing, to effectively reduce family homelessness. The aim of this approach is to reduce the amount of time families are homeless by providing families with supportive housing assistance and follow-up supportive services. According to Senate Report No. 410 (2000), this new approach is under evaluation in order to ascertain if this approach minimizes homelessness among families.

According to Burt (2007), "preventing homelessness among families requires the active participation of mainstream agencies, particularly welfare and child welfare agencies" (p. 7). The barriers to mainstream services are described in GAO (2000):

> Homeless people are often unable to access and use federal mainstream programs because of the inherent conditions, such as transience, instability, and a lack of basic resources of homelessness, as well as the structure and operations of the programs themselves. For example, complying with mainstream programs' paperwork requirements and regularly communicating with agencies and service providers can be more difficult for a person who does not have a permanent address or a phone number. Furthermore, the underlying structure and operations of federal mainstream programs are often not conducive to ensuring that the special needs of homeless people are met. For example, federal programs do not always include service providers with expertise and experience in addressing the needs of homeless people. These providers may not be organized or equipped to serve homeless people, may not be knowledgeable about their special needs, or may not have the sensitivity or experience to treat homeless clients with respect. In addition, the federal government's system for providing assistance to low-income people is highly fragmented, which, among other things, can make it difficult to develop an integrated approach to helping homeless people, who often have multiple needs. (p. 4)

To address the problems of access of mainstream services, HUD requires all funding recipients to coordinate and integrate their programs with other mainstream services.

The information from these serves as a backdrop to social problems related to homelessness and the possible factors that influence homeless programs. There is a great deal of literature and information on homelessness and related programs that assists in the understanding and analysis of the problem of homelessness in the U.S., but there is only a limited amount of reliable information on the problem of homelessness and related programs for the homeless in Puerto Rico.

Conclusion

Few studies to date are directly related to homelessness and MVHAA-funded programs in Puerto Rico, and according to Glisson, Thyer, and Fisher (2001), these

studies are primarily descriptive. There is a need for research in this area to be taken to the next level, i.e., to provide research on possible relationships between variables, and, moreover, outcome evaluation. Evaluation of NP programs under MVHAA, Title IV (Subtitle C) is needed because there is insufficient research on the evaluation of programs established under the auspices of the Act. According to the Senate Report No. 410 (2000), there is a need for evaluation of the appropriate use of funding and program effectiveness at the local, state and federal levels. Additionally, there is a need to understand whether the services provided by the programs are directed to the achievement of the established goals of the principal funding authority, (i.e., the MVHAA).

CHAPTER 3: METHODOLOGY

Overview

The purpose of this evaluative case study, which utilizes both quantitative and qualitative data, was to create a new body of knowledge expressly related to the effectiveness of NP organizations and the use of funding based upon MVHAA criteria in light of the program directors' knowledge of these criteria. In order to achieve this purpose, research questions, developed specifically for this study, were addressed. Quantitatively, the constructs in this research were assessed for any possible associations, based on the following theories: (a) lack of MVHAA knowledge by NP program directors results in ineffective programs that do not offer services that comply with the purposes, goals and key performance indicators of the Act; and (b) lack of MVHAA knowledge by NP program directors results in the misuse of federal funds.

In this chapter, the problem statement and research questions are recapped and the following sub-topics are discussed: research design, operational definitions, materials / instruments, selection of participants, methods and procedures, data processing, and ethical assurances.

Restatement of the Problem

Homelessness in SJ PR is a major social, economic, and geopolitical problem. Each year, the federal government provides over $6 million to NP organizations in the San Juan metropolitan area under the provisions of MVHAA (LexJuris Puerto Rico, 2004), the principal funding authority. The Act has as its ultimate purpose the elimination of homelessness. Funds are made available to NP organizations to foment housing, income, and self-sufficiency for the homeless (HUD, 2007). In many instances, these

funds are recurrent (HUD, 2007). Nevertheless, over half of the homeless served are chronic, i.e., they have experienced recurrent episodes of homelessness and their most recent episode has lasted more than 2 years (United States Department of Housing and Urban Development, 2006; Ortúzar, 2006; Rodríguez-Burns, 2006; Tendeciaspr, 2006). The surge and chronicity of homelessness put into question the effectiveness of the programs and the appropriate use of funding allocated under the provisions of the Act. There is no question as to whether NPs are providing much needed social welfare and other services to the homeless, but there is a question as to whether these services are directed to the achievement of the established goals of the principal funding authority, (i.e., the MVHAA). The intention was to investigate the effectiveness of the NP organizations and their use of resources based upon MVHAA criteria, in light of the program directors knowledge of these criteria.

Restatement of Research Questions

In order achieve the objectives of this case study; the following research questions were addressed. The first four questions are quantitative in nature and the last question is qualitative.

1. What service outcomes do programs in SJ PR achieve?

2. How, and for what, do programs use MVHAA government funding?

3. How do program directors' levels of MVHAA knowledge influence program effectiveness?

4. How do program directors' levels of MVHAA knowledge influence the use of funding?

5. What are the possible factors that influence NP services and service outcomes that are not in compliance with MVHAA goals and objectives?

Description of Research Design

An evaluative case study, which utilizes both quantitative and qualitative data, was considered as an appropriate model for this research. The appropriateness of this design is confirmed by Yin (2004), who states, "case study evidence can also include both qualitative and quantitative data" (p. 11). According to both Yin (2008) and GAO (1990), the case study method is a particularly useful tool in program evaluation. The following summarizes the main assumptions of this integrated quantitative / qualitative research design.

Quantitative research may not provide all of the data needed when studying human behavior. Consequently, qualitative methods have emerged as an important part of the research paradigm. A brief examination of the quantitative and qualitative designs identifies their strengths and weaknesses and demonstrates how the divergent approaches are complementary (Harrison, 2001).

Quantitative research uses methods that are designed to ensure objectivity, generalizability, and reliability. The quantitative approach includes (a) unbiased participant selection, (b) standardized questionnaires or interventions, and (c) statistical analyses of the relationships between specific variables. The researcher is external to the research, and results are replicable (Weinrench, 2006).

The strengths of the quantitative paradigm are that produces quantifiable and reliable data that are typically *generalizable*. This method breaks down when that which is under study is difficult to measure or quantify (Harrison, 2001). "The quantitative

approach often *decontextualizes* human behavior in a way that removes the event from its real world setting and ignores the effects of other variables that have not been included" (Hankivsky, Morrow & Varcoe, 2007, p.106).

Qualitative research methodologies provide the researcher with the perspective of participants. Qualitative methods include observations, in-depth and other interviews, etc. These help researchers understand the meaning(s) people assign to certain phenomena and clarify the mental processes underlying behaviors. Research questions or hypotheses are frequently generated during data collection and analysis, and, the researcher becomes the instrument of data collection (Bornstein & Lamb, 1999; Weinrench, 2006).

The advantage of utilizing qualitative methods is that detailed data, that leave the participants' perspectives intact, are generated, providing a context for human behavior. The focus upon processes and *reasons why* are at variance with that of quantitative research, which addresses associations or correlations between variables. A disadvantage is that data collection and analysis is often labor-intensive and protracted. Additionally, the qualitative methods are not always accepted by the research community and the findings of qualitative studies are sometimes challenged as invalid by those outside the field of social sciences (Bornstein & Lamb, 1999; Harrison 2001; Weinrench, 2006).

As indicated, a mixed descriptive / predictive quantitative paradigm with a qualitative component was employed in this research. The quantitative approach began with the problem statement and the formulation of 4 research questions. Questions 1 and 2 were addressed using the descriptive quantitative paradigm and questions 3 and 4 were addressed using the descriptive / predictive quantitative paradigm. The former describes the data, frequencies, etc., and the latter proposes relationships between variables. The

quantitative component included the collection, presentation, and analysis of data and the application of statistical tests. The analyses involved the empirical and the conceptual.

In the descriptive quantitative model, the direct output consisted of descriptive analyses and equations that describe the non-falsifiable post-diction of the data and of statistical correlations between variables on the basis of input data (Hernandez Sampieri, Fernandez-Collado, & Baptista Lucio, 2006). Any prediction is of that which is seen in the data. This is, of course, an important part of the scientific method.

The predictive quantitative component, which had prediction as its direct output, and which is falsifiable upon testing, was incorporated and used to legitimately forecast generalizations from the analyses. While the core method of the descriptive model was statistical data distribution, frequency, and analyses, the core method of the predictive method was logical consideration. The indirect output of the descriptive method was limited-scope postdiction and the indirect output of predictive model was broader substantiated prediction based upon subject-specific conceptualization (Hernandez Sampieri, Fernandez-Collado, & Baptista Lucio, 2006).

Having stated the above, one of the weaknesses of the quantitative approach is that it often ignores the effects of variables that have not been included in the model. Integrating quantitative and qualitative methods assists in overcoming this difficulty, and lends depth and clarity to research. The present study was primarily quantitative in nature but used qualitative results to assist in the interpretation and explanation of the quantitative findings. Research question 5 was qualitative in nature. It was addressed by 2 open-ended survey questions which documented participant perceptions regarding the major reasons for poor effectiveness in programs for the homeless and the relationship

between MVHAA knowledge, program effectiveness, and appropriate resource use. This information, which left program directors' perspectives intact, assisted in providing a context for the quantitative findings.

Therefore, the purpose of the quantitative component was to provide raw data regarding service outcomes, current use of funding, and MVHAA knowledge, and to explore and examine the associations that may exist among NP program directors' level of knowledge of the MVHAA and NP program effectiveness and use of funding. The purpose of the qualitative component was to identify the possible factors related to non-compliance by NP programs with MVHAA goals and objectives, to gain insight from the perspective of the program directors into the identified problem, and subsequently, to offer remedies for the cause or causes of such non-compliance.

As part of the model, a custom survey instrument was used to collect the following information from NPs funded under the MVHAA in SJ PR (a) service outcomes based upon the NP's APR submitted to HUD, (b) use of funding based also based upon the NP's APR, (c) program directors' levels of MVHAA knowledge based upon survey responses, (d) program effectiveness based upon MVHAA goals and key performance indicators, and (e) possible factors for non-compliance based upon the respondents' survey responses.

The survey was developed using the MVHAA and HUD guidelines and key performance indicators as the basis for all of the questions of the instrument. Care was also taken in the formulation of questions to avoid any possible inference that could reflect adversely upon the performance of the participating program directors. Question content and wording were addressed by structuring each question in a clear and

understandable manner to reflect the terms and phrases used in APR. To ensure validity and reliability of the data provided by the program directors, all program information and statistics related to the APR and funding were verified with HUD. In order to accomplish these purposes, the following research questions were addressed. Because of the size of the population, the measure was not pilot-tested, which is a limitation, albeit minor.

What service outcomes do programs in SJ PR achieve? This first research question identified and quantitatively described service outcomes. The data was collected from questions 8 to 16 in Part A of the survey, and corresponded to that which was reported to HUD in the organization's APR. Service outcomes were determined by the percentages of participants who had left the program during the last year, i.e., the percentage of program leavers (PLs), in permanent housing and employment, and the percentages of PLs with increased education / vocational skills, economic self-sufficiency, and access to mainstream services. Frequency tables were applied to describe and measure the service outcome achievements. MVHAA literature provided a benchmark for the services outcomes to be achieved.

How, and for what, do programs use MVHAA government funding? This second research question quantitatively described the way programs used MVHAA government funding. The data was collected from questions 17 and 18 in Part A of the survey and from all of the questions in Part D. Program directors identified the supportive services provided and the percentages of the total budget utilized in providing each service. Data was processed and then evaluated and analyzed using descriptive statistics, i.e. frequency tables and pie charts, and MVHAA literature.

How do program directors' levels of MVHAA knowledge influence program effectiveness? This third research question was used to identify possible associations between the level of MVHAA knowledge and program effectiveness. Data was collected from Part B and Part C of the survey. Data was coded, processed, and analyzed. The Chi-square was used to test whether there was a possible association between MVHAA knowledge and program effectiveness. The Chi-square is a non-parametric test of statistical significance appropriate for bivariate tabular analysis. The Chi-square significance test operates by comparing observed frequencies to the frequencies expected if there were no relationship at all between the two variables. When the results are sufficiently different from the predicted H_0 results, it can be concluded that a statistically significant relationship exists between the variables.

Applying Chi-square to small samples exposes the research to the possibility of error, which is a limitation. However, there is no accepted cut-off. According to Garson (2009), some set the minimum sample size at 50, while others would allow as few as 15. Determining the critical values for the Chi-square is helpful. When the calculated Chi-square value is equal to or greater than the critical value, it can be concluded that the probability of the H_0 being correct is 0.05 or less (Hill & Lewicki, 2007).

How do program directors' levels of MVHAA knowledge influence the use of funding? This fourth research question was used to identify possible associations between the level of MVHAA knowledge and the appropriate use of funding. Data was collected from Part B and Part D of the survey. Data was coded, processed, and analyzed using the Chi-square test.

What are the possible factors that influence NP services and service outcomes that are not in compliance with MVHAA goals and objectives? This last research question identified possible factors of non-compliance through the eyes of the program directors. The qualitative data was collected from the open-ended questions of Part E of the survey. The open-ended questions were reviewed and evaluated by categorizing responses into factor groupings based on key-word identifiers, i.e., key words were selected from the content of the question responses. Findings were analyzed in light of the factors addressed in the literature review.

Operational Definitions

MVHAA knowledge. In this research, *MVHAA knowledge* refers to the degree of knowledge that the person-in-charge of a program has of the MVHAA. The degree of knowledge was coded in the following manner: (a) ignorance level, i.e., unaware of the Act, its purposes, and provisions, represented by a survey score of 0; (b) perception level, i.e., physical possession of or access to a copy or summary of the Act and a general or vague awareness of its content, represented by a survey score of 2; (c) comprehension level, i.e., an understanding (through personal study, seminars, on-the-job training sessions, etc.) of the overall meaning of the Act and its implications for NP organizations, represented by a survey score of 3; and (d) projection level, i.e., detailed understanding of the purpose and provisions of the Act, e.g., to assist homeless individuals achieve self-sufficiency and independence (HUD, 2008) and the ability to apply the same to NP organizational goals and services, represented by a score of 4+. This approach to measuring knowledge was based upon Halpern's (1996) metacognition theory, i.e., the theory related to levels of ability in critical thinking.

Program effectiveness. A program is considered to be effective by HUD (2008) when the program outcomes assist participants in (a) obtaining and maintaining permanent housing, (b) increasing skills and income, and (c) achieving self-sufficiency and independence. To measure program effectiveness, it was necessary to have multiple items in the survey that measure a common construct. Survey items, under Part C (Programmatics), were derived from factors identified in the literature being essential to the achievement of the goals and provisions of MVHAA. This section consisted of 20 items, structured in the following response formats: *true* or *false*, which are dichotomous values, representing ordinal data. Program directors were required to answer all 20 items, in relation to program outcomes and assistance to participants, to measure program effectiveness. For each apposite answer the respondent received a score of 5 points for a possible total of 100 points. The actual effectiveness levels are determined by HUD (2005). A program was deemed effective when the accumulative points were 75 and above, and noneffective when the points were below 75. It should be noted that program effectiveness was also examined in terms of a possible association with MVHAA knowledge.

Use of funding. In this research, *use of funding* refers to the allocation and use of financial and human resources allowed under the provisions of the Act to a given program. To measure whether the use of funding was appropriate, it was necessary to have multiple items in the survey that measure a common construct. Survey items, under Part D (Resources), were derived from factors identified in the literature related to services that are appropriate under the MVHAA. The survey, under Part D, consisted of 2 items for a total of hundred points. The respondent identified the supportive services

provided, and the percentages of the total budget utilized in providing each service. Cross-balances questions 1 and 2 were to confirm the percentages applied. Use of funding was deemed appropriate when 75% or more of resources were used for services deemed appropriate under the MVHAA. These include services that relate to development of life skills, education, employment, housing placement or assistance, child care, alcohol and drug abuse related services, mental health related services, AIDS related services, and other health care services (HUD, 2008). Again, these strategic areas for the measurement of effectiveness were established by HUD (2008). Use of funding was also examined in terms of a possible association with MVHAA knowledge.

Description of Materials and Instruments

A survey was used in this research because it provided primary information regarding the implementation of services and service outcomes of NP programs in SJ PR and information regarding program use of MVHAA government funding. Reliability and validity are conceptualized as trustworthiness, rigor and quality in mixed quantitative / qualitative paradigms. According to Brett (1987), this type of multilevel / multifaceted survey possesses internal validity and trustworthiness. The validity and reliability of a survey is affected by the use of triangulation, which is defined as a validity procedure where researchers search for convergence among multiple and different sources of information to form themes or categories in a study. Reliability, validity and triangulation reflect the multiple ways of establishing truth, particularly in the methodology employed in this study. Content validity was assumed because the information, from which the data collection survey was derived, comes directly from the MVHAA and HUD.

The advantage of using a survey is that it provides a systematic description that is as factual and accurate as possible. Additionally, it is simple to administer, inexpensive, and provides standardization. The possible areas of weakness are the wording of the questions and the intentions of the respondents. Question content and wording were addressed by structuring each question in a clear and understandable manner to reflect the terms and phrases used in the APR.

In order to assist in determining whether there was a possible association among the constructs, the survey consisted of various items with responses on a numeric scale to address the following: (a) the degree of MVHAA knowledge, i.e., the degree of knowledge that the person-in-charge of a program has of the MVHAA; (b) the effectiveness of the program; and (c) use of funding. The major strengths of this model depended on the design of the survey and the ability of the researcher to limit open-ended questions to the qualitative component, avoid ambiguity in questions, maintain simplicity, and limit length. Finally, a numerical code system was developed, as described previously in this chapter, for questions to assist in determining the possible associations.

The survey, (see Appendix A), was comprised of the following sections: Part A (General Information), Part B (MVHAA knowledge), Part C (Program Effectiveness), Part D (Resource Use), and Part E (Qualitative Measures). Part A consisted of 20 questions. The first five questions of Part A relate to the demographics of the program directors. Responses were either nominal or interval data. These questions were needed to better understand the working population, i.e., the program directors (or persons-in-charge) of the NP programs for the homeless in SJ PR. The next two questions of Part A,

involved interval data and nominal data, and assisted in understanding overall program operations. Questions 8 to 16, collected quantitative data reported in the organizations' APRs, focused on the programs actual services outcomes, and addressed research question 1. Questions 17 to 18 focused on the actual amount of funding and addressed research question 2. The last question of Part A focuses on the characteristics of the homeless population served by the programs.

Part B (MVHAA knowledge), described in detail in the section of operational definition of this chapter, consisted of 15 questions or items, structured in the following response formats: *yes* or *no*, which are dichotomous values, representing ordinal data. As previously stated, the points given for each stage were totaled. An accumulative score of 0 indicated the Ignorance level; a score of 2 indicated the Perception level; a score of 3 indicated the Comprehension level; and scores between 4 through 8 indicated the Projection level. All of the items in this section of the survey addressed the stages of knowledge adoption identified in the adoption and / or diffusion of knowledge framework and its corresponding modifications. As reported by Brett (1987), the test-retest reliability for this type of testing, using a 1-week interval, was $r = .83$. The overall internal consistency according to Cronbach's α (alpha) was .95, whereas the coefficients of the individual innovation scales ranged from .68 to .95. Content validity was assumed because the knowledge is derived directly from the MVHAA using specific criteria.

Part C (Program Effectiveness) consisted of 20 items, structured in the following response formats: *true* or *false*, which are dichotomous values, representing ordinal data. Program directors were required to answer all 20 items, in relation to program outcomes

and assistance to participants, to measure program effectiveness. For each apposite response the participant received a score of 5 points for a possible total of 100 points.

Part D (Resource Use) consisted of two questions for a total of one hundred points. Respondents identified the supportive services provided and the percentages of the total budget utilized in providing each service. Each budget percentage of the service and supportive service that are allowed under the act were summed. Parts B and C were used to address research question 3. Parts B and D addressed question 4.

Part E (Qualitative Measures), consisted of two open-ended questions which addressed research question 5. The open-ended questions were reviewed and evaluated by categorizing responses into factor groupings based on key-word identifiers. Calculation of the percent of responses applied to each identified factor was analyzed.

To ensure the reliability of data provided by the program directors, all program figures in relation to APRs and funding were verified with HUD. Due to the nature of this case study, anonymity was justifiable. To protect the identities of the program directors and organizations, care was taken when reporting the findings of the individual programs and therefore some findings were only reported in the cross-sectional findings. Casual links were avoided between program directors and programs in order to protect program directors.

Selection of Participants

Each survey was distributed in person to the NP program directors of all the existing programs in SJ PR. All the program directors of NP programs for the homeless, therefore, had an equal opportunity to participate in the study. Non-response to the surveys by program directors was, of course, possible, and therefore, the following

parameters were proposed to determine the number of subjects that would be used to achieve the optimal power and to insure that the research is credible and reliable. A priori power analysis was conducted at the planning and design stage of the research, and it was determined that 38 program directors needed to participate in order to achieve the optimal power. The power analysis is discussed in detail below.

Population. Information about the existing number of program directors of NP programs for the homeless in SJ PR was extracted from the directories of The United Way and the SJ PR CoC Homeless Coalition, which indicated that there are approximately 45 existing programs (*Fondos Unidos* [United Way], 2007).

Confidence level / alpha level. According to Bartlett, Kotrlik, and Higgins (2001), an "alpha level of .05 is acceptable for most research" (p. 45). A 95% confidence level was proposed as the appropriate level of uncertainty for this research.

Response distribution. According to Lenth (2006) and Raosoft (2004), if there is uncertainty (no evidence of prior studies distribution) as to the skewedness of the distribution, then the conservative approach is a better option because it allows for a greater sample size. The response distribution (pi) was 50%.

Margin of error. A 5% margin of error was proposed as an appropriate level for this research. According to Bartlett, Kotrlik, and Higgins (2001), the acceptable margin of error in educational and social research is 5%.

Sampling Size. In order to estimate the sample size, the following formulas were used: "$n \geq (Np(1-p)) / ((N-1)D + p(1-p))$ where $D = ((\text{margin of error})^2)/((z_{\alpha/2})^2)$. The Margin of Error is a value added to and subtracted from the estimate which establishes an interval which interval contains the true population parameter, given a certain level of

confidence" (Oveson, n.d., p. 3). The margin of error of .05. $z\alpha/2$ "represents the number of standard deviations relative to the mean of the standard normal curve corresponding to the level of confidence" (Oveson, n.d., p. 3). If the level of confidence is 95%, then a = 5%, and $\alpha/2 = 2.5\%$. Therefore the z value is z095 or 1.96. Therefore, D = 0.000650771. Using the above information, distribution, i.e., p = .5, and population, N = 45.

Accordingly, the minimal sample size needed from the finite population of 45 NP program directors is 38. This means that 38 participants needed to complete the survey in order for it to be statistically significant. Using Lenth (2006) and Raosoft (2004) to verify, the sample size according to the above parameters, was confirmed to be 38 of the 45 existing programs.

Procedures

Each organization in the United Way directory was contacted to verify if the organization had programs that receive MVHAA funding and to obtain contact information of the person-in-charge of these programs. Each program director was called to ascertain availability and an appointment was scheduled. During the appointment, the intent and reasons for the research were explained to the respondents, the Informed Consent Statement reviewed, and the survey administered. The purpose of the study was explained to participants before they agreed to participate. Special attention was devoted to how the collected information would be used. It was explained that all participant information would be kept confidential and used only for the purposes of this research. The participants were informed that participation in the study was strictly voluntary and that they would, therefore, be free to withdraw their participation at any time.

The surveys were administered to the NP program directors and collected at a later date. This method allowed the person in charge of the program to respond to the questions at their own convenience and receive clarification for any points regarding the survey. Although in Puerto Rico, the official languages are both English and Spanish, many people prefer to speak and write in Spanish. Hence, the language issue was addressed by allowing participants to respond to open-ended questions in Spanish. Additionally, the researcher offered to clarify any problems in understanding the survey due to language barriers.

Discussion of Data Processing

The data collected from questions 1 to 17 of Part A of the survey was entered into a computerized statistical package, SPSS®, which is a computerized statistical program that allows users to analyze, manipulate, and display data. The advantage of this computer package is that it is easy to use and assists in the analysis needs of the user. The SPSS® data file has two views: (a) the data view, whereby data can be entered into SPSS® like a Microsoft Excel Spreadsheet, and (b) the variable view, which displays the definition and characteristics of the variables. Descriptive statistics were applied to measure service outcome achievements, i.e., the information needed for research question 1. Frequencies and tabulation charts were used to summarize the profiles of program directors and program operations. The data was analyzed in the light of the MVHAA.

The data collected from Part B of the survey was assigned one of the following accumulative scores (as indicated above) and entered into SPSS®. The data collected from the questions in Part C of the survey were assigned numerical values and entered into SPSS®. Prior to conducting the quantitative tests, the researcher conducted tests for a

normal distribution of the results for the determination of parametric or non-parametric testing. The Chi-square test was applied to determine the possible association between MVHAA knowledge and program effectiveness in response to research question 3.

All of the services identified in Part D of the survey and their corresponding budget percentages were entered into SPSS®. The data was transformed, using funding amounts, to determine the actual percentage of services provided and used by the programs. Descriptive statistics were applied to understand the actual use of funding by the programs to address research question 2.

Each budget percentage of the services that are allowed under the act were summed. Then, an accumulative score was given and entered into SPSS® to determine effective use of the funding. Again, the Pearson Chi-square test was applied to determine the possible association between MVHAA knowledge and use of funding in response to research question 4.

The qualitative data derived from the open-ended questions of Part E of the survey were reviewed and evaluated by categorizing responses into factor groupings based on key-word identifiers. Several categories of possible factors that may inhibit compliance to MVHAA emerged from the questions and frequencies of these possible factors were analyzed to address research question 5.

Methodological Assumptions, Limitations, and Delimitations

Reliability of the instrument depended on the internal consistency of its measurements. To measure the knowledge of the program directors, it was necessary to have multiple items designed to measure a common construct. For example, the following questions were used in determining program directors' MVHAA knowledge

(a) Have you read the MVHAA? (b) Have you ever received an orientation related to the provisions, purposes, and goals of the MVHAA? (c) Would you like to receive an orientation of the provisions of the MVHAA?

Additionally, the design of the survey needed to address issues that were sensitive and confidential and had to have the capability to sift through bias and subjectivity. The researcher attempted to address this issue via the response formats within the survey. Each item on the survey was clear and understandable and had face or content validity (Creswell, 1994). To enhance consistency, each question on the survey contained a limited number of possible responses, i.e., the survey items were reviewed to ensure that they addressed the relevant components of program evaluation. To achieve criterion validity, program evaluation methods were reviewed and the key principles applied.

Upon receiving the data provided by the program directors, each survey was checked for omissions, consistency, and completeness. Because one of the objectives of the research was to determine the relationship between variables, all questions related to determining relationship had to be answered. Additionally, the surveys were reviewed individually after completion, and all technical omissions, legibility issues, and / or any other inconsistencies were clarified with participants.

As previously stated, it was also important to consider possible threats to validity. Because the research was based on self-administered surveys, other external factors could influence research results (e.g., lack of cooperation by program directors of NP programs for the homeless and / or the failure to disclose information fully). It was reiterated to participants that the purpose of the research was to evaluate the NP programs in relation

to MVHAA, to overcome the identified barriers to successfully achieving the Act's principal goals, and to improve NP program effectiveness overall.

Because of the size of the population, the measure was not pilot-tested, which is a limitation, albeit minor. Applying Chi-square to small samples exposes the research to the possibility of error, which is a limitation. However, there is no accepted cut-off. According to Garson (2009), some set the minimum sample size at 50, while others would allow as few as 15. Determining the critical values for the Chi-square is helpful. When the calculated Chi-square value is equal to or greater than the critical value, it can be concluded that the probability of the H_0 being correct is 0.05 or less (Hill & Lewicki, 2007).

Ethical Assurances

The standards of evaluating and conducting research were complied with by the fulfillment of the following.

Research with human participants. The APA Ethics Code and the Northcentral Guidelines for Conducting Research with Human Participants were used as a basis for all ethical considerations in this research. These principles are: (a) beneficence and non-maleficence, i.e., the researcher strove to benefit the participants of the study and took care to do no harm; (b) fidelity and responsibility, i.e., the researcher established relationships of trust with participants, upheld professional standards of conduct, clarified her professional role and obligations, accepted appropriate responsibility for her behavior, and sought to manage conflicts of interest that could lead to exploitation or harm; (c) integrity, i.e., the researcher promoted accuracy, honesty, openness, and truthfulness throughout the research process; (d) justice, i.e., the researcher exercised

reasonable judgment and took the necessary precautions to ensure that her potential biases, the boundaries of her competence, and the limitations of her expertise did not lead to, or condone, injustice; (e) respect for people's rights and dignity, i.e., the dignity and worth of all of the study's participants, and their rights to privacy, confidentiality, and self-determination were respected (APA,1992).

Guiding principles for evaluators. In addition to the above, because the proposed research involved the evaluation of NP organizations in SJ PR, the overall goal was to adhere faithfully to *American Evaluation Association's Guiding Principles for Evaluators*. The guiding principles were as follows: (a) systematic inquiry, i.e., evaluators conduct systematic, data-based inquiries about whatever is being evaluated; (b) competence, i.e., evaluators provide competent performance to stakeholders; (c) integrity / honesty, i.e., evaluators ensure the honesty and integrity of the entire evaluation process; (d) respect for people, i.e., evaluators respect the security, dignity and self-worth of the respondents, program participants, clients, and other stakeholders with whom they interact; and (e) responsibilities for general and public welfare, i.e., evaluators articulate and take into account the diversity of interests and values that may be related to the general and public welfare (American Evaluation Association, 2004; "Guiding Principles for Evaluators," para. 46).

Principles of ethical communication. According to Booth, Colomb, and Williams (1995), ethical considerations that may arise in the conducting and reporting of research principally revolve around the issue of plagiarism, "that is, the appropriation of an individual's ideas and / or writing and claiming them as your own" (Swanson, 2005, p. 1). To minimize ethical concerns in this research, the following principles of ethical

communication were followed: (a) the writings or research of another person were not intentionally plagiarized; (b) appropriate acknowledgement and proper citation of sources was ensured; (c) the original source of all quotations was verified; (d) sources were not modified, eliminated, or misreported but rather proper representation and reporting of literature and research were ensured; and (e) the integrity of the research was protected, e.g., internet sources used in the research were printed out and maintained for future references (Booth, Colomb, & Williams, 1995; Swanson, 2005).

Equal selection process. All the program directors of the NP programs for the homeless in SJ PR had an equal opportunity to participate in the study, and participation was random. Nonresponse to the surveys by program directors was, of course, possible, and therefore, the parameters discussed in the Selection of Participants section were proposed to determine the minimal sample size needed in order to represent adequately the overall population and to insure that the research is both credible and reliable.

Informed consent process. To minimize ethical concerns, each survey was accompanied by (a) a verbal communication in English and Spanish in the form of an initial meeting with program directors to disclose an overview, intent, and reasons for the research, (b) a written communication in the form of a cover letter informing program directors of intent and reasons for the research, (c) an Informed Consent Statement, and (d) a clear step-by-step instructions for the self-administered questionnaire. The 'Informed Consent Statement' is a document that obtains the informed consent of the participants of the research, (i.e., the program directors) and reflected: (a) readability, i.e., the document was easily understandable, "at a sixth-grade reading level, [using] simple, straightforward sentences; [and avoiding] the use of jargon or technical language"

(University of California, 2000, p. 14); (b) full disclosure, i.e., the purpose of the study was explained to participants before they agreed to participate; (c) participant objectives, i.e., the responsibilities and duties of the participants who agreed to be a part of the study were explained; (d) risks and benefits, i.e., . the risks and benefits of participating in the research were explained to the participants; (e) confidentiality, i.e., it was explained that all participant information would be kept confidential and used only for the purposes of this research; (f) voluntary participation, i.e., the participants were informed that participation in the study was strictly voluntary and that they would, therefore, be free to withdraw their participation at any time; (g) contact information, i.e., the participants were provided with the contact information for the researcher and University details for further information or inquiries about the research; (h) consent statement, i.e., all participants read and signed the "Informed Consent Statement" after which each participant was given a copy for his or her records (San Diego State University, 2001; University of California, 2000; University of Minnesota, 1998).

Ethical reporting. The appropriate use of research and the statistics of other sources were ensured. The context and statistics of the literature were verified to ensure proper representation and reporting. If information or data from primary or secondary sources were deemed to be unclear and questionable, the questionable information was not used. All information and data obtained were reported in the research. Data was not manipulated to prove the view of the researcher. Supporting and opposing views of the research were reported objectively (Booth, Colomb, & Williams, 1995; Swanson, 2005).

Effective measures. A survey that effectively measured the dissertation constructs was implemented. Design was the major key as to whether the instrument measured the

existence or non-existence and, consequently, the nature of the associations among MVHAA knowledge and program effectiveness and use of funding. To ensure the value of the measures, qualitative measures, such as open-ended questions in the survey were necessary because they provided insight into what the program directors understood about the association between the MVHAA knowledge, program effectiveness, and use of funding. In the findings and analyses, tabulation, charts, computer mapping, central tendencies, and dispersion were used to summarize the information on homelessness into a manageable and understandable form.

Other Considerations

As previously stated, it was also important to consider possible threats to validity. Because the research was based on self-administered surveys, other external factors could have influenced research results (e.g., lack of cooperation by program directors of NP programs for the homeless and / or failure to disclose information fully). To minimize these external factors, program directors were reassured of the confidentiality of the information provided.

Summary

In this chapter, the problem statement and research questions were restated and reviewed, followed by a short explanation of the quantitative and qualitative research paradigms, and the reasons for selecting an integrated research design. Operational definitions were provided. The research instrument, i.e., the survey, was reviewed. The validity and reliability of the survey were discussed in relation to both the quantitative and qualitative components. The demographic and qualifying information of those who participated in the study were presented. The methods and procedures used in the study

were identified and described, and finally, ethical considerations were examined. The purpose of including details of the methodology is to enable others to verify the authenticity of the results of this research or to replicate this study. Chapter IV provides an overview of the research, restates the research questions, and presents the data, findings, and analysis / evaluation.

CHAPTER 4: FINDINGS

Overview

The purpose of this study was to create a new body of knowledge expressly related to the effectiveness of NP organizations and the use of funding based upon MVHAA criteria and program directors' knowledge of these criteria. In order to achieve this purpose, 5 research questions were formulated. These included:

1. What service outcomes do programs in SJ PR achieve?

2. How, and for what, do programs use MVHAA government funding?

3. How do program directors' levels of MVHAA knowledge influence program effectiveness?

4. How do program directors' levels of MVHAA knowledge influence the use of funding?

5. What are the possible factors that influence NP services and service outcomes that are not in compliance with MVHAA goals and objectives?

An evaluative case study, which utilizes both quantitative and qualitative data, was considered as an appropriate model for this research. Quantitatively, the constructs were assessed for possible associations, based on the following theories: (a) lack of MVHAA knowledge by NP program directors results in ineffective programs that do not offer services that comply with the purposes, goals and key performance indicators of the Act; and (b) lack of MVHAA knowledge by NP program directors results in the misuse of federal funds. Qualitatively, the constructs were assessed to explore participant perceptions regarding (a) reasons for noncompliance and (b) misuse of funding.

This chapter is divided into five sections including overview, findings of individual programs, cross-sectional findings of NP programs in SJ PR, analysis and evaluation of the findings, and summary. The second section, findings, includes the responses of the program directors of all of the housing programs. The third section, cross-sectional findings, compares programs in regard to service outcomes, use of funding, MVHAA knowledge, and perceptions as to the factors that influence program ineffectiveness. The fourth section, analysis and evaluation of the findings, includes an analysis of the responses of the program directors, guided by the research questions and the MVHAA goals, objectives, and provisions. The final section of this chapter presents a summary of the findings, analysis, and interpretation presented in the previous sections.

Findings of Individual Programs

Data collected for each individual program is discussed in this subsection and include (a) service outcomes, (b) program directors' level of MVHAA knowledge, (c) program effectiveness, and (d) use of funding. The findings of each program are presented in Table 14.

Table 14

Findings

Program	MVHAA Knowledge		Program Effectiveness		Use of Funding	
	Score	Level	Score	Level	Score	Use of Funding
1	0	Ignorance	25	Noneffective	30	Inappropriate
2	0	Ignorance	25	Noneffective	30	Inappropriate
3	0	Ignorance	90	Effective	90	Appropriate
4	0	Ignorance	5	Noneffective	0	Inappropriate
5	0	Ignorance	5	Noneffective	0	Inappropriate
6	0	Ignorance	5	Noneffective	0	Inappropriate
7	4	Projection	25	Noneffective	30	Inappropriate

("Table 14 Continued")

Program	MVHAA Knowledge		Program Effectiveness		Use of Funding	
	Score	Level	Score	Level	Score	Use of Funding
8	4	Projection	25	Noneffective	30	Inappropriate
9	0	Ignorance	5	Noneffective	30	Inappropriate
10	0	Ignorance	45	Noneffective	30	Inappropriate
11	0	Ignorance	25	Noneffective	30	Inappropriate
12	0	Ignorance	10	Noneffective	0	Inappropriate
13	8	Projection	15	Noneffective	50	Inappropriate
14	8	Projection	95	Effective	80	Appropriate
15	8	Projection	95	Effective	80	Appropriate
16	0	Ignorance	0	Noneffective	0	Inappropriate
17	0	Ignorance	25	Noneffective	30	Inappropriate
18	0	Ignorance	15	Noneffective	30	Inappropriate
19	0	Ignorance	15	Noneffective	30	Inappropriate
20	0	Ignorance	15	Noneffective	30	Inappropriate
21	8	Projection	95	Effective	80	Appropriate
22	0	Ignorance	10	Noneffective	30	Inappropriate
23	0	Ignorance	10	Noneffective	30	Inappropriate
24	0	Ignorance	50	Noneffective	30	Inappropriate
25	8	Projection	100	Effective	80	Appropriate
26	8	Projection	95	Effective	80	Appropriate
27	8	Projection	95	Effective	80	Appropriate
28	8	Projection	95	Effective	80	Appropriate
29	0	Ignorance	25	Noneffective	30	Inappropriate
30	0	Ignorance	10	Noneffective	30	Inappropriate
31	0	Ignorance	10	Noneffective	0	Inappropriate
32	0	Ignorance	10	Noneffective	30	Inappropriate
33	0	Ignorance	10	Noneffective	30	Inappropriate
34	8	Projection	95	Effective	70	Inappropriate
35	8	Projection	95	Effective	90	Appropriate
36	0	Ignorance	25	Noneffective	30	Inappropriate
37	0	Ignorance	25	Noneffective	30	Inappropriate
38	0	Ignorance	25	Noneffective	50	Inappropriate

Cross-Sectional Findings of NP Programs in SJPR

The data collected from the program directors responses in Part A (General Information) of the survey refers to the program director profile. Of the 38 program

directors who responded, 82% were female and 18% were male, with the majority of the program directors, i.e., 63%, aging between 42 and 49. The age distribution of program directors is shown in Table 15.

Table 15

Age Distribution of Program Directors

Age Group	Percentage of Program Directors within Age Group
Under 26	0%
26 to 33	3%
34 to 41	26%
42 to 49	63%
50 and over	8%

Table 16 summarizes the work experience distribution of the program directors. Only 8% have less than 3 years of experience. Thirty-seven percent of the program directors have more than 7 years of experience. The majority, i.e., 55%, of the program directors have 4 to 7 years of experience

The minimum education level for program directors is bachelor's degree. Only 3% of the program directors did not indicate education level or degree specialization. The specializations were as follows (a) 68% of the program directors majored in social work, (b) 16% in counseling / psychology, and (c) 13% in business administration.

Table 16

Work Experience Distribution of Program Directors

Experience	Percentage of Program Directors
Under 3 years	8%
4 to 7 years	55%
8 to 11 years	21%
12 to 15 years	5%
Over 15 years	11%

To understand the service outcomes achieved by the programs, program directors were asked several questions, in Part A, related to HUD APR statistics. Questions 8 to16 of Part A focused on PLs, in relation to service outcomes, including permanent housing, economic self-sufficiency, employment, education and other services. Tables 17 to 21 identify the service outcomes achieved by the programs. (Please see Appendix C).

Table 17 displays the frequency of service outcomes of programs in relation to permanent housing. It also shows that 28 programs had PLs who obtained permanent housing. Of the 38 programs, 14, or 37%, indicated that the percentage of PLs in permanent housing was greater than 60%.

Table 17

Service Outcomes in Relation to Permanent Housing

Percentage Range	Number of Programs
61 and above	14
1 to 60	14
None	10

Table 18 displays the frequency of service outcomes of programs in relation to employment. It shows that 37%, of all programs reported that the percentage of PLs who had obtained employment was greater than 16%.

Table 18

Service Outcomes in Relation to Employment

Percentage Range	*Number of Programs*
17 and above	14
1 to 16	3
None	21

Table 19 displays the frequency of service outcomes of programs in relation to education. It shows that 14 programs directors reported PLs who had increased their educational, academic, or vocational skills. Of the 38 programs, 8, or 21%, reported that the percentage of PLs who had increased their educational, academic, and / or vocational skills was greater than 74%.

Table 19

Service Outcomes in Relation to Education

Percentage Range	Number of Programs
75 and above	8
1 to 74	6
None	24

Table 20 displays the frequency of service outcomes of programs in relation to economic self-sufficiency, i.e., the ability to live without depending on benefits and / or subsidies. It shows that 13 programs reported PLs who had achieved economic self-

sufficiency. However, of the 38 programs, only 4, or 9.5%, reported that the percentage of PLs who had achieved self-sufficiency was greater than 74%.

Table 20

Service Outcomes in Relation to Economic Self-Sufficiency

Percentage Range	Number of Programs
75 and above	4
1 to 74	9
None	25

Table 21 displays the frequency of service outcomes of programs in relation to mainstream services. It shows that 28 programs reported PLs who had accessed mainstream services. Of the 38 programs, 18, or 47.3%, reported that the percentage of PLs who had accessed mainstream services was greater than 74%.

Table 21

Service Outcomes in Relation to Mainstream Services

Percentage Range	Number of Programs
75 and above	18
1 to 74	10
None	10

In the last section of Part A, program directors were asked questions related to the population served. All service providers agreed that their principal focus is to serve the homeless population. Ninety-five percent of the programs directors indicated that the programs provide for a wide range of needs associated with the homeless population. The characteristics of the homeless population served include persons with mental health

conditions, persons with chronic health conditions, persons who are HIV positive, women survivors of domestic violence, persons addicted to alcohol or drugs, and persons with criminal records. Five percent of the programs directors indicated that their programs were for women only.

The data collected from Part B was related to MVHAA knowledge. Table 22 displays the number of program directors by MVHAA knowledge level. As shown, 68% of the responses indicated that the program directors had no knowledge of the MVHAA, its purposes, or provisions, indicating Ignorance level. Twenty-six percent of the program directors had MVHAA knowledge at the Projection level.

Table 22

Level of MVHAA Knowledge

MVHAA Knowledge Level	Number of Programs Directors
Ignorance	26
Perception	2
Comprehension	0
Projection	10

Under Part C (Programmatics), program directors were asked to respond *True* or *False* to 20 items. Each *True* response was worth 5 points for a possible total of 100 points. Seventy-four percent of program directors had scores below 75, and 26% had scores of 75 and over. Table 23 displays program effectiveness vs. MVHAA knowledge.

Table 23

Frequencies for Program Effectiveness

Effectiveness	Ignorance (0)	Projection (4)	Projection (8)	Total
0	1	0	0	1
5	4	0	0	4
10	7	0	0	7
15	3	0	1	4
25	8	2	0	10
45	1	0	0	1
50	1	0	0	1
90	1	0	0	1
95	0	0	8	8
100	0	0	1	1
Total	26	2	10	38

Under Part D, (Resource Use), of the survey, program directors identified the supportive services provided and the percentages of the total budget utilized in providing each service. Each budget percentage of the service and supportive service that are allowed under the act were summed. Then, an accumulative score was given. Table 24 displays the accumulative scores of the use of funding by programs. Table 25 displays use of funding vs. MVHAA knowledge.

Table 24

Use of Funding

Accumulative Score	Number of Programs
Above 74	9
Below 75	29

Table 25

Frequencies for Use of Funding

Use of Funding	Ignorance (0)	Projection (4)	Projection (8)	Total
0	6	0	0	6
30	18	2	0	20
50	1	0	1	2
70	0	0	1	1
80	0	0	7	7
90	1	0	1	2
Total	26	2	10	38

Additionally, the budget percentages of the services provided by the programs were analyzed, using the funding amounts under Part A of the survey to determine the actual percentage of services provided. Table 26 displays the distribution of the resources used for activities. Funding was distributed in the following services: (a) core services, i.e., development of life skills, education, employment, and housing placement or assistance; (b) health related services, i.e., alcohol, and drug abuse related services, mental health related services, AIDS related services and other health care services;

(c) other supportive services (e.g., child care); (d) general welfare; (e) administration; and (f) recreational and social activities. As shown in Table 26, the majority of funding was used in the area of administration, i.e., 38%, and general welfare, i.e., 31%. The remaining services accounted for 31% of the funds.

Table 26

Distribution of Funding

Service	All Programs	Programs with an Accumulative Score >74	Programs with an Accumulative Score <74
Administration	38.2%	0.0%	48.8%
General Welfare	31.4%	9.1%	37.6%
Housing Placement / Assistance	5.5%	10.0%	4.3%
Alcohol and Drug Abuse Services	5.1%	9.1%	4.0%
Mental Health Related Services	4.5%	8.8%	3.3%
Developing Life Skills	2.8%	11.8%	0.3%
Education	2.7%	10.0%	0.7%
Employment Assistance	2.7%	11.4%	0.3%
Child Care	2.1%	9.7%	0.0%
Social Activities	2.0%	8.8%	0.2%
AIDS Related Services	1.9%	8.8%	0.0%
Other Health Care Services	0.3%	0.9%	0.2%
Legal Matters and Referrals	0.3%	0.9%	0.2%
Transportation	0.2%	0.9%	0.0%
Recreational Activities	0.1%	0.0%	0.2%

In the programs with accumulative scores of 75 or more, funds were used in core and health related services. While, in programs with an accumulative score of less than 75, funds were primarily used for administration and general welfare. Table 26 displays the distribution of the resources used by programs that received an accumulative score of 75 or more. Accordingly, in programs with accumulative scores of 75 or more, the majority of funding was used in core services, i.e., 43.2%, and health related services, i.e., 27.5%. The remaining services accounted for 29.3% of the funds.

Figure 1 displays the distribution of the resources used by programs that received an accumulative score less than 75. Among these programs, the majority of funding was distributed to administration, i.e., 48.8%, and general welfare, i.e., 37.6%. Core services accounted for 7.5% of funding and Health related services accounted for 5.6%.

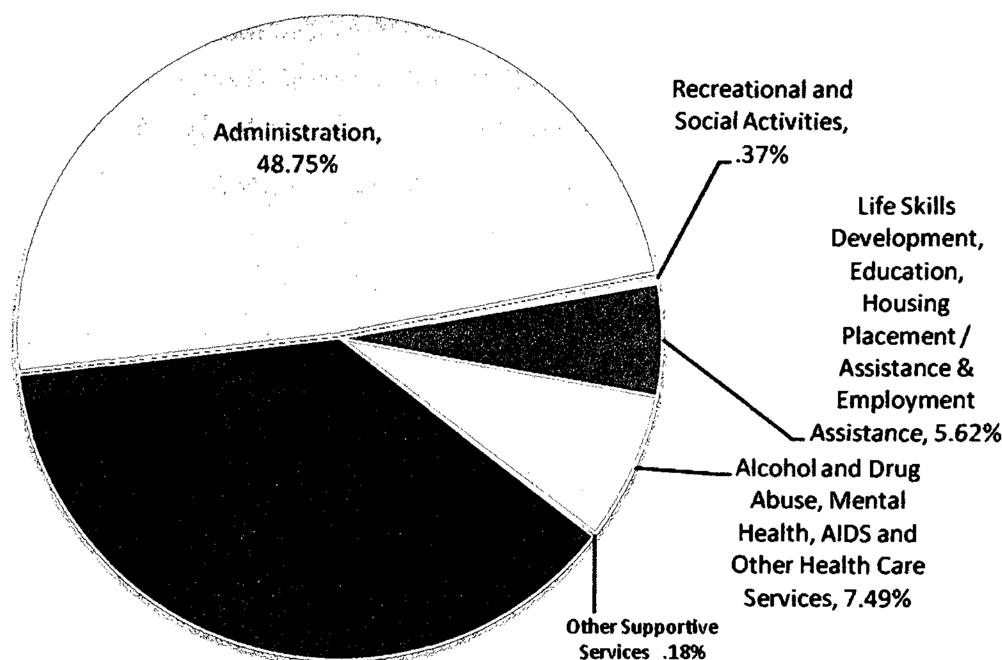

Figure 1. *Distribution by programs that had an accumulative score of less than 74*

In Part E, the qualitative measures of the survey were addressed by the following questions: *What do you think are the major reasons for poor effectiveness in programs for the homeless?* And, *do you think MVHAA knowledge is necessary for program effectiveness and appropriate resource utilization? Why?* The qualitative data derived from these were reviewed by the researcher and then evaluated by categorizing responses into factor groupings based on key-word identifiers.

Table 27 displays the percent of program directors under each grouping for poor program effectiveness. As shown, the responses of the program directors in relation to poor program effectiveness were categorized into the following 6 categories: (a) lack of resources, (b) difficult population, (c) assistentialism, (d) lack of follow-up services, (e) the need for service providers to have clear goals and structured plan, and (f) cultural influences.

Table 27

Reasons for Poor Program Effectiveness

Reasons	Percentage of Responses
Lack of Resources	26%
Difficult Population	24%
Assistentialism	18%
Lack of Follow-up Services	16%
Need for Clear Goals	11%
Culture Influences	5%

The second part of Part E, *Do you think MVHAA knowledge is necessary for program effectiveness and appropriate resource utilization?* requires a *yes* or *no* response, and an explanation. Table 24 shows the responses of program directors in relation to the necessity MVHAA knowledge for program effectiveness and appropriate resource utilization.

Table 28

Responses of Program Directors in Relation to the Influences of MVHAA Knowledge

Response	Percentage of Responses
Yes	32%
No	68%

Analysis and Evaluation

Under this section, the findings presented above are evaluated and analyzed in light of the provisions, goals and objectives of MVHAA as discussed in the literature review and guided by the research questions.

Research question 1. The MVHAA performance measures discussed in the literature review and the findings of the service outcomes achieved by programs address research question 1: *What service outcomes do programs in SJ PR achieve?* As discussed in the literature review, grant recipients are required to establish performance measures based on the goals of the Act and target the populations' needs, and report their compliance or non-compliance via APRs. The following principle indicators, based on HUD guidelines, were used to measure whether a program had achieved the aforementioned goals: (a) 61% or more of PLs obtained permanent housing, (b) 17% or more of PLs obtained employment, (c) 75% or more of PLs achieved at least one of their

work plan goals, e.g., passing the GED exam or completing vocational training, etc., and (d) 75% or more of PLs accessed mainstream services (Burt & Trutko, 2003; Khadduri, 2005; HUD, 2005; HUD, 2006).

Tables 17 to 21 identified the service outcomes achieved by programs. According to the findings, (a) 26% of the programs did not obtain permanent housing for PLs, (b) 37% of the programs obtained permanent housing for less than 61% of PLs, and 37% of the programs obtained permanent housing for 61% or more of PLs. Therefore, only 37% of the programs complied with the MVHAA performance measure for PLs in permanent housing.

According to the findings related to the service outcomes achieved in relation to PLs who had obtained and maintained employment for at least 3 months, (a) 55% of the programs did not assist PLs in obtaining employment, (b) 8% of the programs obtained employment for less than 17% of the PLs, and (c) 37% of the programs obtained employment for 17% or more of PLs. Therefore, only 37% of the programs complied with the MVHAA performance measure for PLs in the area of employment.

According to the findings related to the service outcomes achieved in relation to the development of educational, academic, and vocational skills, (a) 63% of programs did not assist PLs in increasing educational, academic or vocational skills, (b) 16% of programs reported increased educational skills for less than 75% of PLs, and (c) 21% of programs reported increased educational skills for 75% or more of PLs. Therefore, only 21% of the programs complied with the MVHAA performance measure related to increased educational, academic or vocational skills. This goal is also essential in assisting participants to achieve the ultimate MVHAA goal of overall self-sufficiency.

The ultimate MVHAA goal is economic self-sufficiency, i.e., the ability of participants to live without depending on benefits and / or subsidies. According to the findings, (a) 66% of the programs did not assist PLs in obtaining economic self-sufficiency, (b) 24% of programs reported economic self-sufficiency for less than 75% of PLs, and (c) only 10% of programs reported economic self-sufficiency for 75% or more of PLs.

According to the findings related to the service outcomes achieved by programs in relation to PLs' access to mainstream services, (a) 26% of the programs did not report an increase in PLs' access to mainstream services, (b) 26% of the programs reported increased access to mainstream services for less than 75% of PLs, and (c) 48% of the programs reported increased access to mainstream services for 75% or more of PLs. Therefore, 48% of the programs complied with the MVHAA performance measure for increased access to mainstream services.

Research question 2. The services deemed appropriate under the MVHAA, discussed in the literature review and the findings in relation to MVHAA use of funding, address research question 2, *How, and for what, do programs use MVHAA government funding?* The three overall goals of the Act are (a) obtaining and maintaining permanent housing, (b) increasing skills and income, and (c) achieving self-sufficiency and independence. According to the Act, funds should be used to achieve these three goals. Supportive services programs can be used either in conjunction with supportive housing programs or alone through supportive service centers. The services deemed appropriate under the MVHAA include the following (a) life skills development, (b) alcohol and drug abuse related services, (c) mental health related services (crisis intervention), (d) AIDS

related services, (e) other health care services, (f) education, (g) housing placement and / or assistance, (h) employment assistance, (i) child care, and (j) and other appropriate services needed to achieve the goals of the Act. Use of funding was deemed appropriate when more than 74% of resources were used for services deemed appropriate under the MVHAA (HUD, 2008).

According to the findings in relation to use of funding by programs, (a) 24% of the programs used 75% or more of the funding in services deemed appropriate under the MVHAA, and (b) 76% of the programs used under 75% of the funding in services deemed appropriate under the MVHAA. Therefore, only 24% of the programs are in compliance with the goals, objectives and provision of MVHAA in terms of use of funding.

According to the findings of the actual distribution of MVHAA funding, 38.2% of MVHAA funding was spent and used in the area of administration and 31.4% in general welfare. Only 27.7% of the total funding was spent and used for core services, such as housing placement or assistance (5.5%), alcohol and drug abuse related services (5.1%), mental health related services (4.5%), life development skills (2.8%). education (2.7%), employment (2.7%), child care (2.1%), AIDS related services (1.9%), and other health care services (0.3%). The remaining funds (2.7%) were used in services not deemed appropriate under the Act such as social activities (2.0%), legal matters and referrals (0.3%), transportation (0.2%), and recreational activities (0.1%).

As stated beforehand, funds were deemed to be used appropriately when at least 75% of the funds were used to achieve the goals of the Act. The programs that used 75% or more of the funds in services deemed appropriate under MVHAA demonstrated a

greater distribution of the resources, i.e., diversification of services from housing to other supportive services. Nevertheless, even among these programs, 15% of all funds were used inappropriately.

Programs that used MVHAA funds inappropriately, i.e., which used under 75% of funds for appropriate services, utilized funding for (a) administration (48.8%), (b) general welfare (37.5%), and (c) 13.2% were used for life skills development, housing employment, education and supportive services. According to the Act, programs are to use 5% of the funds for administration.

Research question 3. The findings and results from the Chi-square test addressed research question 3, *How do program directors' levels of MVHAA knowledge influence program effectiveness?* According to the findings in relation to the frequencies of program effectiveness under each level of MVHAA knowledge, 26 program directors indicated no MVHAA knowledge. Of the 26 programs represented by these program directors, 25 were ranked as non-effective programs. Only one program displayed a contraindication, where this general rule does not apply, i.e., the program director had no knowledge but had higher program effectiveness.

Additionally, 12 program directors reflected projection levels of MVHAA knowledge with 2 program directors reflecting low projection levels and 10 program directors reflecting high projection levels. The programs represented by the 2 program directors with low projection levels of MVHAA knowledge were ranked as non-effective programs. Of the programs represented by the 10 program directors with high projection levels of MVHAA knowledge, 9 were ranked as effective programs, i.e., their

accumulative scores were greater than 74. Only one of these programs was deemed ineffective; the accumulative score was 70.

The results of the one-sample Chi-square test were $X^2 = (18, N = 38) = 39.15, p < .01$. The results confirm that there is evidence of an association between MVHAA knowledge and program effectiveness. Therefore, ascending levels of MVHAA knowledge are correlated to programs that are effective, and descending levels of MVHAA knowledge are correlated to programs that are not effective.

Research question 4. The findings and results from the Chi-square test addressed research question 4, *How do program directors' levels of MVHAA knowledge influence the use of funding?* According to the findings in relation to the frequencies of use of funding for each level of MVHAA knowledge, 26 program directors indicated no MVHAA knowledge. Out of the 26 programs that these programs directors represented, 25 reflected inappropriate use of funds. Only one program displayed a contraindication, where this general rule does not apply, and where the program director had no knowledge but had high effectiveness in the use of funds.

Additionally, 12 program directors were ranked at the projection level of MVHAA knowledge. Two program directors had a low projection levels and 10 program directors had high projection levels. The programs represented by the 2 program directors with low projection levels of MVHAA knowledge reflected inappropriate use of funding. Of the programs represented by the 10 program directors with high projection levels of MVHAA knowledge, 8 reflected appropriate use of funding and the other 2 programs used some funds inappropriately.

The results of the one-sample Chi-square test were $X^2 = (10, N = 38) = 33.91, p < .01$. The results suggest that there is evidence of an association between MVHAA knowledge and use of funding. Therefore, ascending levels of MVHAA knowledge are correlated to programs that use funding appropriately, and descending levels of MVHAA knowledge are correlated to programs that use funding inappropriately.

Research question 5. The findings in relation to possible factors that may influence non-compliance of programs with MVHAA address research question 5, *What are the possible factors that influence NP services and service outcomes that are not in compliance with MVHAA goals and objectives?* Findings for this question were categorized and displayed by the percent of program directors under each program 'reason for ineffectiveness' grouping. According to the findings, the possible contributing factors that influence non-compliance were categorized into the following: (a) lack of resources (26%), (b) difficult population (24%), (c) assistentialism (18%), (d) lack of follow-up services (16%), (e) the need for service providers to have clear goals and a structured plan (11%), and (f) cultural influences (5%).

The findings indicate that from the perspectives of the program directors, the complexity of the homeless population is a factor that influences compliance. This perception is in agreement with Burt (2003), who discussed factors that influence the non-effectiveness of programs, such as drug or alcohol abuse, mental illness, disabilities, etc. Nevertheless, the lack of a detailed needs assessment of the homeless population is an obstacle to a correct formulation of the homeless problem. This affects the setting of goals and the translation of goals into program objectives. In turn, the lack of clear program objectives has a direct impact on the overall operation of programs.

Additionally, the findings confirm Colón-Soto's (2005) suggestions related to the necessity of addressing the issue of assistentialism and the local culture. A re-occurring problem is assistentialism, i.e., the failure of employees to empower participants to take action for themselves or the inability / unwillingness of participants to take action for themselves. Also, the local culture of *Ay Bendito*, i.e., 'you poor thing' syndrome, reinforces the prevailing culture of assistentialism in organizations across the board. This lack of empowerment is a barrier to self-sufficiency.

According to Burt (2003), compliance requires the right planning and mix of services and therefore a lack of planning by service providers, also suggested by the program directors, could greatly influence the success of the program implementation. The findings reinforce that planning must be in conjunction with the goals, objectives and provisions of the Act. These findings can assist service providers in reviewing and restructuring services in order to address the problem, and comply with the provisions and goals of the Act.

Program directors indicated additional factors, such as not enough services and resources, and no follow-up services in the community for PLs. These perceptions must be tested against homeless needs assessments and MVHAA goal compliance. It should be noted that follow-up services are necessary to prevent chronic homelessness.

Another factor that may influence service outcomes and non-compliance is the program directors' perceptions regarding the necessity of MVHAA knowledge for program effectiveness and appropriate use of funding. Sixty-eight percent of directors indicated that MVHAA knowledge has no bearing on program effectiveness and appropriate use of funding. Thirty-two percent of program directors indicated that the

knowledge of the MVHAA Act has a bearing on program effectiveness and appropriate use of funding.

Summary

Thirty-eight of the 45 program directors agreed to participate in the study. The analyses of the findings revealed (a) research question 1, *What service outcomes do programs in SJ PR achieve?* Only 10 of the 38 programs, or 26%, had service outcomes that complied with the MVHAA; (b) research question 2, *How, and for what, do programs use MVHAA government funding?* Only 24% of the programs used funding in services deemed appropriate under the MVHAA; (c) research question 3, *How do program directors' levels of MVHAA knowledge influence program effectiveness?* There is evidence of an association between MVHAA knowledge and program effectiveness, i.e., ascending levels of MVHAA knowledge are associated with ascending levels of effectiveness; (d) research question 4, *How do program directors' levels of MVHAA knowledge influence the use of funding?* There is evidence of an association between MVHAA knowledge and appropriate use of funding i.e., ascending levels of MVHAA knowledge are associated with ascending levels of appropriate use of funding; and (e) research question 5, *What are the possible factors that influence NP services and service outcomes that are not in compliance with MVHAA goals and objectives?* The possible factors, as identified by program directors, that influence non-compliance with MVHAA goals and objectives include lack of resources, difficult population, assistentialism, lack of follow-up services, the need for service providers to have clear goals and structured plans, cultural influences, the perception or belief of 68% of program directors that the knowledge of the MVHAA had no bearing on program effectiveness and appropriate use

of funding. The following chapter presents an overview of the study, conclusions, implications, limitations, and recommendations for further research.

CHAPTER 5: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This chapter is divided into three sections including summary, conclusions and recommendations. The first section, summary, includes a review of the key areas of the dissertation, focusing on the findings. The second section, conclusions, addresses the implications of the findings, and the final section of this chapter presents recommendations.

Summary

An evaluative case study utilizing both quantitative and qualitative data was used in this research. The literature review includes an overview of the related studies and contextual and background information regarding (a) the evaluation of NP programs under MVHAA, Title IV (Subtitle C); (b) the nature and extent of the complexity of homelessness at the national level; (c) background information on homelessness in Puerto Rico; (d) the history and development of the MVHAA; (e) a review of the goals, objectives, and provisions of the MVHAA; and (f) a conclusion, summarizing the importance of this research. The investigation was guided by the research questions:

1. What service outcomes do programs in SJ PR achieve?

2. How, and for what, do programs use MVHAA government funding?

3. How do program directors' levels of MVHAA knowledge influence program effectiveness?

4. How do program directors' levels of MVHAA knowledge influence the use of funding?

5. What are the possible factors that influence NP services and service outcomes that are not in compliance with MVHAA goals and objectives?

In this section, each research question is presented and the findings summarized. The implications of the findings are then discussed.

Research question 1: What service outcomes do programs in SJ PR achieve? MVHAA literature provides a benchmark for services, and this allowed for the use of goal-based evaluation. According to MVHAA, grant recipients are required to establish performance measures based on the goals of the Act and target populations' needs and report their compliance or non-compliance via APRs. The three strategic goals are (a) obtaining and maintaining permanent housing, (b) increasing skills and income, and (c) achieving self-sufficiency and independence. The following MVHAA key performance indicators were used to measure whether a program had achieved the Act's goals: (a) at least 61% of PLs obtained permanent housing; (b) 17% of PLs obtained employment; (c) 75% of PLs achieved at least one of their work plan goals; (d) 75% of PLs accessed mainstream services (Burt & Trutko, 2003; Khadduri, 2005; HUD, 2006; HUD, 2005).

Accordingly, only 37% of all programs complied with the MVHAA key performance indicator regarding PLs in permanent housing; 37% with the key performance indicator regarding in employment; 27% complied with the key performance indicator related to educational, academic, and / or vocational skills; 10% complied with the key performance indicator related to economic self-sufficiency; and 40% complied with the key performance indicator related to increased access to mainstream services. These findings clearly demonstrate that NP programs for the homeless in SJ PR do not achieve the service outcomes expected under the provisions of the MVHAA. The goals established by HUD (a) obtaining and maintaining permanent

housing, (b) increasing skills and income, and (c) achieving self-sufficiency and independence, are not realized and programs are overwhelmingly ineffective. The findings also suggest that corrective action is necessary, if homelessness is to be addressed successfully. The implications of these, and other findings, are discussed at length in the conclusion under (a) policy, (b) budget and finance, (c) operations, (d) staffing, (e) services, and (f) legal implications.

Research question 2: How, and for what, do programs use MVHAA government funding? MVHAA funds are to be used by programs in services designed to achieve the Act's three strategic goals. Services deemed appropriate under the MVHAA include the following (a) life skills development, (b) alcohol and drug abuse related services, (c) mental health related services (crisis intervention), (d) AIDS related services, (e) other health care services, (f) education, (g) housing placement and / or assistance, (h) employment assistance, (i) child care, and (j) and other appropriate services needed to achieve the goals of the Act. Use of funding is considered to be in conformity with the Act if 75% or more of the MVHAA funding is used for services deemed appropriate under the Act (HUD, 2008).

According to findings, 76% of programs did not comply with the above MVHAA standard. In programs that did not comply, 48.8% of MVHAA funding was used for administration, 37.59% for general welfare, and only 13.2% was used for life skills development, housing employment, education and supportive services. According to the Act, programs are allowed to use 5% in administration. In programs that complied, a greater and more even distribution of the funding was evidenced. Nevertheless, in these programs, 15% of the funds were still used for inappropriate services.

Among all programs, 38.2% of all MVHAA funding was used for administration, 31.4% was used in the area of general welfare, and 27.7% of the total funding was used for core services, such as housing placement or assistance (5.5%), alcohol and drug abuse related services (5.1%), mental health related services (4.5%), life development skills (2.8%). education (2.7%), employment (2.7%), child care (2.1%), AIDS related services (1.9%), and other health care services (0.3%). The remaining 2.7% were used in services deemed inappropriate under the Act, such as social activities (2.0%), legal matters and referrals (0.3%), transportation (0.2%), and recreational activities (0.1%). Consequently, funding was illegally used for administration and other services deemed inappropriate under the MVHAA and not satisfactorily directed to services deemed appropriate under the Act. Corrective action is therefore needed to minimize the misuse of public funds.

Research question 3: How do program directors' levels of MVHAA knowledge influence program effectiveness? A one-sample Chi-square test was conducted. The results were $X^2 = (18, N = 38) = 39.15, p < .01$. The findings of the Chi-square suggest that there is an association between program directors' MVHAA knowledge and program effectiveness, i.e., between program directors' MVHAA knowledge and program compliance with MVHAA key performance indicators. The findings suggest that lower levels of program directors' MVHAA knowledge are associated with programs that are not effective, and higher levels of program directors' MVHAA knowledge are associated with programs that operate more effectively. This finding infers that NP program directors and key NP program personnel must receive immediate MVHAA training with a view to improve program effectiveness.

Research question 4: How do program directors' levels of MVHAA knowledge influence the use of funding? A one-sample Chi-square test was conducted. The results were $X^2 = (10, N = 38) = 33.908, p < .01$. The results suggest that there is evidence of an association between program directors' MVHAA knowledge and the use of funding. The findings indicate that lower levels of program directors' MVHAA knowledge are associated with ineffective use of funding, and higher levels of MVHAA knowledge, are associated greater efficiency in use of funding. This finding also infers that NP program directors and key NP program personnel must receive immediate MVHAA training with a view to ensure appropriate use of funding.

Research question 5: What are the possible factors that may influence NP services and service outcomes that are not in compliance with MVHAA goals and objectives?

As stated above, the lack of a comprehensive knowledge of the MVHAA on the part of program directors is associated with both service outcomes and use of funding that fail to comply with MVHAA key performance indicators, and the overall provisions and goals of the Act. This contradicts the perception / beliefs of program directors, who overwhelmingly stated (68%) that knowledge of the MVHAA has no effect on program effectiveness and appropriate use of funding. They identified the following factors as possible causes for non-compliance (a) lack of resources (26%), i.e., not enough services or resources to achieve organizations' objectives; (b) difficult population (24%), i.e., the participants present difficult behavioral characteristics; (c) assistentialism (18%), i.e., the failure of the organizations to empower participants; (d) lack of follow-up services (16%); (e) the need for service providers to have clear goals and structured plans (11%);

and (f) cultural influences (5%), i.e., the culture of *Ay Bendito*, which affects the way in which services are offered. Societal prejudices were also considered as a cultural factor. The qualitative findings suggest that NP program directors and key NP program personnel must receive immediate MVHAA training, and must be made to understand the importance of MVHAA knowledge in relation to program effectiveness and appropriate use of funding. Moreover, program directors must understand that the MVHAA, the funding authority, and not individual NP programs, sets the performance goals and indicators. The NP programs are therefore accountable to the public.

Conclusions

The purpose of this study was to create a new body of knowledge expressly related to the effectiveness of NP organizations and the use of funding based upon MVHAA criteria and program directors' knowledge of these criteria. It was hypothesized that non-compliance is related to NP directors' limited working knowledge of the Act and / or its purposes. The study explored and examined the associations that exist among NP program directors' level of knowledge of the MVHAA and NP program effectiveness and use of funding. It also identified possible factors related to noncompliance by NP programs with MVHAA goals and objectives from the perspective of program directors.

In terms of service outcomes and MVHAA key performance indicators, only 37% of all programs complied in the area of permanent housing, 37% complied in the area of employment, 21% complied in the areas of increased educational / vocational skills for PLs, 10% complied in the area of increased self-sufficiency, and 48% complied in the area of increased access to mainstream services. In terms of use of funding, only 24% of all programs complied with MVHAA standards and used funding for services deemed

appropriate under the Act, i.e., for services that advance MVHAA strategic goals. In terms of MVHAA knowledge only 26% of program directors demonstrated knowledge at the Projection level, and there appears to be a strong association between this knowledge and program effectiveness and use of funding. Finally, program directors overwhelmingly denied the importance of MVHAA knowledge and offered other reasons for non-compliance with the strategic goals and key performance indicators established under the Act.

Implications. The purpose of this research was to create a new body of knowledge expressly related to the effectiveness of NP organizations and the use of funding based upon MVHAA criteria and program directors knowledge of these criteria. The implications of the findings are multifaceted and have the potential to impact programs in the following areas (a) policy, (b) budget and finance, (c) operations, (d) staffing, (e) services, and (f) legal implications. These areas are addressed below.

In terms of policy, the findings suggest that there is a need for programs to reassess organizational missions, strategies, goals, and plans to conform to the MVHAA's strategic goals. This implies a reorientation from the general welfare approach to the specific goals of permanent housing, employment, and self-sufficiency. It also involves confronting the problems of assistentialism and cultural attitudes, which were identified by program directors as primary causes for non-compliance. These findings confirm Colón-Soto's (2005) suggestions related to the need to address the issue of assistentialism. A recurring problem for organizations is the general failure of employees to empower participants or the inability / unwillingness of participants to take action for themselves. The local culture of *Ay Bendito*, i.e., 'you poor thing' syndrome,

reinforces assistentialism. This lack of empowerment is a barrier in achieving the MVHAA goal of self-sufficiency.

In terms of budget and finance, there is a need for programs to re-evaluate the use of funding in the area of services and to redirect funds to provide the core services prescribed by the MVHAA. This infers the elimination of services that are not eligible for funding under the Act. It also presupposes the reduction of funding for administrative purposes to less than 5%. The problem of insufficient resources, cited by program directors as a factor that affects compliance, may then be superfluous.

In terms of operations, there is a need for programs to establish guidelines, structures, and procedures to ensure that services deemed appropriate under the Act are provided. This presupposes an evaluation of the population's needs versus available services in the community, and the creation of programs that meet said needs while conforming to the Act's mandate. The findings indicate that the complexity of the homeless population is a factor that may influence compliance. The lack of a detailed needs assessment of the homeless population frustrates a correct formulation of the understanding of the problem and affects the establishment of program guidelines and structures. Burt (2003) indicates that there is a relationship between the variables of recurring homelessness and program effectiveness and monitored certain types of individuals who are particularly vulnerable to chronic homelessness. He discusses these factors and their possible influence on the non-effectiveness of programs. Burt proffers that compliance requires the right planning and mix of services and therefore a lack of planning by service providers, which was inferred by program directors' responses, can

influence the success of the program implementation. The findings reinforce that planning must be in accordance with the goals, objectives and provisions of the Act.

In terms of staffing, existing personnel need on-going training related to the Act's goals and purposes and moreover, to MVHAA key performance indicators. This confirms Colón-Soto's (2005) recommendations regarding the training of NP program staff in the public policy of the MVHAA. It also necessarily includes requiring staff to create individual work plans for participants that include the three MVHAA strategic goals. It may also infer that some job positions become obsolete, including welfare workers, social activity coordinators, etc. In terms of legal implications, programs need to re-examine their legal, regulatory, and contractual obligations to HUD, and the potential effects of non-compliance on program continuity as well as any ethical and legal implications in regard to misuse of federal funding.

This study goes beyond the explorative design of past research by demonstrating that there is evidence of an association between the level of MVHAA knowledge of program directors, program effectiveness, and use of funding, i.e., between the level of knowledge that program directors have of the MVHAA and program compliance with MVHAA key performance indicators and the overall goals and objectives of the Act. The lack of comprehensive knowledge of the Act appears to be a major contributor to poor service outcomes and inappropriate use of funding. The findings highlight other possible factors that may affect compliance, but these may be redundant if the principal findings and implications are addressed.

In terms of limitations, this study relied heavily upon the responses of NP program directors, and, in part, this may have had an impact on the findings, and the

interpretation of the findings. Nevertheless, it is doubtful that program directors would have deliberately minimized program successes. Indeed, if program achievements were exaggerated by program directors in their responses, the results would nevertheless not be significantly distorted.

Recommendations

Recommendations include immediate action strategies, MVHAA knowledge training, monitoring for programs, monitoring at state and federal level, restructuring of programs, prevention strategies and follow-up strategies.

Immediate action strategies. The following action strategies should be implemented immediately and include: (a) required MVHAA training for all service providers; (b) required workshops for all service providers directed toward the promotion of participant empowerment, and the eradication of assistentialism; (c) internal audits of service outcomes, program implementation and use of funding to ensure compliance with the MVHAA; and (d) internal redistribution of funding as necessary to ensure compliance with MVHAA use of funding standards.

MVHAA knowledge training. Since MVHAA knowledge is essential for program effectiveness, HUD should develop a compulsory certification process whereby all key NP program personnel must attend seminars and training. This would consequently promote greater program compliance with the provisions of the Act. The MVHAA should be translated into Spanish and bilingual seminars should be provided.

Monitoring at program level. Service providers should implement an ongoing process of monitoring and evaluation throughout the life of the programs, in order to provide feedback on whether the programs are in compliance with the Act. Grant

recipients already are required to establish performance measures based on the goals of the Act and the target populations' needs and report their compliance or non-compliance via APRs to HUD. A continuous reporting and statistical system should be set up to derive the necessary information needed for evaluation. Service providers should implement a remuneration system in which program directors and key personnel are rewarded for the achievement of MVHAA key performance indicators. Additionally, annual internal audits should be used to ensure compliance.

Monitoring at state and federal level. Government officials should implement an ongoing process of monitoring and evaluation. The on-going monitoring and evaluation should consist of three major components (a) needs assessment, (b) experience feedback, and (c) the effective use of the APR as a compliance mechanism, as opposed to its current status as a mere formality. It is essential to conduct ongoing needs assessments, i.e., to identify changes in the nature and extent of homelessness by identifying specific locations and populations affected by the problem. It is important to note that different subgroups in the homeless population have different type of needs. It is necessary to ascertain from the homeless themselves whether the needs of the homeless population are being met by the service providers in SJ PR.

Experience feedback occurs when the problem / solution is continuously fine-tuned by the knowledge and experience acquired through the implementation and evaluation of programs. Ongoing restructuring is needed. Currently, key performance indicators are set and required in the APR. However, local and federal government officials should monitor more closely the service providers as to the key performance indicators and understand the reasons for non-compliance.

Additionally, funds should be tied to actual service outcomes, and funds should be assigned for specific purposes, e.g., 10% of funds can only be used for childcare purposes. Performance monitoring should have two levels: (a) *Novice* level, in which service providers are not penalized for not achieving service outcomes but are assisted in implementing the provisions of the Act, and (b) *Advanced* level, in which service providers are held accountable for service outcomes.

Prevention strategies. Prevention strategies are necessary to reduce homelessness. Burt (2006b) described two different groups of homeless people: (a) *literally homeless* (i.e., individuals or families who do not have adequate living conditions), and (b) *at risk population* (i.e., individuals or families who are at risk of becoming literally homeless). Funds and services should be assigned to the *at risk population*. Further research is necessary to understand the nature and extent of the *at risk population* and determine the way programs can tackle the needs of this group and the impact that this may have on reducing homelessness.

Follow-up strategies. Service providers should focus on 'graduating' participants to ensure that participants do not become dependent upon programs or chronically homeless. Services should be directed towards assisting participants in maintaining housing, employment, and increasing academic skills and self-sufficiency. Additionally, ongoing life development skills seminars and workshops (e.g., seminars in personal finance, cooking on a budget, emotional intelligence, etc.) should be offered to participants. Further research is needed to understand chronic homelessness and the possible remedies.

Restructuring of programs. The current focus of programs should be restructured to a measurable and adaptable process in which each service is customized to each group within the homeless population and in accordance to individual participant needs. Measurable steps and procedures are needed for compliance with MVHAA goals. Additionally, in order to achieve better service outcomes, service providers should customize the programs by group types with different tracks for different persons, e.g., persons with mental health conditions, persons who are involved in substance abuse, persons who are HIV positive, women survivors of domestic violence, etc.

The first such measurable step is to screen participants and assign them to specific tracks with individual work plans. This would save time, resources and money. For example, participants in the substance abuse track would first need to be fully detoxed and rehabilitated before being able to start on the housing track. A participant in the mental health conditions track should be referred to ASSMCA. Different tracks would create an opportunity for service providers to partner with other service providers / government agencies that specialize in a specific area and to jointly provide services to meet specific needs. The service providers could either refer participants to specialized organizations or obtain additional funding under other statues.

Service providers should establish series of measurable procedures to increase service outcome compatibility with MVHAA goals. After screening participants, the following homeless track model is suggested: (a) *transitional housing and supportive services track*, in which participants are found temporary housing, and then assessed to determine the supportive services needed; (b) *beginners' level - life development skills track*, in which a series of seminars and trainings are used to develop the life skills of the

participants in the areas of housing, social skills, self-empowerment, and other basic skills; (c) *educational, academic, and vocational skills track*, in which participants undergo a series of psychological tests and assessments to determine and prepare for suitable vocational options; (d) *intermediate level life development skills track*, in which a series of seminars and trainings are used for the ongoing development of life skills; (e) *employment track*, in which participants work closely with the employment officer to seek and obtain employment; (f) *advanced level life development skills track*, in which a series of seminars and workshops geared towards self-sufficiency are used to develop life skills; (g) *permanent housing track*, in which participants, with support of the staff, seek and obtain permanent housing, and are assisted through ongoing monitoring of participants to ensure that participants do not relapse into homelessness.

Further research is needed to determine the most appropriate seminar / workshop mix to enhance the life skills of the homeless. It is suggested that research be conducted to determine the best organizational structure, procedures, and culture that can assist in transforming the homeless person into a self-sufficient individual with permanent housing. This, of course, must be based upon a ‘needs assessment’ of the homeless population served.

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APPENDIXES

Appendix A:

THE QUESTIONNAIRE

A. GENERAL INFORMATION

SECTION I: PERSONAL INFORMATION

1. Gender: □□Female □□Male

2. Age: □□18 – 25 □□26 – 33 □□34 – 41 □□42 – 49

□□Other__________

3. Education: □□High School □□Bachelors □□Masters □□Doctoral

4. Concentration Area of Studies:

□□Public Planning

□□Psychology

□□Counseling

□□Social Work

□□Business Administration

□ □Education

□□Human Resources

□□Other [Please specify: ______________]

5. How long have you been program administrator / director?

□□0 – 3 years

□□4 – 7 years

□□8 – 11 years

□□12 – 15 years

□□Other; [Please specify: _________________]

SECTION II: PROGRAM INFORMATION

6. How long has the program been in operation?

□□0 – 5 years,

□□6 – 11 years,

□□12 – 17 years,

□□18 – 23 years,

□□Other; [Please specify: _________________]

7. Indicate the type of organization:

□□Government [Local], □□Governmental [State], □□Private [For Profit],

□□Private [Non-Profit], □□Other; [Please specify: ________________]

8. How many participants were in the program last year according to the APR [Annual Progress Report]? Please specify exact number: ________________

9. How many participants left the program last year according to the APR [Annual Progress Report]? Please specify exact number: ________________

10. Of the participants who left the program last year, how many obtained permanent housing? Please specify exact number: ________________

11. Of the participants who left the program last year, how many were economically self-sufficient, that is, how many did not depend on benefits and / or subsidies, but lived on the monies that they earned through work? Please specify exact number: _____________

12. Of the participants who left the program last year, how many obtained employment [and maintained it for at least 3 months]? Please specify exact number: _____________

13. Of the participants who left the program last year, how many evidenced increased educational, academic, or vocational skills? Please specify exact number: _____________

14. Of the participants who left the program last year, how many had increased access to mainstream services? Please specify exact number: ________________

15. Of the participants who left the program last year, how many searched for, and found, housing on their own? Please specify exact number: ________________

16. Please indicate the destinations of the participants who left the program last year and specify the number of participants for each destination.

□□Permanent Housing: ____________________

□□Transitional Housing: __________________

□□Institutions: ___________________________

□□Emergency Shelters: ___________________

□□Death: _______________________________

□□Other; [Please specify: ________________]

□□Unknown: ____________________________

17. What is the program's total annual funding level?

□□$25,000	□□$125,00	□□$225,00	□□$325,00	□□$425,00	□□$525,00
□□$50,000	0	0	0	0	0
□□$75,000	□□$150,00	□□$250,00	□□$350,00	□□$450,00	□□$550,00
□□$100,00	0	0	0	0	0
	□□$175,00	□□$275,00	□□$375,00	□□$475,00	
	0	0	□□$400,00	0	
	□□$200,00	□□$300,00	0	□□$500,00	
	0	0		0	

□□Other; [Please specify: ________________]

18. Please identify all funding sources and amounts of yearly grants.

Source of Funding	Amount
1. ________________	1. ________________
2. ________________	2. ________________
3. ________________	3. ________________
4. ________________	4. ________________
5. ________________	5. ________________

19. Information regarding staff who comprise the program's team

Staff	Number of Staff	Total Hours
Example: ☐☐General Worker(s)	2	80
☐☐Psychologist(s)	_____	_____
☐☐Coordinator(s)	_____	_____
☐☐Administrator(s)	_____	_____
☐☐Director(s)	_____	_____
☐☐Social Worker(s)	_____	_____
☐☐Counselor(s)	_____	_____
☐☐Psychiatrist(s)	_____	_____
☐☐Addiction Counselor(s)	_____	_____
☐☐Case Manager(s)	_____	_____
☐☐Clerical	_____	_____
☐☐Maintenance	_____	_____
☐☐Other [Please specify: _________________]	_____	_____

20. Characteristics of the homeless population that receives the program's services:

☐☐Persons with mental health conditions,

☐☐Persons with chronic health conditions,

☐☐Persons who are HIV positive,

☐☐Women survivors of domestic violence,

☐☐Person addicted to alcohol or drugs,

☐☐Persons with criminal records,

☐☐Other; [Please specify: _________________]

B: MVHAA KNOWLEDGE SURVEY

1. Are you familiar with the McKinney-Vento Homeless Assistance Act and / or its provisions? □□Yes □□No

If you answered 'Yes' to the above question, please continue.

2. Do you have access to a copy or summary of the McKinney-Vento Homeless Assistance Act? □□Yes □□No
3. Have you read any fact sheets or summaries of the McKinney-Vento Homeless Assistance Act? □□Yes □□No
4. According to your knowledge, does the McKinney-Vento Homeless Assistance Act define homelessness? □□Yes □□No □□Unsure
5. According to your knowledge, do the programs funded under the provisions of McKinney-Vento Homeless Assistance Act provide services to the homeless? □□Yes □□No □□Unsure

If you answered 'Yes' to any of the above questions in 2 – 5, please continue.

6. Have you read about or studied any of the nine titles of the McKinney-Vento Homeless Assistance Act? □□Yes □□No
7. Have you attended any seminars or on-the-job training sessions related to the McKinney-Vento Homeless Assistance Act? □□Yes □□No
8. According to your knowledge, are both Emergency Shelters and Transitional Housing for the homeless funded under the provisions of the McKinney-Vento Homeless Assistance Act? □□Yes □□No □□Unsure
9. According to your knowledge, is Section 8 Single Room Occupancy Moderate Rehabilitation funded under the provisions of the McKinney-Vento Homeless Assistance Act? □□Yes □□No □□Unsure

10 According to your knowledge, was the US Department of Housing and Urban Development Continuum of Care process initiated to assist local communities to access available funds through HUD under the provisions of the McKinney-Vento Homeless Assistance Act?

☐☐Yes
☐☐No
☐☐Unsure

If you answered 'Yes' to any of the above questions in 6 – 10, please continue.

11 According to your knowledge, is promoting / facilitating access to mainstream services an eligible activity for transitional housing programs funded under the McKinney-Vento Homeless Assistance Act program?

☐☐Yes
☐☐No
☐☐Unsure

12 According to your knowledge, is job training an eligible activity for transitional housing programs funded under the provisions of the McKinney-Vento Homeless Assistance Act?

☐☐Yes
☐☐No
☐☐Unsure

13 According to your knowledge, are residential stability, increased skills and / or income, economic self-sufficiency, and greater self-determination or independence the principal goals established for transitional housing programs funded under the provisions of the McKinney-Vento Homeless Assistance Act?

☐☐Yes
☐☐No
☐☐Unsure

14 According to your knowledge, is the overall long-term goal of the Homeless Assistance Grants to end chronic homelessness and to help homeless families and individuals move to permanent housing and to live as independently as possible?

☐☐Yes
☐☐No
☐☐Unsure

15 According to your knowledge, are transitional housing programs for the homeless that are funded under the provisions of the McKinney-Vento Homeless Assistance Act, responsible for ensuring that their graduates obtain affordable permanent housing?

☐☐Yes
☐☐No
☐☐Unsure

C. PROGRAMATICS *[PROGRAM EFFECTIVENESS]*

Please read the following statements. Select 'True' if the statement applies to the Program that you manage / direct, and 'False' if the statement does not apply.□

1	Homeless persons [or formerly homeless persons] are required to be on the board of directors.	□□True □□False
2	Residential stability is a primary program goal.	□□True □□False
3	Self-determination is an important program goal.	□□True □□False
4	Participants' incomes increase through referrals to mainstream services.	□□True □□False
5	Over 61.5% of participants obtain permanent housing after 2 years in transitional housing.	□□True □□False
6	Over 75% of participants access mainstream services.	□□True □□False
7	Individualized work plans are used to follow-up on participants in permanent housing for a period of at least 6 months.	□□True □□False
8	Job training is arranged / provided for the participants.	□□True □□False
9	Relapse prevention plans are developed.	□□True □□False
10	Participants are provided services that assist in developing skills to deal with stress and anxiety.	□□True □□False
11	Participants are provided services that assist in developing money-managing skills.	□□True □□False
12	Participants are provided the opportunity to advance their education or academic preparation.	□□True □□False
13	Participation in Relapse prevention Groups is required.	□□True □□False

Please read the following statements. Select 'True' if the statement applies to the Program that you manage / direct, and 'False' if the statement does not apply.□

14	Participants develop social skills and identify support systems.	□□True □□False
15	Over 75% of participants report increased income upon termination.	□□True □□False
16	Over 75% of participants achieve at least one goal identified in their individualized work plans.	□□True □□False
17	Less than 5% of participants previously participated in transitional housing programs.	□□True □□False
18	Vocational skills are developed, through attendance at courses, seminars, trainings, etc.	□□True □□False
19	Life skills seminars are offered to participants.	□□True □□False
20	Over 17% of participants obtain employment [and maintained employment for at least 3 months].	□□True □□False

D. RESOURCES *[RESOUCE UTILIZATION]*

SECTION I: HUMAN RESOURCES			
Please check all programmatic supportive services activities that apply, and assign a percentage for each activity [total percentages MUST equal 100%].			
1	Social Worker man-hours are dedicated to the following activities:		
	☐	General Welfare [Service on Demand / Request]	____%
	☐	Outreach	____%
	☐	Developing Life Skills	____%
	☐	Alcohol and Drug Abuse Related Services	____%
	☐	Mental Health Related Services [Crisis Intervention]	____%
	☐	AIDS Related Services	____%
	☐	Other Health Care Services	____%
	☐	Education	____%
	☐	Housing Placement / Assistance	____%
	☐	Employment Assistance	____%
	☐	Child Care	____%
	☐	Transportation	____%
	☐	Legal Matters and Referrals	____%
	☐	Recreational Activities	____%
	☐	Social Activities	____%
	☐	Companion Services	____%
	☐	Petty Cash	____%
	☐	Groceries / Meals	____%
	☐	Personal Items / Clothing	____%
	☐	Other; [Please specify: ______________________________]	____%
		TOTAL	100%

SECTION II: FINANCIAL RESOURCES				
In accordance with the information provided in your organization's last APR, PLEASE mark the supportive services provided, and the percentages of the total budget utilized in providing each service. [Place the percentages in the work column and add. The total must be 100%].				
		Supportive Services	Percentages	Work Column
1	☐	Outreach	☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ Other: ____ %	____%
2	☐	General Welfare	☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ Other: ____ %	____%
3	☐	Life Skills	☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ Other: ____ %	____%
4	☐	Alcohol and Drug Abuse Related Services	☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ Other: ____ %	____%
5	☐	Mental Health Related Services	☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ Other: ____ %	____%
6	☐	AIDS Related Services	☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ Other: ____ %	____%
7	☐	Other Health Care Services	☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ Other: ____ %	____%

SECTION II: FINANCIAL RESOURCES				
In accordance with the information provided in your organization's last APR, PLEASE mark the supportive services provided, and the percentages of the total budget utilized in providing each service. [Place the percentages in the work column and add. The total must be 100%].				
		Supportive Services	Percentages	Work Column
8	☐	Education	☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ Other: ____ %	____%
9	☐	Housing Placement	☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ Other: ____ %	____%
10	☐	Employment Assistance	☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ Other: ____ %	____%
11	☐	Child Care	☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ Other: ____ %	____%
12	☐	Transportation	☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ Other: ____ %	____%
13	☐	Legal	☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ Other: ____ %	____%
14	☐	Recreational Activities	☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ Other: ____ %	____%

SECTION II: FINANCIAL RESOURCES				
In accordance with the information provided in your organization's last APR, PLEASE mark the supportive services provided, and the percentages of the total budget utilized in providing each service. [Place the percentages in the work column and add. The total must be 100%].				
		Supportive Services	Percentages	Work Column
15	☐	Social Activities	☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ Other: ____ %	____%
16	☐	Companion Services	☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ Other: ____ %	____%
17	☐	Petty Cash	☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ Other: ____ %	____%
18	☐	Groceries / Meals	☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ Other: ____ %	____%
19	☐	Personal Items / Clothing	☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ Other: ____ %	____%
20	☐	Other, [Please specify: ________________]	☐ 10% ☐ 20% ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 70% ☐ 80% ☐ 90% ☐ Other: ____ %	____%
			Sum must =	100%

E. QUALITATIVE QUESTIONS

1	What do you think are the major reasons for poor effectiveness in NP programs for the homeless? ____ ____ ____ ____ ____ ____ ____
2	Do you think MVHAA knowledge is necessary for program effectiveness and appropriate resource utilization? Why? ____ ____ ____ ____ ____ ____ ____

Appendix B:

INFORMED CONSENT FORM

Informed Consent Form
Examining Non-Profit Directors' MVHAA Knowledge,
Program Effectiveness and Use of Funding

You are invited to participate in a research study being conducted for a dissertation at Northcentral University in Prescott Valley, Arizona. We ask that you read this document and ask any questions you may have before agreeing to be in the study.

Purpose:
The purpose of the envisioned doctoral research study is to explore and examine the relationships that may exist among the level of knowledge that nonprofit program directors have of the McKinney-Vento Homeless Assistance Act (MVHAA) and the nonprofit program effectiveness and use of funding. This doctoral research study may assist in identifying the possible factors related to noncompliance by nonprofit programs with MVHAA goals and objectives and offering remedies for the cause or causes of such non-compliance.

Participation requirements:
You will be asked to complete a detailed questionnaire about your knowledge of the MVHAA, program characteristics and use of MVHAA funding. This should take approximately one hour.

Research Personnel:
The following people are involved in this research project and may be contacted at any time:

Grace Margaret Di Leo	Dr. Daljit Singh
Ph.D. Student	Mentor
gmdileo@yahoo.com	dsingh@ncu.edu
787-433-3577	559-734-7213

Potential Risk / Discomfort:
Although there are no known risks in this study, some of the information may seem personally sensitive and also includes questions about nonprofit housing programs related to MVHAA. However, you may withdraw at any time and you may choose not to answer any question that you feel uncomfortable in answering.

Potential Benefit:
There are no direct benefits to you of participating in this research. No incentives are offered. The results of the proposed research could be used to promote awareness of the Act, thereby improving overall compliance. The proposed study could be yet another tool

for determining and improving the effectiveness of nonprofit housing programs. Public and organizational awareness of the provisions of MVHAA and increasing emphasis on outcomes may also assist in overcoming the identified barriers to successfully achieving the Act's principal goals of the eradication of homelessness, the advancement of societal development and progress, and the transformation of lives.

Anonymity / Confidentiality:
The data collected in this study are confidential. All data are coded such that your name and nonprofit program is not associated with them.

Signatures

I have read the above description of the *Examining Non-Profit Directors' MVHAA Knowledge, Program Effectiveness and Use of Funding* study and understand the conditions of my participation. My signature indicates that I agree to participate in the experiment.

Participant's Name: ________________ Researcher's Name: ________________

Participant's Signature: ________________ Researcher's Signature: ________________

Date: ________________

Appendix C:

SERVICE OUTCOME ACHIEVEMENTS BY PROGRAM

Program	Left the Program	Permanent Housing	Economically self-sufficient	Employment	Educational skills	Mainstream Services
1	22%	16%	3%	3%	0%	16%
2	26%	7%	0%	0%	0%	0%
3	4%	100%	100%	100%	100%	100%
4	28%	0%	0%	0%	0%	0%
5	24%	0%	0%	0%	0%	0%
6	29%	0%	0%	0%	0%	0%
7	4%	0%	0%	0%	0%	0%
8	25%	44%	11%	11%	0%	50%
9	0%	0%	0%	0%	0%	0%
10	32%	14%	0%	14%	14%	100%
11	23%	22%	0%	0%	0%	100%
12	52%	0%	0%	0%	0%	0%
13	20%	100%	18%	18%	0%	100%
14	50%	99%	51%	51%	100%	100%
15	50%	100%	0%	100%	100%	100%
16	93%	7%	7%	0%	7%	14%
17	40%	25%	0%	0%	0%	100%
18	5%	0%	0%	0%	0%	100%
19	52%	9%	0%	0%	0%	9%
20	1%	100%	100%	100%	0%	100%
21	6%	60%	0%	0%	0%	60%
22	13%	48%	0%	0%	0%	17%
23	29%	40%	0%	0%	0%	80%
24	30%	17%	0%	17%	17%	100%
25	50%	100%	0%	100%	100%	100%
26	50%	100%	0%	100%	100%	100%
27	50%	99%	51%	51%	100%	100%
28	0%	0%	0%	0%	0%	0%
29	0%	0%	0%	0%	0%	0%
30	16%	33%	0%	0%	0%	33%
31	0%	0%	0%	0%	0%	0%
32	7%	80%	80%	0%	0%	80%
33	8%	100%	100%	100%	100%	100%
34	8%	100%	0%	0%	0%	100%
35	48%	100%	42%	100%	100%	100%
36	47%	71%	14%	29%	71%	71%
37	43%	67%	17%	33%	67%	67%
38	19%	53%	0%	25%	53%	53%