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Evaluation Assessment of Metropolitan Ministries "Uplift U™" Program and Preliminary Analysis of Collected Data

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Evaluation Assessment of Metropolitan Ministries "Uplift U™" Program and Preliminary

Analysis of Collected Data

by

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I wish to acknowledge Metropolitan Ministries for the opportunity to do this research project, as well as my wife who supported me as I worked on it and my professors who encouraged me in my endeavors.

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ABSTRACT

Using the methodology and criteria put forth by the Juvenile Justice Evaluation Center

(part of the Justice Research and Statistics Association, Washington D.C.), an assessment

for evaluation of the Metropolitan Ministries "Uplift U™" Program was conducted using

review of data previously collected by Metropolitan Ministries, examination of

documents provided by the organization, participant observation, and interviews with

Metropolitan Ministry staff.   This assessment reveals that there are significant problems

in several areas that must be addressed before their program can be formally evaluated;

including data collection and organization, outcomes measures, client selection standards,

and how the program is portrayed as opposed to how it is actually run. Preliminary

analysis of the collected data suggests that there are no relationships between

demographic information such as education, employability, or other factors, and

successfully completing their program. Further analysis suggests that other factors

related to rules, guidelines, and unpopular restrictions are related to the low success rate

they have experienced. Based upon a literature review of successful programs,

suggestions for improving the outcomes of Uplift U™ are provided.

Chapter One: Introduction

Homelessness

Once considered a few decades ago to be a social aberration that would vanish in a few years, homelessness is now recognized as a growing and significant social problem (Shlay and Rossi 1992). Although it is difficult to get an estimate of how many people are homeless, there are approximations available that indicate this fact. In 2008 the National Law Center on Homelessness and Poverty did a study which indicated that approximately 3.5 million people, of which over a third are children, are likely to experience homelessness in any given year. On average, cities reported a 12 percent increase in the numbers of homeless people between 2007 and 2008. Portland Oregon reported that requests for emergency shelter doubled during the same period (National Law Center on Homelessness and Poverty 2008). The National Coalition for the Homeless reported in their latest fact sheet on homelessness an estimate of approximately one percent of Americans experienced homelessness in any given year, with approximately 39 percent of those being children (National Coalition for the Homeless 2009c). An AP news article published July 9, 2009 reports that between October 1, 2007 and September 30, 2008, 1.6 million people ended up in either a shelter or transitional housing[1]. During this same period, the number of families utilizing these services

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[1]   The author mentions that these figures do not include the severe economic downturn that started right after this period.

increased by nine percent and the number of rural people increased by 24 percent (Freking July 9, 2009). It seems clear that on the national level, homelessness is growing at a significant level.

On the local level, homelessness is also a major and growing problem. The Homeless Coalition of Hillsborough County has been conducting a homeless census yearly for several years, and between 1991 and 2005 the number of homeless individuals estimated through the point-of-time census has tripled. In 2007 the census indicated 9500 people were homeless at the time of the count (Homeless Coalition of Hillsborough County 2008).   Their most recent report, dated June 2009 had a count of 9566 homeless individuals, with a caveat that this was based upon the most restrictive of nine federal definitions of homelessness (leaving out people staying in motels, doubling up with others, etc.) and thus was a low estimate (Homeless Coalition of Hillsborough County June 2009). The same report indicated that Hillsborough County had the highest population of homeless individuals in Florida, and that 23 percent of them were children. Clearly the situation in Hillsborough County is mirroring that of the nation itself in that the numbers of people who are homeless are growing quickly.

The reasons for this seem rather obvious. At the local level, in the last couple of years the economy here has gone sour. The unemployment rate for Tampa Bay increased 67 percent between 2007 and 2008, from 4.2 percent (2007 average) to 7 percent (2008) (Bureau of Labor Statistics 2008). The most recent figures for this year now show that Florida has an average unemployment rate of 10.8 percent, with the Tampa Bay area having an unemployment rate of 11.3 percent (Bureau of Labor Statistics 2009). This

works out to be a 169 percent increase in unemployment in two years. At the same time, the cost of housing has increased significantly. Between 2000 and 2009 in the state of Florida, the fair market rent for an average 2 bedroom apartment cost grew by 50.9 percent (National Low Income Housing Coalition 2009). In the Tampa – Saint Petersburg Metropolitan area, the fair market rent for an average two bedroom apartment is $949. An individual making minimum wage would have to work 101 hours a week in order to afford the rent for a two bedroom apartment[2]. For that same apartment and working 40 hours a week, a renter would have to receive $18.19 an hour minimum. The mean renter wage for the area is $13.83 (National Low Income Housing Coalition 2009). These prices and high unemployment make living difficult for those who are poor.

A great many people are also experiencing foreclosure. A search previously conducted on November 27, 2008 for "foreclosures" on the realty website "Realty Track" (http://www.realtytrac.com) came up with 17,899 properties- of which 12,233 were listed as being in a "pre-foreclosure" stage. The same search conducted on October 29, 2009 for properties listed as being in foreclosure since the previous search revealed 11,560 properties in the "pre-foreclosure" stage with a total of 17581 new properties listed. A search on the Tampa Tribune foreclosure search engine[3] for Hillsborough County indicates that between January 2007 and April 2009 there were 42275 listings of foreclosures. A newspaper article on foreclosures states that the Tampa metropolitan area is 34th among metropolitan areas in the country for the number of foreclosures, although the article also states that the number of filings have declined since last year (Behnken

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2   These calculations are based upon the Federal standard of 30% for low income people.
3   http://www2.tbo.com/static/news-special-reports-data-bay/tbo-special-reports-database---bay-area-foreclosur/

2009). It becomes obvious that a combination of low wages, high housing costs, increases in the number of people unemployed, and the large number of properties in foreclosure due to the economic downturn all are major factors that impact homelessness in the Tampa Bay area and indeed the whole country.

The Uplift U™ program

The Uplift U™ program was started in July of 2002, and is Metropolitan Ministries' Homeless Recovery program. Conceived as a way to help people get off the streets and to strengthen any "weak areas" in their lives that contributed to homelessness, this program has been in continuous operation since that period; this program is an extension of their homeless shelter (Philanthropic Research 2009). Last year, Metropolitan Ministries contacted the University of South Florida concerning collaborative research involving several areas of their operations, and one request was for an external evaluation of the Uplift U™ program.

This thesis is the result of the efforts I have made regarding the Uplift U™ program. Initially, I studied homelessness, its history, the way people who find themselves homeless are treated, the ideologies behind the treatment they receive, and the ramifications of various programs and policies that impact the homeless and very poor. I conducted a literature review of these topics, with a special focus on the different paradigms regarding how to help alleviate the problem of homelessness in this country. Then I investigated doing an evaluation of the Uplift U™ program and learned that an assessment of their program to make sure it could be evaluated first needed to be done. I found an effective methodology of doing an assessment and subsequently performed an

assessment of the Uplift U™ program, while also investigating other aspects of homelessness through participant observation, archival and digital data review, and conducting interviews.

Description of Site

Metropolitan Ministries is a large, multi-faceted homeless and poverty ministry created in 1972 by thirteen local churches as a way to deal with homelessness in Tampa, Florida. Finding that trying to deal with homelessness as separate entities leads to duplication of services and that there were insufficient resources for each group to function appropriately, it was decided to form an organization to provide help to people who were homeless or very poor[4]. From that point the organization has grown to what it is today: a significant provider of services to the poor in the community which employs 110 people and has 6,375 volunteers . Located in a large complex of buildings surrounding a central multipurpose structure at 2002 North Florida Avenue just west of the downtown area of Tampa, the facilities include spaces for medical care, food, shelter, clothing, and most other needs are met through various parts of the overall ministry. Besides providing for the needs of the people who come for services, there are donation drop-off points, areas where the donations (often of household goods, clothing, and so on) are processed, offices, a computer lab, rooms where people in the Uplift U™ program live, and even a large educational area for children are located in the complex. The complex itself covers several city blocks.

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[4]   Information found at the Metropolitan Ministries website:
      http://www.metromin.org/whoweare/ourhistory.aspx accessed October 22, 2008

The area where Metropolitan Ministries is located is an older commercial district that borders on an equally old area of single homes, in the gentrifying neighborhood of Tampa Heights. There are several other aid agencies in the immediate area including the Salvation Army, suggesting that the immediate area is considered to be a central location for homeless individuals in the area. Examination of the census data for 2000[5] for the immediate area reveals that Metropolitan Ministries is located on the edge between two census tracts- the one to the east having an average household income of $16,087.00 and the census block to the west (where the majority of the buildings exist) having an average household income of $33,150.00 a year. Less than half a mile from the site the average household income is even lower at $11,169.00. Most of the census blocks in the area have average household incomes below the Florida average income of $53,878.00. Metropolitan Ministries is clearly located in a lower income part of the city.

In this thesis, each chapter covers an important aspect of this project. Chapter Two contains the literature review, Chapter Three explores the research methods and design, Chapter Four contains the findings from my research, and Chapter Five my conclusions and recommendations.

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[5]   This information was acquired through the use of the GIS software package "Microsoft MapPoint 2002" which had the census information included in the package.

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Chapter Two: Literature Review

The History of the Treatment of Homeless People

Homelessness is a relatively old problem dating to the beginnings of the industrial age, and it was considered a problem even during the settlement of this continent. The early ways communities dealt with homelessness was either to punish the individuals, place them in forced servitude, or to expel them from the community with the expectation that they would go elsewhere (DePastino 2003, Kusmer 2002). Little thought was given to the economic factors behind homelessness and it was generally thought to be because of personal failings, although provisions were made for poor people who could not work (Kusmer 2002, Rossi 1989). This thinking regarding homelessness has persisted throughout the history of the United States, and it can be argued that the ideology of personal failings (such as laziness or "poor work ethic") is the foundation for many homeless programs in place today.

The problem of homelessness became more noticeable in the 1800's, and while homeless people were being vilified, it is important to note that business owners took advantage of them and used them both as a source of extremely cheap labor and as an implicit threat to local workers, to help lower wages. During the 1800's, labor agents were used to seek people for seasonal hard low-waged labor, and this tended to create a need for homeless individuals who traveled around to where there was employment available (Rossi 1989). The influx of large numbers of single working men during the

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middle of the 19th century into the cities created concern about social stability and order. Often the police would permit unemployed people to sleep in the jails or station houses, and in some cities this became formal practice in the middle of the 19th century. At the same time, cheap lodging houses and "cubical hotels" were being set up to service the needs of these transient workers, and these accommodations began to attract the attention and concern of the local citizens and legislators. Their response to these transient workers staying at the police station, for instance, was generally punitive and discriminatory (Schneider 1989). Towards the end of the 19th century, major cities around the United States began to deal with the horrific conditions found in the housing for the poor, and laws were passed to improve the situation (Peters 1990).

In the latter part of the 19th century, people began to realize that generalizing these transient workers are "lazy" or unwilling to work was too simplistic and in many cases in error. They sought out a way of dealing with these people that would weed out the "lazy" and help those who would work, but who were destitute. The initial way of dealing with them was to build lodging-houses, where they would exchange labor for a place to stay for the night. This lead to the transition from allowing the needy to stay in the police station to moving them into "sanctioned accommodations" during the early 20th century (Schneider 1989:94). About the same time, record-keeping of those seeking shelter was started to weed out "freeloaders" (Schneider 1989). This could be said to be the start of the modern homeless shelter system.

The municipal lodging house system progressed from that point. Schneider (1989) relates[6]:

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6   With regards to the quoted text, Schneider is quoting Stuart A. Rice in the National Municipal Review

" 'It is our hope', wrote officials of the New York City Department of Public Charities in 1914, 'to make the Municipal Lodging House something more than a mere sleeping quarters for tired, hungry men out of work. We aim to make it a great human repair shop, manned and equipped to rebuild the broken lives of those who enter its doors for help.' The well-run lodging facility would be a job clearinghouse where the honest worker in desperate straits could get clean accommodations for the night, placement in a job the next day, and careful follow-up by lodging-house personnel." (Schneider 1989:95)

This sounds very much like the common shelter program of today. Schneider (1989:96) then goes on to relate how these programs generally failed, because they were very restrictive and abusive:

"Most municipal lodging houses never seemed to get beyond a punitive approach rooted in the fear of tramps and hoboes. A forced work test and excessive regimentation preoccupied many officials… For many men it was a degrading experience that insulted them and undermined their self-respect".

It should be noted that Schneider also indicates on the same page that this was deliberate and meant to discourage "tramps and hoboes". This also reminds one of many of the shelter programs of today, in treatment of their clients.

In more recent times (the 1950's and 1960's), there was a period when it was thought that homelessness would disappear, as demand for transient labor decreased and the visible presence of homeless people also declined. However, in the 1980's homelessness grew significantly, and by the early 90's it was considered a major social issue across the United States. There was disagreement about the causes of homelessness, or why these numbers increased so significantly. Several factors are

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November 1922 pg. 361

considered to be connected with this increase. The list includes:

- Deinstitutionalization of mentally ill patients.

- The defunding of federal affordable housing projects (between 1996 and 2006, over 100,000 public housing units were lost and funding for new units nonexistent[7]).

- Reductions in the numbers of available affordable housing units due to budget cuts, destruction of public housing and HOPE VI gentrification.

- Loss of good paying jobs (which was often due to corporate downsizing). In May 2009 the official unemployment rate was 9.5%. The official national unemployment rate reported March 16, 2010 is 9.7% (found at: http://www.bls.gov/cps/). Since the start of this recession, over six million jobs were lost. (National Coalition for the Homeless 2009c)

- Declining wages (the real value of the minimum wage has decreased 26 percent since 1979, (National Coalition for the Homeless 2009a)

- Changes to welfare programs including the elimination of the AFDC program which was the largest cash assistance program for poor families (and its replacement with TANF, a temporary program that has not kept up with needs). (National Coalition for the Homeless 2009e)

- Between April 2008 and April 2009, the number of foreclosures increased by 32 percent. (National Coalition for the Homeless 2009b)

- Evictions have increased, and it is estimated that roughly 40 percent of people

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[7]   Without Housing report (2006), page iii

facing eviction are renters and that seven million households are at risk of foreclosure . Indeed, it is said that most people are only two or three paychecks from being homeless themselves, and this fact is becoming more and more apparent as the economy has gotten worse. Clearly, the situation has become far more of a problem than it has in many years.

The makeup of the homeless population had also changed, with more women and children in that situation, which is partially tied to the changes in the welfare laws and the defunding of low-cost housing programs, although domestic violence is also a known reason for women (and women with children) becoming homeless . Homeless women have always posed a problem for caregivers and society, as single men were the stereotype of the homeless person and people didn't have clear ideas on how best to deal with a homeless woman(Burt and Cohen 1989, Golden 1990). Due to changes in society and the economy, more and more women find themselves in that situation. Another aspect of the homeless population now being recognized as a factor is rural homelessness, and this problem is starting to gain attention (National Coalition for the Homeless 2009d). Homelessness is not just a problem for men in an urban setting.

Another problem is how homelessness is defined. There are various criteria that could be used: one criteria being living "on the streets" which is the most narrow definition and one that is rarely used (although it is the stereotype for most Americans), on the other side of the spectrum is anyone who lives in a structure or location not meant for permanent occupation or not having a place that one could call their own[8]- the more valid and general standard. Shlay and Rossi (1992) describe this problem in detail:

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[8]   such as living with friends or neighbors.

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> "Contemporary definitions of homelessness are more
> directly linked to the housing situations of persons. Yet
> within that general tendency there is much disagreement on
> detail. Certainly those who have no shelter at all are
> included by all as homeless as well as those who have to
> resort to "emergency shelters" for housing. But some
> extend the term to include people who have some shelter,
> including persons doubled up with relatives or friends, in
> hospitals, prisons, or jails, or even renting a room in single
> room-occupancy hotels (Fischer & Breakey 1986, Hope &
> Young 1988)."

They then go on to discuss this problem in greater detail and explain why different ways

of defining homelessness were connected to political motivations:

> "The various definitions each support a different view of
> the magnitude of the problem of homelessness. Advocates
> for the homeless favor more inclusive definitions, whereas
> more conservative commentators stress narrower ones
> (Kondratas 1986). The debate over the definition of
> homelessness also reflects changes in social values
> concerning what constitute adequate housing situations
> (Shlay 1985a,b). The post-World War II improvements in
> housing conditions have enlarged social expectations about
> how people "should" be housed. This has led some to
> define homelessness even more broadly to include people
> who are "badly" housed, in units falling far short of
> acceptable quality."

Even how to determine the numbers of people who found themselves in that situation is

controversial, because of the difficulty in doing a census- in many cases the people

cannot be located, and there is the difficulty in identifying them . The number of

homeless people has steadily grown since then. While it is extremely difficult if not

impossible to accurately count how many people are homeless, using figures from

homeless shelters and service providers, it is possible to get an estimate. Based upon the

National Coalition for the Homeless fact sheet #2 (2006), the numbers of people who

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were homeless approximately tripled between 1981 and 1989. Between 1987 and 1997, it is estimated that the numbers of homeless people more than doubled, and in some areas may have tripled (National Coalition for the Homeless 2009c). It is clear that more and more people are experiencing homelessness, even with the difficulty of getting an accurate count.

Medicalization of Homelessness

These historical attitudes and practices explain why there is such a dichotomy today regarding the homeless. How this is played out in modern times is explained by Vincent Lyon-Callo (2000) as the "medicalization of homelessness", in which homelessness is blamed on "deviancy" which needs to be detected, diagnosed, and treated (Lyon-Callo 2000). When homelessness began to rise in the 1970's and 1980's, the response was to open emergency shelters, but these generally turned out to be "unsafe, inhumane, and degrading places that warehoused poor people" (Lyon-Callo 2000:330). Lyon-Callo then goes on to say on the same page "While many cities have opted to criminalize homelessness, federal agencies and some local communities have responded by advocating a "continuum of care" approach." This model was advocated to try to bring about a more effective and caring way of dealing with homelessness, but using a medical model (treatment of social issues as if they can be treated like a medical condition) has had "ambiguous and conflicting impacts" (Lyon-Callo 2000:330).

Rather than helping people escape homelessness, the medical model (or medicalization of homelessness) tended to normalize the stereotypes and general perception about people who are homeless: that they have personal failings that brought

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them to the situation in which they find themselves (thus reinforcing the centuries-old view of the homeless as being somehow immoral and having personal failings). This serves the purpose of legitimizing the social structure in which homeless people find themselves, and tends to focus the response on the individual who is suffering from structural problems, rather than dealing with the structural elements themselves that create homelessness. As Lyon-Callo puts it: "Through their experiences in the shelters, many homeless people are thus produced (and reproduced) as political subjects who are more likely to engage in self-blame and self-governing than in collective work against structural violence." (Lyon-Callo 2000)

This medicalization of homelessness is also clearly meant to maintain the status quo. When Lyon-Callo and the staff tried to start changing things in ways to deal with the real causes of homelessness, they quickly encountered resistance and control from the sources of funding. Lyon-Callo (2004:162) notes that, "As became increasingly clear to the shelter staff as we problematized our practices, relying on traditional funding sources often prevented working against systemic inequalities if we wanted to continue to keep our jobs and receive money for the program." A final quote is worth mentioning. "Elena", a member of the staff of the shelter where Lyon-Callo was doing his research, had this to say just before she quit her position "It's very frustrating. The obvious answer is that those in power don't really want to end homelessness." (Lyon-Callo 2004)

Theoretical Considerations

Homelessness in the United States is a complex issue involving a number of factors. Some of the factors that have been identified as contributing to or being causal

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for being homeless include inadequate income and excessive housing costs. Both of these involve the capitalistic market system, which upholds the maintenance of social distance between people of different classes. This along with consideration of the historical context falls under the political economy theoretical framework, as the cost of a resource (housing) and the value of labor is set based upon an often contrived perception of scarcity (Ortner 2006, Roseberry 1988). A critical paradigm is discussed by LeCompte and Schensul (1999):

> "Critical Theorists are interested in how the history and political economy of a nation, state, or other system exerts direct or indirect (?) over the political, economic, social, and cultural expressions of citizens or residents, including minority groups. Critical theory guides investigation into the sources and dimensions of inequality in such systems. In the Critical paradigm, scientists are expected to function as intellectual advocates and activists. Researchers are expected to use the tools of research to discover inequities and to find ways- whether through research, dialogue, intervention, political action, or policy change- to bring about change in inequitable distributions of power, cultural assets, and other resources."

The basic paradigm behind this research is the critical paradigm, as the inequalities in the present system that lead to homelessness and deal with homeless people are starkly clear and evident. The theoretical framework leans towards political economy; however, political economy seems a bit too materialistic in that it considers economics to be the main driving factor[9] and does not seem to consider factors such as ideology, status, or beliefs. I consider attitudes and beliefs to be equally important to material aspects of life, and am of the opinion that practice and action develop out of beliefs and attitudes.

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[9] http://www.answers.com/topic/political-economy accessed April 4, 2010

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An examination of homelessness based upon the Critical Paradigm (as explained above) shows that it is tied to the capitalistic market system and the maintenance of a social distance between the classes, as well as helping to provide an underclass that can be used to keep wages down and to maintain a form of control over workers. In his discussion of homelessness in North America during colonial times, Kusmer (2002:15) states: "Among the working class, former indentured servants were particularly likely to become homeless… Upward mobility became restricted after 1730, however, and ex-servants lived an increasingly marginal existence." He then goes on to discuss how the restrictions on upward mobility led to escaped slaves and indentured servants becoming homeless. At the same time however, Kusmer indicates that areas where slavery was predominant had lower levels of homelessness than areas where slavery was less of a factor, and he argues that attitudes towards the homeless are driven by a demand for low-cost labor. In the 19th century, business owners would often belittle "tramps"[10] and considered them to be a problem or nuisance, while at the same time using the presence of these same "tramps" as a means of suppressing wages among those who were steadily employed . While expressing these hostile attitudes towards homeless people, at the same time the same business owners would send out labor agents to find workers for seasonal low-wage jobs, which encouraged homelessness as those individuals would then usually travel from area to area seeking employment (Rossi 1989). On one hand the upper classes were vilifying the homeless, yet at the same time they were using them and contributing to the situation- in effect creating and maintaining a homeless population.

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[10]   Tramps, or single homeless men who traveled around looking for work were the most common form of homelessness during that period (DePastino 2003).

Undocumented Immigrants

An interesting point is this is the same attitude that is being shown today towards "illegal", or undocumented immigrants. One can regularly read diatribes[11] against these people in the newspapers, for instance, in the Lakeland Ledger on July 1, 2006 a letter to the editor by Eduardo Montalvo referred to illegal immigrants as an "attack force from the Third World against America" and then goes on to blame them for poverty, violence, crime, and prostitution. Another letter writer (Carlos Cayasso on June 1, 2006) reflects on the things that he had heard regarding immigrants- "smugglers, gang members, assassins" and he went on to say "They are said with such venom as to frame all immigrants, legal or not, as enemies of the U.S.". Other authors of letters referred to the value of undocumented immigrants to the U.S., as a letter to the editor of the Lakeland Ledger penned by Maria F. Smith on April 6, 2006 mentions that many of these illegal immigrants harvest the produce that the rest of the Americans eat. The analysis of published letters to the editor has been found to be a legitimate tool that reflects the attitudes of the general population of the area, and that bias is not likely to be a factor in using them in research (Hill 1981, McEvoy et al 1967, Riley 1938, Saks and Ostrom 1973, Turow 1977). Thus the letters mentioned serve as a good proxy for public sentiments about "illegal" immigrants, and these attitudes do seem to mirror those shown to people who are homeless, especially between the middle of the 19th century and the middle of the 20th century.

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[11] These letters are a couple of years old, but more recent examples could be easily found. Another source of more recent attitudes towards both the homeless and illegal immigrants can be found at the Southern Poverty Law Center (http://www.splcenter.org/index.jsp).

While these diatribes are leveled by the general population against undocumented immigrants, at the same time, there is research showing that the immigrants are being used even as the homeless were used, that is as a form of social control. While the general perception is that they use more public services than the value in tax revenue that they generate, this belief has been shown to be in error . At the same time, research shows that these people are not drawn here by a shortage of available labor, and that they are being used to suppress wages and to provide a way of resisting unions and organization of labor in the industries (such as agriculture) that most make use of illegal immigrants . It can be argued that there are parallels between the attitudes and treatment of undocumented immigrants, who are used to provide social control of workers, and the attitudes and treatment shown towards the homeless, who historically have also been used as a form of social control.

Attitudes Towards the Homeless

Attitudes regarding people who are homeless have a significant impact on how they are treated and the outcome of any effort to deal with the problem. It can be shown that unsympathetic attitudes towards the homeless are very old and date back to the Fifteenth century with the enactment of the Henrician Poor Laws, which even allowed for enslavement of anyone who was not actively employed, even children (Davies 1966, Hill 1952, Littles 2009). Based on Calvinist theology, homelessness and extreme poverty were considered to be symptoms of wickedness and rebellion against God (Hill 1952, Kusmer 2002).   This theory developed into an idea that people who are homeless are immoral in some way, and that their condition is due to personal failings. Also part of

early Calvinist theology, wealth was taken to be a sign of "God's Blessing," and poverty a sign of some form of personal failure (Davies 1966, Hill 1952). This thinking is still common today, hundreds of years later. The historical attitude towards the homeless was so bad that at one point, that the Chicago Tribune (July 12, 1877 edition) advised: "putting a little strychnine or arsenic in the meat and other supplies furnished to tramps" . People who are homeless are often dehumanized and the treatment they receive reflects these attitudes.

These attitudes have a direct impact on people who are homeless, and the stories they relate best show this impact. Lyon-Callo (2004), in his book "Inequality, Poverty, and Neoliberal Governance: Activist Ethnography in the Homeless Sheltering Industry" relates a number of valuable accounts given by shelter residents. When asked to participate in a conference about homelessness, "Jonathan" relates (on page 31) "I can't waste my time with that. I'll still be homeless when I get home. They don't care what I think and they're not going to do anything about homelessness". When Lyon-Callo suggests that without their voices, people may still believe that they deserve being poor. "Jonathan" then replies "Maybe it is my fault. Maybe I'm crazy too. I'm here, aren't I?" On page 30 a quote from "Jonathan" clearly demonstrates his sensitivity to public opinion: "This town hates homeless people".   On page 83, another person, "Ariel" is quoted "I think people try to separate themselves from homelessness so they feel safe. Instead of trying to identify with those people, they try to say how they are different and that homeless people are 'like that' as though there is some common denominator among homeless people." Ariel also states (quoted on page 86): "Some people see homeless

people as a problem that you need to hide or cure instead of seeing the people as being fellow human beings who don't have enough money to get a place to live." This acute awareness of the attitudes towards people who are homeless is very common and they are also very aware of the stigma of being homeless. It regularly came up in conversations I've had with homeless people.

The effect of stigma on individuals is well documented by a number of researchers. Link et al (1997) state on page 177 in their abstract: "Numerous studies have demonstrated a strong connection between the experience of stigma and the well-being of the stigmatized." On the same page they then go on to list a large number of studies of stigma upon individuals. In their study, they found that stigma not only had short-term effects; but also had long term deleterious effects upon individuals.   Phelan et al (1997) discuss the connections between attitude and stigma and their research tests and verifies the increased stigma of homelessness over "generalized poverty". In their conclusions on page 335 conclusion they state:

> "The practical implication of these findings for homeless people is that they face stigma along with the many other hardships associated with homelessness. Stigma is not only likely to have negative consequences for their self-esteem and psychological well-being; it also suggests that they will face discrimination in social relations, employment, and housing, which will contribute to the perpetuation of their homeless condition, and that the public may not support policies that would improve their situation."

I would conclude that sometimes even staff are aware of these attitudes. Lyon-Callo mentions "Elena" and has this quote from her on page 133: "It's very frustrating. The obvious answer is that those in power don't really want to end homelessness." These

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attitudes show how people who are homeless are used to promote social control (as mentioned before), even as it has been shown that undocumented immigrants also have been used as a form of social control. This also reflects in some of the programs used to "help" them.

Continuum of Care

There are two primary paradigms in place today, "Continuum of Care" and "Housing First". Continuum of Care is defined by the US Department of Housing and Urban Development as:

> "A <u>Continuum of Care Plan</u> is a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness."

The U.S. Department of Housing and Urban Development then goes on to list the programs they will fund under Continuum of Care.   The organization "Chicago Continuum of Care" describes the facilities they offer as "6500 shelter beds reflecting a range of shelter models" (Chicago Continuum of Care 2005). They then go on to describe how they evolved from emergency shelters to the present system, and that they added "24-hour shelter facilities developed for both individuals and families that allow longer lengths of stay (some up to two years) in a services-enriched environment (Chicago Continuum of Care 2005). Their description continues on the next page:

> "Over time… this approach expanded to a residential service model designed to equip homeless households with the skills and resources to "succeed" in permanent housing. This has culminated in the evolution of a tiered system of care that moves those who are

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homeless through a succession of shelter programs designed to graduate them to permanent housing and self-sufficiency."

Tsemberis, Gulcar, et al (2004:651) describes Continuum of Care as:

> "The predominant service delivery model… called the Continuum of Care, consists of several program components. It begins with outreach, includes treatment and transitional housing, and ends with permanent supportive housing. The purpose of outreach and transitional housing residential programs is to enhance clients' "housing readiness" by encouraging the sobriety and compliance with psychiatric treatments considered essential for successful transition to permanent housing."

They describe the clients' perception of the Continuum of Care model as generally restrictive, ignoring their basic need (housing), putting them into a situation where they have to live in transitional housing while going through the "program" and final housing depending on completion of treatment, and that it ignores the client's priorities and replaces them with the program mandates. The common theme for Continuum of Care is that homeless people are required to go through a series of steps before 'graduating' to permanent housing- what they needed in the first place.

As far as effectiveness, the numbers reported are revealing. Metropolitan Ministries themselves reported only a six percent success rate[12] for their Uplift U program which is based on Continuum of Care (Metropolitan Ministries 2008). A conversation held with Paula Beikirk, director of Talbot House Ministries in nearby Lakeland Florida on October 20, 2006 indicated that their program had about a six to eight percent success

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[12]   Christine Long, director of the program stated in August 2009 that the value was around 37%. Considering the changes to the program that have been made recently, both values are probably correct.

rate, and that the norm for most homeless programs was between two percent and five percent[13]. Cotelingam and Siegel (2008) report that standard models with prerequisites before permanent housing is acquired, such as "Continuum of Care," had a success rate of 30 percent. Blankertz and Cnaan (1994:555) reported success rates for homeless mentally ill patients at 20 percent, both for their experimental program and the control program. In this they reported a high rate of attrition and compensated for the attrition, suggesting that the failure rate might be much higher (after 60 days, they only had 66 percent of their base left) (Blankertz and Cnaan 1994). Among the control group (which received treatment such as you'd find in a Continuum of Care shelter), 7.9 percent of the clients in residence over 60 days successfully completed their program . Numerous other journal articles[14] discuss the failure of the Continuum of Care program, and some mentioned reasons why it has poor results . The reasons included the fact that Continuum of Care does not focus on the root cause of homelessness (i.e., economic factors such as lack of affordable housing job loss, etc.), resistance to the dehumanizing effects of most Continuum of Care programs with their restrictive regulations and patronization of clients, and the fact that housing is treated as a reward for meeting program goals instead of a problem that needed to be directly addressed.

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[13]   These figures have been heard in other venues; however, an exhaustive search of journal articles and other documents have not located anything supportive of these values.
[14]   Only a few of the articles are listed here.

Housing First

Initially started in the 1980's[15] and attributed to the organization "Pathways to Housing, Inc." in New York (Pathways to Housing 2005), Housing First is based on an earlier program (Fairweather's Community Lodge) that successfully moved psychiatric hospital patients from the hospital into housing where they lived and worked as an autonomous group. Taking Fairweather's ideas of including the clients into the decision making about their treatment and that clients would "adjust" differently in a setting away from the hospital, Dr. Tsemberis and his colleagues applied them to the modern homeless situation involving people with mental illness and drug or alcohol addiction . The Pathways to Housing program is now considered a standard for homeless programs, and Housing First has become more common due to its high success rate[16] (Cotelingam 2008, Goetz and Schmieg 1996, Gulcur et al 2003, Larimer 2009, Legander 2006, Tsemberis and Eisenberg 2000).

Housing First is founded on the idea that housing is a basic right and consumer choice is important. The primary concern is to get people into permanent housing as soon as possible, and then deal with any other issues that may create problems for the clients after they have been housed[17] thus housing is separated from any other services. The services offered are also not compulsory, and involve the clients in making decisions about the treatment they need and how it is set up and run. In essence, the clients have a say in what happens to them and their input is valued (Pathways to Housing 2005).

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[15]   Various organizations have claims to the early creation of Housing First with different dates given. Pathways to Housing Inc. appears to be the first to describe the principles of Housing First.
[16]   Six studies are listed here (two studies are on the same program); there are many more available that have similar results.
[17]   Temporary housing may be utilized, but only until permanent housing is available.

As far as how Housing First operates, first, the homeless people most in need of services are sought out- the chronically homeless, often with a dual diagnosis of mental health issues and drug or alcohol addiction. Then the people are assessed as to their needs, and an effort is made to get them into permanent housing as soon as possible. After the individual is in housing, then other services such as counseling, psychiatry, and drug rehabilitation are offered and the treatment the person receives is individualized, with direct input and consultation from the client. Housing is handled separately from the other services and success is measured by the client maintaining permanent residence . If this works for people with severe problems such as both mental illness and alcoholism, it should work even better for people without those burdens.

A PowerPoint presentation by Bill Hobson[18] given as a part of a conference for the Coalition for the Homeless, Houston/Harris County, Texas (February 5-6, 2009) provides an excellent breakdown of the principles of Housing First. He lists six of them:

1	Targeted to the most vulnerable
2	People are moved into housing directly from the street without preconditions of treatment acceptance or compliance
3	Provider is obligated to bring robust services into the housing. Services are predicated on assertive engagement, not coercion.
4	Continued housing is not dependent on participation in services
5	Harm reduction approach rather than mandating abstinence
6	Residents have leases and tenant protection under the law

The same principles are found in other Housing First programs to one degree or another.

Bill Hobson also clearly states two convictions that are behind Housing First- that (1) housing is a right, and that (2) housing should not be a reward for clinical success or

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[18]   The Downtown Emergency Services Center, Seattle Washington. PowerPoint can be downloaded at: http://www.homelesshouston.org/images/hh/DESC Advanced Housing First Feb 2009 – BH Houston TX.ppt

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compliance. This is in accordance with the program as described by Pathways to Housing Inc.

The Housing First program has dramatic success rates. Pathways to Housing Inc. reports a success rate of 85%. Longitudinal studies of their program supports this high success rate (Tsemberis and Eisenberg 2000b, Tsemberis et al 2004).   Bill Hobson reports on slide six of his PowerPoint a success rate for his organization of 70 percent for people with a prior criminal history and 74 percent for those without a prior criminal history. The Housing First Fact sheet published by the Philadelphia Committee to End Homelessness lists a number of different Housing First programs with success rates (measured by maintaining permanent housing) between 70 percent and 90 percent. These numbers seem to express the range of successful housing outcomes experienced by people serviced by Housing First.

Housing First also has proved to be cost efficient. Gulcar et al (2003) found that homeless individuals with mental illness involved in Housing First spent less time in psychiatric hospitals and were cost effective compared to other forms of assistance. Culhane et al (2002) found supportive housing for homeless individuals with mental illnesses cost only a little more than not assisting them, due to the far higher costs of psychiatric hospitalization . A study of chronically homeless individuals with severe alcohol addiction in Seattle, Washington found that Housing First resulted in "significant cost savings and reductions in alcohol use for housed individuals over the course of the first year" (Larimer et al 2009). Cotelingham (2008:18) states regarding the Housing First program in Baltimore, Maryland that "Yet these costs result in net savings for the

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community because they are far less than the price of the emergency medical care, police, courts and jails, emergency shelters, and inpatient psychiatric facilities that were formerly the housing and 'treatment' for Housing First participants." When the costs of not using a Housing First approach are taken into account, it is clear that the program is highly cost effective.

Another area where Housing First has a significant impact is in the usage of drugs or alcohol by the clients. As previously stated, Larimer et al (2009) found that individuals involved in the Housing First program reported a decrease in alcohol consumption. "The study also demonstrated that individuals in the housed group experienced reductions in their alcohol use and likelihood of drinking to intoxication over time. The HF intervention was associated with substantial declines in drinking despite no requirement to abstain from or reduce drinking to remain housed." They also found that, while requiring treatment in lieu of incarceration had a reduction in drinking, the Housing First clients had a far higher acceptance rate of treatment. Tsemberis et al (2004:654)[19] reported that "contrary to the fears of many providers and policymakers, housing consumers without requiring sobriety as a precondition did not increase the use of alcohol or drugs among the experimental group compared to the control group." Bill Hobson states that the number of days clients consumed alcohol decreased by 50 percent after taking part in their Housing First program, and eight percent became sober. Considering that treatment is optional in Housing First programs and that these people were reporting a decrease in alcohol use based upon having their housing needs met (without required sobriety) this is a significant difference from Continuum of Care, which requires sobriety

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[19]   In the online version of this article, quote can be found on page 7 of 10.

and treatment, but which doesn't have high success rates. This seems to also be a common characteristic of Housing First programs- that clients sometimes reduce their consumption or stop using altogether without requiring sobriety or intervention.

In summary, Housing First is a relatively new approach in dealing with people who are homeless, and highly effective in several important ways. It has the highest rate of success in getting people off the streets among the different programs in existence; it is cost effective, and it has a significant impact on the recovery of alcohol or drug addicted homeless individuals.

Metropolitan Ministries

Metropolitan Ministries is based upon the Continuum of Care model. They house their clients (for the most part) on site[20], require abstinence from alcohol or drugs, seek to "fix" the homeless person and attribute homelessness to personal failings or weaknesses, and a client achieves permanent housing only upon successful completion of their program. These facts will be demonstrated in the findings, as well as aspects of the other attributes associated with Continuum of Care. It will also be shown that there is confusion as to the difference between Continuum of Care and Housing First among some of the staff at Metropolitan Ministries[21], and as they have reported, their success rates actually fall right into the range found with other programs following the Continuum of Care model. As we found, there are no similarities between Housing First and Uplift U[tm], and this is a likely factor in why they don't have higher success rates.

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[20] Metropolitan Ministries also has a few apartments and a house available and used by clients.
[21] Two of the staff members clearly stated that Uplift U[tm] was a "Housing first" program while I was talking with them about the data they had collected. A third individual stated that the program was "Rapid Rehousing" (another term for providing shelter while the people receive services and then trying to get them into a permanent place to live), which is in line with the documentation they initially provided.

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Chapter Three: Research Methods

Initial Problems and Limitations When Researching Homelessness

As a group, people who are homeless are hard to study for several reasons. First, within-group variation is very high, and the only characteristics that these people share are that they lack housing and usually are poor (National Law Center on Homelessness and Poverty 2008, National Coalition for the Homeless 2006a). Indeed, the definition of homelessness itself is difficult to pin down; while most people think of the people living on the street as being the homeless, a person living with a friend or family member because they cannot afford their own housing can be defined as homeless, and anyone living in a structure not meant for permanent housing could also be said to be homeless. Even a census of people who are homeless is a difficult undertaking, and this usually is based on a point-in-time count taken at places where people who are homeless tend to congregate such as homeless shelters and food kitchens [22] (National Coalition for the Homeless 2006b). Thus, it was concluded that a more focused study, such as at a homeless service provider would be more within the scope of this thesis.

Starting in the winter of 2008, I tried to see if it was possible to do research at Metropolitan Ministries. After making a couple of phone calls, I finally talked with an individual who was in charge of volunteers, and he suggested that I go through the

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[22] Other locations, such as areas where homeless individuals have been known to camp and hang out are also targeted during this census, but as these places are numerous and change regularly, most of these sites cannot be covered.

volunteer orientation and then I could see what could be arranged from there. I went through their orientation, and afterwards talked with the person in charge, who then suggested that I fill out an application since I was interested in some sort of internship. At that time they also came to realize that I was not interested in working in the food kitchen or other volunteer position; what I was interested in doing was helping at the staff level, in some fashion that would utilize my skills and abilities. In May, I talked with the same person who indicated a need for someone with computer skills, especially with the program Excel. Unfortunately, because of a prior commitment, I could not come to Metropolitan Ministries until after the middle of June. When I got back, I tried to make contact regarding doing staff-level volunteering, but without success.

In August, 2008 Metropolitan Ministries contacted the University of South Florida concerning cooperative research. During this meeting, it was disclosed that among other items that the organization desired to accomplish, they were interested in the possibility of an evaluation of their Uplift U^{tm} program. This sounded like something that would be of interest, so another meeting was set up at Metropolitan to further discuss their ideas and what could be done regarding an evaluation. During this meeting, a partial copy of a couple of Excel Spreadsheets and a number of photocopies of the forms associated with Uplift U^{tm} were given to me to look at. Based on the state of the database, we decided that their program needed to be assessed to determine if it was ready for evaluation, an "evaluability assessment." At the same time it was decided that we could take a look at the data they had and see if we could do a preliminary analysis to determine if there were any factors that might help explain the poor outcomes they were reporting[23]. We also

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[23]   At the time, they were reporting a success rate of around eight percent.

decided that a study of the program itself, the relationship between the organization and the program, and the people who were involved in Uplift U™ and how they interacted with the program would be a worthwhile endeavor.

After receiving the spreadsheets, the first thing I did was sit down and analyze the data they had and the structure of the spreadsheets, and redact personally identifiable information contained in them. I then made up a list of the variables for which they had data, and developed codes for these (thus making them more amenable for being placed in a database). I correlated the information available through the spreadsheets to the forms they provided, and discovered that there was a lot of information collected on the forms, but which did not appear in the spreadsheets. This indicated that there might be more information available that I had not received, but which should be included in any database they might use. Other issues such as privacy and identify theft had to be taken into account in the design of a database (and these issues also made transferring information they provided into a database far more difficult). Another factor was that the spreadsheets were clearly designed to try to help track people as they progressed through the Uplift U™ program, and many of the columns were actually not germane to the research or the central design of the database, but needed to be handled in some way as part of the database anyway.

Next I started working on the database, considering all of the factors I had learned from the information they provided. This was a big project, as they had hundreds of variables and the size and layout of the forms required some extensive thought and research- a simple form would not have been sufficient. I decided that I would replicate

the forms they provided in the database, and then had to determine the best way to link the different forms to each other (requiring a bit of programming as well as designing them). Doing all this made accessing the data we were interested in easier, and I also considered this database to be a useful tool for Metropolitan once finished, thus requiring the complexity of this project.

There was a several month gap in research due to the time required to build an appropriate Access database and to debug it and get it ready for accepting data. Once that was finished, we applied for the University of South Florida's Institutional Review Board and received approval on July 21, 2009 to begin research. Formal field research was conducted up until September 1, 2009 when the last two interviews and meetings were conducted.

Assessment for Evaluation

Before a program is evaluated, it is wise to assess the program to make sure it can be evaluated. A full evaluation of Metropolitan Ministries' Uplift U^{tm} is beyond the scope of this thesis, and such an evaluation has not been made of their program. An assessment for evaluation will determine if the program in question has all the measures needed for evaluation is in place, and it is a good first step in getting prepared. Indeed, an assessment will also provide feedback on the program in question, and could itself partially answer questions an organization has about what they are doing. Such an assessment uses the tools as mentioned by LeCompte and Schensul (1999) and is quite compatible with the anthropological method, in that ethnographic tools are used to gather the needed information.

The Evaluability Assessment used by the Juvenile Justice Evaluation Center of the Office of Juvenile Justice and Delinquency Prevention[24] was selected as a model for the assessment of the Uplift U[tm] program {Kaughman-Levy & Poulin 2009 #3450}. The description given by the organization on page 5 is:

> Evaluability Assessment (EA) is a systematic process that helps identify whether Program evaluation is justified, feasible, and likely to provide useful information. It not only shows whether a program can be meaningfully evaluated, but also whether conducting the evaluation is likely to contribute to improved program performance and management. An evaluator needs to answer some important questions about a program before a process and/or outcome evaluation takes place."

They break down an Evaluability Assessment on page 4:

> There are two main types of program evaluation—process and outcome. A *process evaluation* focuses on program implementation and operation. It identifies the procedures and the decisions made in developing the program, and it describes how the program operates, the services it delivers, and the functions it carries out. *Outcome evaluation* is used to identify the results of a program's effort. It seeks to answer the question, "What difference did the program make?" In order for either of these types of evaluation to be carried out successfully, it is important that a program be ready for evaluation. One way to determine its readiness is to have an evaluator conduct an Evaluability Assessment (EA). Developed by Joseph Wholey in 1979, EA is a tool that can help an evaluator determine whether a program meets the criteria for a meaningful evaluation to take place.

The Juvenile Justice Evaluation Center then goes on to describe how to implement an assessment by listing the sorts of questions one would address in the research.

Several questions are asked in an assessment: First, is a formal program design or model in place? If the program goals and objectives are not clearly laid out, the program

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[24] Part of the U.S. Department of Justice.

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cannot be evaluated. In other words, one should be able to compare the goals and objectives with the operation of the program. Second, is the design or model sound? The goals must be realistic and achievable, the outcomes must be measurable, and the program design and outcomes must be related or relatable to the goals and design. Third, Do the operations of the program match up with the design of the program? The program operations must be based upon design, otherwise evaluation would be a waste of time because an evaluator could not connect outcomes measures to the program as run. The fourth question is if the program actually serves the people it was designed to serve. For instance, if Uplift U[tm] was designed to help people who had become homeless, but actually was serving people who were in danger of becoming homeless but yet still had permanent housing, then it could not be evaluated[25] because they would be serving a different group than the program was originally designed to serve- those who already were homeless- and for whom Metropolitan Ministries already has programs set in place. The fifth question is if the organization has the resources available to implement the program design, and the sixth question is if the program or model implementation generates measurable data that can be used for evaluation. In the sixth question, there are several different aspects that also need to be addressed. Do they have intake assessments, outcomes measures, progress reports, and other ways to track and analyze progress? Equally important, are the data organized in such a way that it can be analyzed?   All of these questions must be answered "yes" before a formal evaluation is possible. A final question could also be asked: If an evaluation would benefit the organization or not.

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[25]   Part of the mission of Metropolitan Ministries is to help prevent homelessness and part of their outreach is to people who are in danger of becoming homeless.

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Sometimes evaluation is not necessary (Kaughman-Levy & Poulin 2009). As we learned, the Uplift U[tm] program was not evaluable because several of these questions could not be answered in the affirmative.

There are a number of limitations that are associated with a project of this scope. First, there are the temporal limitations based upon being a student and being employed. This includes needing time to write up the results and this thesis. Second, access to facilities is limited. Since Metropolitan Ministries deals with vulnerable people, access to facilities was strictly limited and I had to go through employees just to gain admittance beyond the public areas (where the information needed was available and where the research was conducted). However, most of the aspects of an assessment for evaluation did not require a large amount of participant observation, as the primary focus is to see if their documentation and data are in order and if the various questions (as previously mentioned) are or can be answered[26]. I would have liked to have spent more time in specific activities, largely in the exploration of the relationship between the staff and the people they dealt with in order to see if their activities actually met the goals and expectations of the Uplift U[tm] program. Participant observation of the required classes[27] used as an intervention for this program would have been desirable- to see how they were conducted, to observe how the people were treated and assessed as to their progress, and to try to determine if the individuals taking these courses learned things that would assist them in avoiding homelessness in the future; in other words, to see if the intervention

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[26] Those questions were primarily answered by an examination of their documentation and required only a few interviews as well as the small amount of participant observation.

[27] Intervention in the Uplift U[tm] program consists of classes which meet at least weekly. The clients are supposed to learn skills and acquire knowledge that they lack, thus making them 'more self-sufficient' and according to the ideology behind the program, less likely to become homeless again.

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worked and to see if how appropriate the intervention was in light of program goals and expectations. I would have also liked to examine the relationships between the staff in more detail; there were indications that there was some disagreement about how to help people who were homeless and what would work in changing the outcomes of the Uplift U^{tm} Staff attitudes towards homeless people can affect their outcome (as related by Lyon-Callo and others).

Once permission to proceed had been received from the Institutional Review Board, I immediately contacted Metropolitan Ministries concerning gathering data and continuing with the research. Since the information available through the spreadsheets was limited in scope (especially considering the amount collected during the initial interview, I asked about the availability of data beyond what I had already been given. I was given permission to search their system for anything applicable, and as related under "Findings", found their system to be in a state of disarray.   I could not locate the demographic information that we sought regarding their clients, although I did not examine the hardcopy archives they had stored. I learned that they had began to use the Unity system for storing data, and after some conversations and getting the required permission from upper echelons in their organization, was able to have spreadsheets with more demographic information extracted in Excel format. As it turned out, these spreadsheets were organized by the individual's name, and the demographic information was spread out across several files. I had to combine the files, filter the information to extract only that for the people who took part in the Uplift U^{tm} program, re-organize the data by their Unity number (assigned to the person when they first applied for aid from

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Metropolitan Ministries), and then reorganize the data again to make it easier to input into the database. This process actually involved moving data back and forth between Access and Excel, as each program had features that allowed me to perform functions that the other did not. Finally, the information was in the database in a form amenable for analysis. We then could examine the data for patterns that might indicate success or failure in the Uplift U™ program, as well as examining other possible relationships that could be connected with the running of the program.

 Research Design and Research Questions

The primary design of this research project is a case study and ethnography as described in the "Ethnographer's Toolkit" by Lecompte and Schensul (1999) based around an assessment for evaluation of Metropolitan Ministries Uplift U™ program for people who are homeless. Using an iterative process and an exploratory framework, the relationships of various individuals within the organization with the Uplift U™ program and the program itself were examined in order to answer several research questions. These questions are:

- What are the specific goals and outcomes expected for the program?

- What variables are associated with outcomes in the program?

- Is the graduation (or completion) rate actually reflective of the program's success?

- Does the program meet the needs of the clients?

- Are aspects of the program impediments to success?

- Can better measures be devised to understand achievements by both clients and
        program?

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In doing this project, three primary research methods were used: participant observation, examination of collected data (archives), and open-ended interviews.

Participant Observation

Participant observation was used throughout in interactions with the staff at Metropolitan Ministries. I was curious as to the impact of the individual staff on the Uplift U^{tm} program as well as wishing to determine if the stated goals and practices actually matched those advertised in the description given for their program. Did these individuals seem to be actually helping or hindering the goals of Uplift U^{tm}? What insights into the program could they give me as to both the program and the organization? What could their interaction tell me about the relationships between the program and the people who are homeless that they served? I observed the interactions and listened to the comments made by the staff, and made note of anything that seemed to have a bearing on the program. Later, once I was in my car, I recorded all the observations I made during the time that I was present, including body language I noticed, unusual or significant statements, and anything that I felt pertained to my research. I did the recording away from the site so as to preserve confidentiality.

Review of Organizational Data

The second method involved examining client demographics and other data collected over the years by Metropolitan Ministries. These records first required extensive organization. Some were available only in hardcopy. Others were contained in large Excel spreadsheets, including at least one that took up 249 columns, which is nearly the entire number of columns available through Excel (256 columns). An Access

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database was designed and created in order to help organize their data into a form more amenable for analysis[28]. The records available through their Excel files were then imported into the Access database, and examined for patterns and relationships using various statistical tests (available through the software package SPSS 11) in order to determine if there were any indications as to why the Uplift U[tm] program had low success rates. Besides the data collected during the application stage and as part of Metropolitan Ministries' client evaluation process, other information on client's reasons for leaving the program were also located and evaluated. I also examined the file system that they use to store the data that has been collected.

A considerable amount of data was available, although not all of it could be transferred into the database at this time. Information was available on these variables:

- Name
- Date of birth
- Gender
- Primary and secondary race
- Ethnicity (Hispanic/Other, Non-Hispanic)
- Where individual or family stayed last night
- How long the people had been staying at the last address
- Zip Code of last address
- If person was a veteran
- How many times the person had been homeless
- Date of present homelessness
- Explanation of homeless situation
- Primary and secondary reasons why person was homeless
- If the person is employed
- If unemployed, the person is looking for work
- Means of transportation
- Have a driver's license
- Last grade completed in school
- If person has GED

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[28] This aspect of the research including the design of the database will be discussed further under "Findings".

- Reason if diploma or GED not received
- Military service- individual served in war zone, if individual received hostile or friendly fire.

There were numerous other data collected such as detailed information on employment history, education, and on family members and relationships, but extracting these data was beyond the scope of this project.

Interviews

The third method, open-ended interviews, helped to fill in the gaps in the assessment and to give a better understanding of different aspects that were observed during both participant observation and analysis of their archives. The open-ended nature of the interviews allowed for exploration of any revealed information and expansion of topics that the interviewee considered important. The questions asked were focused on the individual's responsibilities and perceptions or observations regarding the Uplift U™ program and the portion of the program that they were connected with. These were recorded on a portable digital recorder, and then later the recordings were transcribed and the audio portion deleted. I interviewed three Metropolitan Ministries staff members who were more connected with the general operation of the Uplift U™ program and whom I considered to be more in charge of the various aspects of the program that would be connected with the areas that an assessment for evaluation would involve. Specifically, I desired to explore more some of the aspects of the program- their intake procedure, how the program interacted with clients, and to learn a bit more about data collection and organization. I was also interested in learning through the interviews a bit about the history of the Uplift U™ program.

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Ethical Considerations

Whenever conducting research with living beings, there are a number of ethical issues that must be addressed whenever research is done[29]. In essence, the ground rule is "Do no harm", although sometimes that is not possible in real world situations. The reality is that one must make every effort to minimize the risk of harm to the research subjects. This project had several issues that had to be dealt with and extra care had to be taken to protect people connected in any way with the Uplift U[tm] program.

The first consideration is confidentiality. While participant observation and interviews were conducted with staff and not with clients[30] or people at risk, and the questions and discussions were such that any sort of personal risk would be minimal, at the same time it is always necessary to maintain strict confidentiality. Notes and observations made during periods of participant observation were recorded once I left the premises and names were not used in these notes. The interviews were recorded with a digital recorder, and once they were finished the recording was encrypted with a secure password (of sufficient length and complexity that it is considered to have a high level of security) and stored to a flash drive, which was kept on my person or in my computer case (which I kept in my presence at all times). Once the recordings were transcribed, the initial recording was securely deleted and identifying information in the transcriptions were redacted. Numbers were assigned to the transcriptions, and the informed consent forms were kept in a separate location from the transcriptions. Every effort was made to try to keep people's identities hidden. As far as field notes, names and identifying

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[29]   These concerns are discussed at length in the training for IRB certification, as well as in a number of texts such as "Designing and Conducting Ethnographic Research" by LeCompte and Schensul (1999).
[30]   Homeless people who came to Metropolitan Ministries for aid.

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information was withheld so that individuals could not be identified. Based upon the information received, the worst expected harm to any of the people I was involved with would be embarrassment, and every effort was taken to prevent that.

Privacy is another major issue, and one that was of great concern in this project. I handled a great deal of information involving clients, and that information needed to be kept secure. Along with the interview audio files, any data received from Metropolitan Ministries were kept secure by compressing and encoding them. Even the file names were encoded, so that if by any chance the flash drive had fallen into the wrong hands, it would have been virtually impossible to hack into the data. In many cases the data included significant personal information and as soon as possible, this information was stripped from the file and a number assigned to that person (with an Excel file matching person to number kept secure and encrypted). Indeed, as soon as it was found that there were potential security problems at Metropolitan Ministries and there was a significant potential risk of identity theft, this problem was brought to the attention of the people responsible for data management and the danger made clear.

In sum, the methodology taken with this research project answered most of the questions we desired to explore. Through both the documentation acquired and through conversations with the staff members, I was able to determine the stated goals and outcomes for the Uplift U^{tm} program. The reported graduation rate does indeed seem to reflect the program's success (or lack thereof), as related to me through interviews and determined by participant observation. Information provided by staff also indicated that the program did not really meet the needs of their clients (reported in Findings). Based

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upon the examination of their archival data and through interviews with staff, I was able to determine that the program did indeed have impediments to success, and that these problems needed to be addressed. It was easy to determine what the outcomes measure for the Uplift U^{tm} program involved, and while simple, at the same time this measure could not be demonstrated to actually reflect the success of the program, thus suggesting a different measure or a different approach. Through the various forms of data collection, we were able to look at the apparent impact of factors such as layoffs, evictions, and other issues on the types of clients that requested services from Metropolitan Ministries, and through interviews determine changes in the types of clients they encountered. The final question was not clearly answered (regarding the impact of involvement in the criminal justice system), although anecdotal information was provided.

Chapter Four: Findings

Background

In conducting this research project, I reviewed literature, analyzed archival data (primarily in digital format, but also including handouts and other documents provided by Metropolitan Ministries), performed some participant observation primarily during meetings with staff members, and interviewed three of the staff. The literature review consisted of an examination of internet documents and information regarding the ROMA System, which stands for "Results Oriented Management and Accountability" (National Association for State Community Services Programs 2008). ROMA is a program and resources that are supposed to provide ways to increase self-sufficiency in low-income people and measure progress towards that goal, as well as ways to establish a results-based system of measures and accountability in the organizations that provide for them. The program provides instruments and other tools for assessing how effectively and efficiently the organizations using it are meeting the goal of instilling self-sufficiency (and also stabilizing people's lives). During this period, I also tried to gain information on the actual running of the program, such as the curricula for the classes used for intervention and other documents, but repeated attempts to acquire this were unsuccessful, until the last few weeks of writing the final draft of this thesis. Indeed, the information I finally received was insufficient to really gain an understanding of their

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intervention, that is, the classes that clients were required to take. As it was, the work required to sort out and understand their data and information storage was such an effort that trying to examine other aspects of their program really went beyond the usual scope of what is expected for a thesis1[31]. The organization and structuring of the data they'd collected became the main focus of my internship because of the size of that project. This was important, because without their data being organized in a way that can be easily analyzed and accessed, it is far more difficult to determine if their program is running as efficiently as possible, or if it even helps people to be self-sufficient, the stated goal.

As mentioned previously, participant observation went on during the extent of this research project. Although it provided insight into aspects of the Uplift U[tm] program, it was only a minor part of my project. Finally, interviews were conducted with three staff members to gain further insight into their program. I interviewed the person who was in overall charge of the program, one who had been involved in the data storage and management and now was involved with employment, and a new person who was in charge of working with their data and oversaw the proper entry of the information (as well as overseeing the use of the Unity system, which will be described later). I was interested in how they functioned in the Uplift U[tm] program and where they fit in, how they viewed the program, if they had an ideological position that might have an impact on how they performed their duties and related to their clients, how the intake process works and what sorts of clients they filter for, and other aspects of their jobs. I had specific topics for each individual related to their position- for instance, how the data

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[31]   This effort took between six and nine months in itself.

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were handled and how it became digitized[32]. I was seeking to learn how they interacted with the program in general and they "fit" in with its goals.

Expansion of the Impact of Metropolitan Ministries

One of the early discoveries about Metropolitan Ministries is the way their impact on the local population has grown over the previous few years. Spatial analysis of the data using Microsoft's MapPoint 2002 to map the number of reported last addresses per county[33] for all the people who applied for aid clearly showed how Metropolitan Ministries had increased in the numbers of people who sought services, as well as how their program has increased in impact across the state.   Between 2004 and 2009 they went from having primarily a local impact with 4387 individuals requesting aid, to having 30,716 individuals making requests in 2008 with significant numbers coming from other areas around the state. This expansion can be attributed to several factors. For one thing, the Tampa area had a reputation for being a place where one could find employment, even as it had begun to dry up in other areas of the country[34], thus homeless people would come here seeking a chance to improve their lives. Another factor as related to me by shelter operators and homeless individuals alike is that they come to central Florida because the weather isn't as severe here as it is elsewhere. This expansion of the area where people had come from was discussed by one of the people in Metropolitan Ministries- and it was attributed to their growing reputation, in that they

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[32]   All of the clients fill in a paper application, and the data are input later- so there are two copies, hard and digital. According to the person, they still didn't have all of the information entered from the past.

[33]   Due to the addition of new zip codes (the basis by which the data were mapped) since 2002, some individuals were not included as I was unable to easily determine where to place them via Microsoft MapPoint.

[34]   This is something that I've heard over the years from many people who were homeless- that they'd come to Tampa because of the reputation for being employed here. Most either didn't find work, or worse, found that they got paid too little to afford housing.

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were becoming known around the state as an agency that helped the homeless and who had resources. A final possible reason is that Metropolitan Ministries has become well known in the area, and it could be that other agencies are referring people to them with greater frequency.

Number of Clients by ZIP Code for 2005
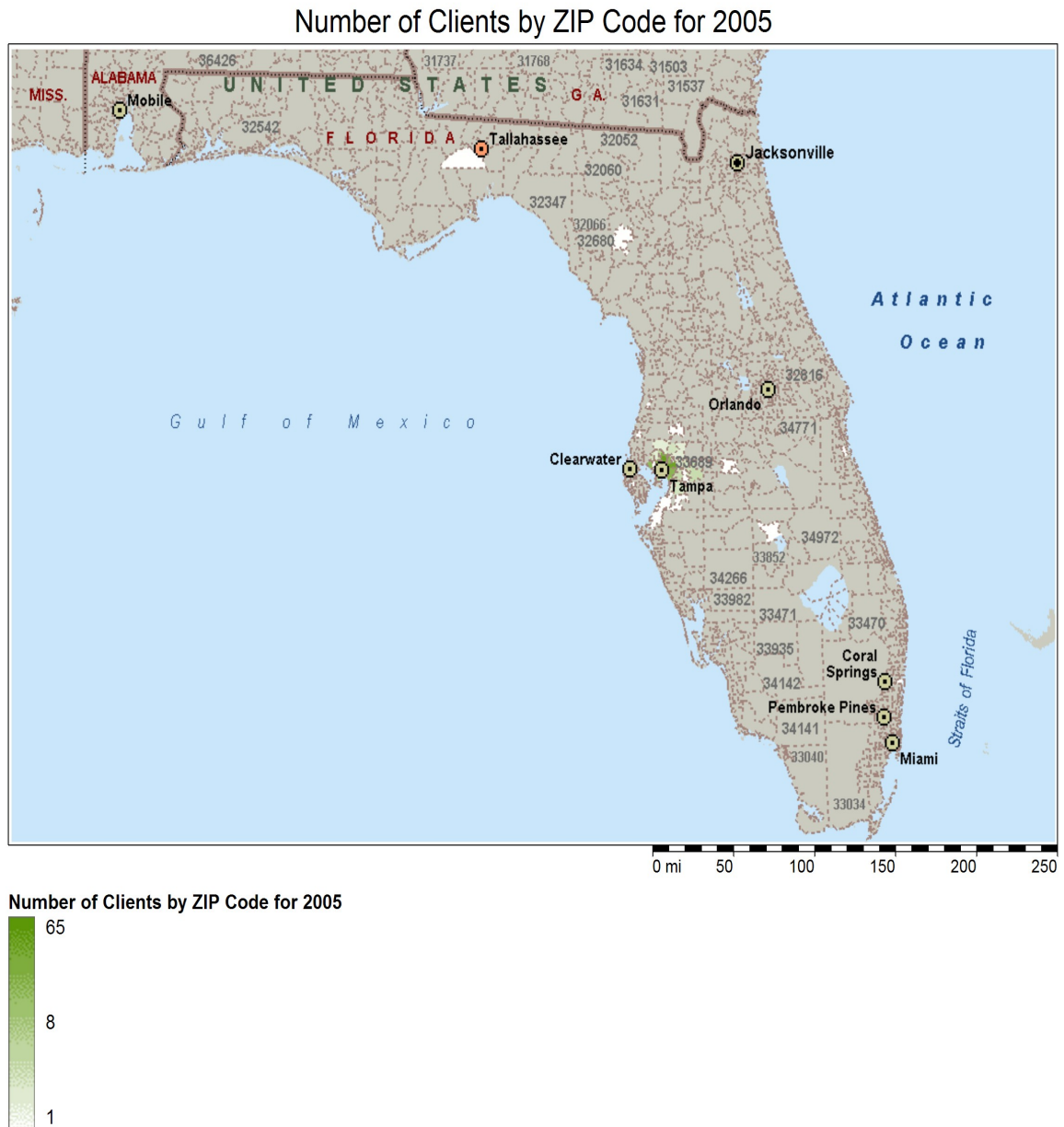
Figure 1: Number of Clients Mapped Statewide by Zip Code in 2005.

Number of Clients by ZIP Code for 2008
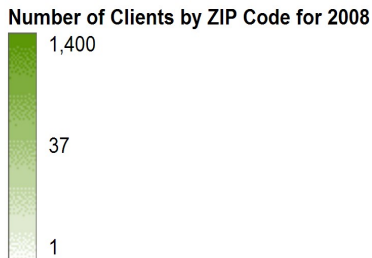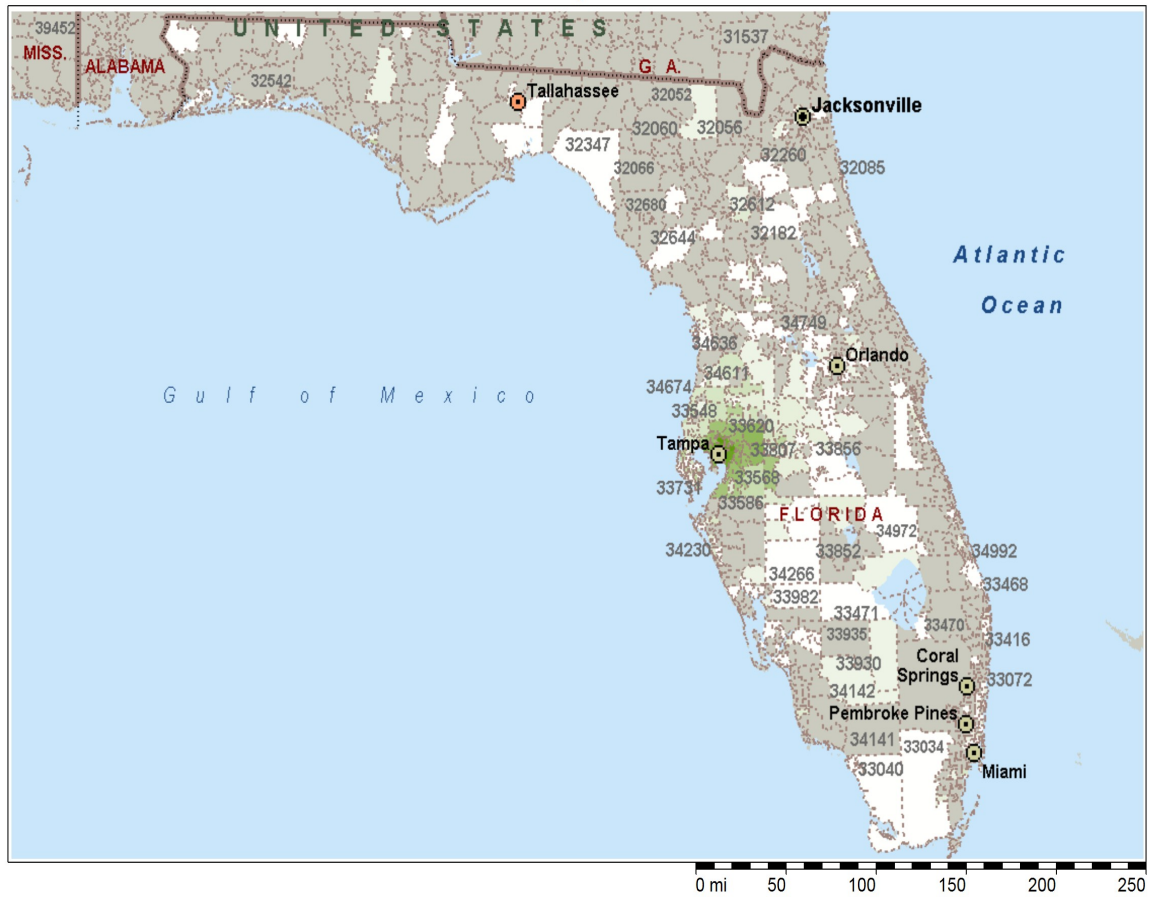
Figure 2: Number of Clients Mapped Statewide by Zip Code in 2008.

While this was not germane to the success of Uplift U[tm] or to this thesis, it did reveal that

Metropolitan Ministries had grown significantly in importance in trying to help people

who were dealing with poverty and homelessness. During this same period, the number

of poor people increased from 37 million people, or 12.6 percent of the population, to

39.8 million people or 13.2 percent of the population (Institute for Research on Poverty

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2009). During the same period the estimated number of homeless people decreased from 754,147 in 2005[35] to 664,414 in 2008[36]- a decrease that is not explained in the reports containing this information[37], although the report for 2008 indicated that the numbers of homeless people are expected to increase because of the economic downturn. Considering the difficulty in getting a count of the number of people who are homeless, I consider these numbers to be questionable, especially in the light of the increase in poverty during the same period. A decrease in homelessness also doesn't seem to fit with the increase in the numbers of people seeking aid from Metropolitan Ministries, although that increase covers all people seeking services and not just the homeless.

Program Structure

The Uplift U[tm] program is a holistic long-term program designed to improve individuals or families in any "weak" areas in their lives that could contribute to their being homeless. The people who take part in the program (139 residents on September 19, 2008) live on-site in quarters designated for them which were described as "a room that's 12 by 12, you know, with your whole family in the room."[38] The Uplift U[tm] program was also described by a staff member as "our dormitory style program which is what we have become- a dormitory style program". Residents are expected to do volunteer work at Metropolitan Ministries. There are very strict rules regarding living in the shelter. For instance, people were not permitted to take food to their room or eat in their room. They had to adhere to very strict weekly room duties, which included "all

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[35]   The Annual Homeless Assessment Report to Congress (2007) by HUD.
[36]   The 2008 Annual Homeless Assessment Report to Congress by HUD.
[37]   A newsletter from the US Department of Housing and Urban Development(http://www.hud.gov/news/release.cfm?content=pr08-113.cfm) attributes this decrease to greater resources and better reporting.
[38]   Thirteen others lived in apartments and a house according to their documentation.

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beds are made", clothing clean and folded and stored appropriately, floors are clean and recently swept and mopped, no clutter, no medications or sharp objects[39] and other requirements. The room inspection form has 15 maximum points, and getting less than 12 points is considered unacceptable. They even inspect the smoke alarms and air filters on a monthly basis, and require the clients to keep these clean. During their stay, they are required to take classes meant to teach them skills in various areas. In order to advance through the program they have to complete these classes and meet specific criteria (this is discussed in more detail in the intervention section of this chapter). This caused some problems for at least one client who reported in a survey "But when I want to go to school. They hold me back, because I haven't finished a few classes of Phase I." The clients in the program have to be evaluated every six months and they are expected to progress through the five phases[40] of the program in eighteen months (one or two individuals seem to have completed the program in less time). People who enter the program go through five phases: 1) Intake and assessment (which usually lasts a short period and determines if the individual or family is compatible with the Uplift U[tm] program; 2) phase I where people begin the classes; 3) phase II where educational deficiencies are addressed and the people work towards their educational and employment goals; 4) phase III which focuses on employment (clients are expected to be finished with their classes previous to or during this phase); and 5) phase IV where the people prepare to leave the Uplift U[tm] program and enter permanent residence (Phase V).

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[39] on the inspection form provided, it clearly states that the room and everything in it will be searched for medications and sharp objects

[40] Intake and assessment are not considered a phase, while leaving the program and having permanent housing is.

Intake Measures

The intake and assessment phase of the Uplift U℠ program was found to be deliberately and reasonably flexible, although I was able to ascertain that the criteria for being an acceptable candidate was based largely upon the opinions and impressions of the interviewer. For instance, tone of the things the organization looked for was "personal motivation" regarding the issues a homeless person faced in life, I initially asked about the way they screened for motivation in their intake process, and this was what was said:

> "Well, purposefully we have very loose threshold for coming into the program. And basically it is families with children who have a desire to make changes in their life. So, we try to shy away from the really difficult cases, kind of a last resort. We didn't want to put up a lot of barriers. So that people couldn't get in. But we are seeing a challenge of getting positive outcomes. So there's a couple of things that we knew that people needed to have to be successful. **Personal motivation is one. So it's not very ah... so that when people do their one hour intake interview they kind of rate everybody and they have to get above three's, three and above. That is what we want them to be. So we try to assist with motivation**, their legal status because without ah that they can't work. There's not a long term we can do for them. Of course, you have mental health: If they're in treatment or willing to receive treatment if they have a mental health disorder. Because if they're refusing treatment there is not a lot of long-term success we're going to have with them. Drug abuse: in treatment or willing to go into treatment. And then for physical disabilities, that their limitations are mild or they undergo rehab or they're applying for SS Disability. Because the people out there have got to be able to work. Have some income coming in at some point in order to do well. In order to move in that direction have some income. These are the scales, so far the input criteria we have; each family and we rate them on where they should be." (Emphasis mine.)

I then asked if the interviewer rated the people, which was confirmed. The interviewer

rates people in five different areas on a scale from one to five - Motivation, Immigration

Status, Mental Health, Drug Use, and Physical Health Level. The scale provided is as

follows:

Motivational Commitment Level (Minimum 3)

1- No motivation

2- Minimal motivation average motivation

3- Average motivation

4- Above average motivation

5- Highly motivated

Immigration Status (Minimum 3)

1- Illegal, paperwork not started

2- Paperwork just started, expected to take over 1 year

3- Expected completion within 1 year

4- Expected completion within 6 moths

5- Legal

Mental Health Status (Minimum 2)

1- Refuses treatment, never follows through

2- In treatment or willing to receive treatment, history of little follow through

3- In treatment or willing to receive treatment, usually follows through

4- In treatment or willing to receive treatment, consistent follow through

5- No mental health treatment issues

Drug Use Status (Minimum 2)

1- Refuses treatment, never follows through

2- In treatment or willing to enter treatment, history of little follow through

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3- In treatment or willing to enter treatment, usually follows through

4- In treatment or willing to enter treatment, consistent follow through

5- No drug use treatment issues

Physical Heath Level (Minimum 3)

1- Physical limitations severe to extreme (interferes/prevents daily activities/work) & no Vocational Rehabilitation or Social Security involvement

2- Physical limitations severe to extreme (interferes/prevents daily activities/work) & case has been opened with Vocational Rehabilitation or Social Security applications and assessments have only just begun for the first time (0-11 mo).

3- Physical limitation mild; or if severe to extreme (interferes/prevents daily activities/work) then assessments are completed with Vocational Rehabilitation and Social Security application process is well underway (12¬24 mol.

4- Physical limitation mild; or if severe to extreme (interferes/prevents daily activities/work) then Vocational Rehabilitation is in the process of overcoming limitations or Social Security process is almost complete (24-36 mo).

5- No Physical limitation or mild limitation. If severe to extreme physical limitation (interferes/prevents daily activities/work) then Vocational Rehabilitation has overcome work limitations or Social Security payments are being received.

That part of the screening process is subjective on the part of the screening staff and based upon questions asked of the person applying for the program. Each area has a minimum rating acceptable for entry to the Uplift U™ program, and this rating is assigned by the caseworkers. If the individual's problems were such that they might be in the program for a long time or if they could not meet the requirements for the intake rating scale, Metropolitan Ministries would refer them to a different agency.

I asked one staff member about changes in the demographics of the types of clients who applied for services. While talking with that person about their intake procedures and the sort of people they get, I asked about the impact of the sub-prime mortgage crisis and if foreclosures had an impact on the types of people that applied to their program. The person replied that they thought there was some impact, but that they really couldn't tell based upon the clients they got, except that they did get a few more of a "higher class of people" than they were used to getting in the last year or so, although it did not seem to be really significant.

Intervention

One of the questions asked in an evaluation is if the intervention is effective and efficient. In the case of Uplift U[tm], the intervention for this program consists of classes that the clients are required to attend. Repeated requests for information on these classes[41], specifically syllabi and how the outcomes are measured received a response that such information was not available, at least not in any hardcopy format (either digital or physical). That changed in the last two weeks while this thesis was being revised from its rough draft, several months after the initial request was made. We were contacted and copies of the syllabi for some of the classes were provided. The information given to us involved the "Assessment Class Agenda", an overview of their new program[42], some information on their parenting class (including a flyer on how to talk with toddlers and preschoolers about sex), information describing their "speak up" class or program-

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[41]   Due to limitations and the scope of this research project, participant observation in said classes was not performed.

[42]   During one interview, I was informed that in an effort to increase their efficiency and to try to improve their "numbers", plans were being made to change the Uplift U[tm] program from an eighteen month to a twelve week program. This information clearly indicated that the change had taken place.

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focused on middle and high school students, a syllabus for a course on community, some information on the importance of education in career development, and a section labeled "step two orientation class" which involves the Christian religion, which clearly talks about "Christian spirituality" and Jesus, and follows a typical pattern used in proselytizing[43].

These classes are meant to bring about changes in the behavior and skills of their clients. Based upon the assessment and using the ROMA scale developed by the National Association for State Community Services Programs[44], people are assigned a rating in nine different areas of their life: Children's Education (for families), Mental Health, Education and Literacy, Employment, Financial, Health (including hygiene and nutrition), Housing, Pastoral (spiritual component), and Relationships. The counselors grade the individuals on a scale that ranges from "In Crisis", where the individual is considered to be at greatest risk, through "Thriving" where the person is considered to be doing well. The five stages in each area are "In Crisis", "At Risk", "Safe" (basically where basic needs are met), through "Stable" to "Thriving". If a person is considered weak in one area that is assessed, then this fact is considered to have an impact on all areas of the person's life. This thinking is the reason why Metropolitan Ministries provides classes and counseling to deal with these weak areas, with the idea that if that area is strengthened the person is more likely to attain and maintain permanent housing. They are expected to be above the "safe" measurement when they leave, although one staff member indicated that this rarely happens. An interesting point is that the original

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43   Relate a person's situation to quotes from scriptures and other sources, claim that the solution to these situations is through religion, and then promise that accepting the religion would fix everything.
44   http://roma1.org/index.asp

scale as described by Jerry Endres (and modified by Metropolitan Ministries staff) rates people more on their need for government services, while the Metropolitan Ministries scales rate people more on the condition they are in.

As mentioned before, Metropolitan Ministries uses the ROMA system and since I originally could not acquire syllabi or other information about the intervention courses during the course of my research, I searched online. Using the Google search engine and also following up links connected with the ROMA system, I spent an estimated 48 hours trying to find a detailed description of a typical course and how it operated (specifically syllabi), with the specific intent of trying to determine how the course was thought to provide an appropriate intervention and how progress was measured. This lengthy search only located two documents giving a curriculum for a poverty intervention course; a report by the Minnesota Department of Human Services, which goes into detail on a class on Financial Literacy, and the Leader's Guide for their class. This curriculum was designed for use by "agencies that serve low-income individuals and families, to teach economic empowerment skills and financial knowledge using a learning-circle group method." (ROMA 2010) and is expected to help people achieve financial skills that in theory should help them to become more self-sufficient.

This information is detailed, with a list of what will be learned in the course, what the person taking the course can expect, what subjects will be covered, and the Leader's Guide goes into detail as far as how to run the class effectively and in such a way that the people are included and the leader will not patronize them. It breaks down the class and provides a detailed plan for progress and how the subjects will be taught. The program as

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used in Minnesota covers the information being taught in approximately eight hours, and provides good information for the people who take this class. However, I noted that while there were a number of details laid out, there were no ways indicated as how progress was measured, and it seems that participation in the class is the primary requirement. An interesting note is this principle given to the leaders in the Leader's Guide: "Trainers need to keep a balanced role between compassion and accountability messages. You need to care and hear their story, but also need bottom-line accountability of "do the numbers add up?", and to help them predict consequences of choices made." (ROMA 2010-2:1) This suggests a role beyond a teacher and approaching that of a counselor. This did not give a clear indication on how progress is to be measured.

A few years ago, I worked for nearly a year at a homeless shelter which had a "Homeless Recovery Program". During that time, I observed the classes the people took on occasion, and it became clear to me that progress was determined by the opinion of the teacher. In that program, there were no clear standards of progress, and the classes seemed more of a "chat session" than anything else. Although I cannot be sure about how it compares to Uplift U, the structure resembled the description given in the Leader's Guide mentioned in the previous paragraph. The organization where this took place resembles Metropolitan Ministries in both structure and concept, although on a much smaller scale. The closest setting that these classes approach is that of a graduate seminar, except during such a seminar one usually has papers to write and other means of measuring the outcome. These classes do not seem to have a formal way of determining if the people are learning what the course is supposed to teach them[45],

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[45] The exception being the "Speak Up" class, which has assignments.

The courses offered in the Uplift U[tm] program, according to the documents provided, suggest a wide variety of goals and thinking. Two of the syllabi were well organized with a description of the different classes and what would be discussed during each class, the most detailed actually broke the sessions down into segments with a discussion of what would be the topic and focus for each segment. This class covered community, and the focus was what one could get from community and what an individual could do for their community. The second, covering the "Speak Up" program, mentioned the topic for each class and the assignments associated with that class. Three more other documents were not actually syllabi, but were outlines of the topics and goals of the class. The two remaining documents are the overview of the (new) Uplift U[tm] recovery program (changed from the original 18 month program to twelve weeks[46]), and a document "Step Two Orientation Class". This last is comprised of several statements and quotes from the Bible, mixed with questions, definitions, different concepts, and what could be described as accusatory ideological comments (discussed further in the section "Ideology in the Program"). As with the classes observed during the time I worked at a different homeless shelter, the structure seems to be along the lines of a discussion circle where individuals, led by the caseworker, usually sit in a circle and talk about the topic of the day which is decided on by the caseworker. The focus is on people sharing their personal experiences related to the topic, and the caseworker often shares their own experiences as well, in an attempt to make all of the members of the group seem to be on an even standing. The purpose is to get people to open up and also to be willing to listen to other points of view, but the conversation is always under the

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[46]   These changes will be mentioned in the section "Program Changes".

supervision and control of the caseworker or counselor in charge, who guides people into coming to the conclusions sought for the group. What the documents describe seems very similar to what is described in the report by the Minnesota Department of Human Services.

Outcome Measures

The Uplift U^{tm} outcomes assessment is also based on their clients achieving stability in all areas examined under the ROMA system. The primary measure of a successful outcome is "graduation from the program" as described by one staff member, and another staff member said of the graduation rate: "We're only seeing ah... it's only really about 10% because we have about 120 families that go through and about 12 fully graduate from Uplift U. So it's about a 10% success rate." This person went on to say about the outcomes measures "Well, our goal was to use graduation. Based on the ROMA scale. Ah, getting people past, out of the risk and into the not-at-risk side. Get them above the threshold. That was the attempt that we (?)[47] to do, we have to track and we really just started the (?) tracking." Previous conversations had indicated that the main measure of success was based strictly on graduating from the program. Another indicated that the success rate was 11 percent, and said that only 13 percent of the people in their program were employed when they left the program. It is clear that the staff involved with Uplift U^{tm} have an idea as to what is a success for the program, although that measure appears to be flexible and is not in writing. One person even suggested that what was considered a success did not really mean that the program helped people avoid

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[47] Whenever there is a question mark in parentheses, it means that the recorded word was unclear in spite of manipulation to clear it up. In some instances, the word that was probably spoken is included in the parentheses.

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homelessness, as that individual mentioned that some of their "successes" had returned to seek help and were homeless again. Another asked if maybe some of the people leaving the program before they graduated had gotten what they needed to stay off the streets. So, even though they do have an outcome measure, the staff are unsure just how valuable or effective this measure really is. Having an outcome measure is necessary to determine how the program is working- otherwise there would be no way to determine if the program is actually doing what it is supposed to or not. A good measure will be clearly defined, concrete, and success or failure readily ascertained based upon the stated criteria. The less clear or readily defined the measure is, the harder it becomes to determine if it is being met or not.

Data Organization and Security

Examination of their data revealed that it was in a disorganized condition, although Metropolitan Ministries had compiled comprehensive demographic and other information going back for several years. As stated in the methodology section, it was initially found that the data existed in hardcopy (several file cabinets' worth) and in multiple Microsoft Excel™ spreadsheets and document (usually Microsoft Word™) files, dispersed through multiple folders or directories on a large network drive. To try to get an idea of what was present in the drive containing their data, a "tree" was generated of the different folders and files showing the location of each, and this directory tree covered 143 pages (fine print). I found that they had multiple copies of entire directories, as well as multiple copies of their data files within these directories. Mixed in with the multiple copies were other files, many of which did not seem to have any relationship with the

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Uplift U™ program or operations. They had over 4.7 gigabytes of data in the one area that I examined, where their data were stored (and these data were only loosely organized). I also found a number of transcribed interviews with individuals, but could not quickly identify if they were Uplift U™ clients or not. I finally decided on only examining Excel™ files that could be quickly identified as being related to Uplift U™. Even with restricting to one type of file and only those easily identified, there were significant problems. The size of one spreadsheet alone (taking up nearly the entire width available through Excel™) would make analysis difficult, and it was further found that the data were dispersed over various spreadsheets, with the individual's name used as the common element (another potential data security problem and complication). Several months were spent in designing and building an Access database, which is a much more appropriate means of storing, accessing, and analyzing such data. The original thought was to build a single table database based upon the application forms, but it was quickly found that too much information was being gathered and that it required a better organization than a single table could provide. A more nuanced and comprehensive database was then constructed, using multiple tables (each pertaining to some aspect of the application, such as a table based upon employment, another on finances, and so on) and a multi-page form, which still was based upon the application, as well as a second form based upon the ROMA system, which is the system used to track progress of individuals going through the Uplift U™ program. This database was then tested, debugged, and then data provided by Metropolitan Ministries was imported into it (a process that still took about a month to accomplish.

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After the data were imported, they were analyzed. I found that there were many problems with the way data had been recorded, and that there was a serious lack of consistency in entering the data. For one thing, in several cases it was found that undocumented codes were used in places where there should have been one of four specific entries. In the column for "Exit Phase" there is supposed to be a number referring to the phase when the person exited the Uplift U[tm] program, but once examined it was noted that there were several letter codes in use as well, with no documentation as to what the codes meant. In another column, the heading is Family/Single, with either an F or S indicating which type of situation the client was in. However, in that column I discovered that there was also an asterisk, which indicated "second parent". Further examination revealed that the instructions for coding this is "F/S: Family/Single (If family is a two parent household list F under female and * for male)[48], changing this field from a simple value to something far more complex, when an additional field would have been more appropriate. In many areas there were blanks in the data, rendering the information for that individual invalid for analysis if that field was included. These problems (which were found in several areas of their spreadsheets) made doing even a preliminary analysis very difficult.

After the data had been organized as well as possible (given the time limitations and limited access to data), they were imported into SPSS 11, a statistical analysis software package, and examined for patterns that could suggest any relationships between the demographic data and successful completion of the Uplift U[tm] program. First, those

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[48] Found on the "Codes" page for their ROMA spreadsheet.

people who successfully completed the program (19) were separated out and the demographic data for them were examined, but no pattern could be detected when compared to the other individuals (236). Then tests were run to see if there were any relationships with the length of stay (using that as a proxy for program effectiveness), but no relationships could be determined using length of stay. As it has been shown that the population of people who are homeless is extremely diverse and containing great internal variation, this was not unexpected. Possibly a higher-level multivariate analysis may reveal some relationships, but I consider that doubtful.

Comparison Between Clients Who Successfully Completed the Uplift U Program and Those Who Did Not.									
	Completed Program		Didn't complete Program			Completed Program		Didn't complete Program	
Reported "race"					Transportation				
Black	5	26.3%	107	45.3%	Bus	3	15.8%	33	14.0%
White	13	68.4%	84	35.6%	Car	3	15.8%	19	8.1%
Other Multi-racial	0	0.0%	0	0.0%	Bike		0.0%	1	0.4%
Other	1	5.3%	42	17.8%	Foot	1	5.3%	24	10.2%
					Other	1	5.3%	3	1.3%
Ethnicity									
Not "Hispanic"	16	84.2%	190	80.5%	Drivers License?	5	26.3%	37	15.7%
"Hispanic"	3	15.8%	46	19.5%					
					Client homeless?	6	31.6%	131	55.5%
Reported condition									
Dom. Vio.	8	42.1%	69	29.2%	First Time Homeless?	9	47.4%	1	0.4%
Men. Hlth.	12	63.2%	108	45.8%	Chronically Homeless?	1	5.3%	18	7.6%
Drugs	1	5.3%	64	27.1%					
Alcoholic	0	0.0%	32	13.6%	Reason given for being homeless				
Disabled	6	31.6%	22	9.3%	Underemployed/low income	1	5.3%	8	3.4%
					Expenses exceed income	1	5.3%	3	1.3%
Length of stay					Domestic Violence Victim	1	5.3%	11	4.7%
Average number of days	342		168		Eviction	1	5.3%	12	5.1%
St. Dev.	148		172		Loss of Job	3	15.8%	28	11.9%
					No Affordable Housing	1	5.3%	4	1.7%
Family/Single					Criminal Activity	0		1	0.4%
Single Par.	2	10.5%	36	15.3%	Divorced/separated	0		2	0.8%
Family	15	78.9%	155	65.7%	Mental Illness	0		1	0.4%
Single	2	10.5%	43	18.2%	New to area	0		7	3.0%
					Medical condition	0		3	1.3%
Employed	2	10.5%	50	21.2%	Substance abuse	0		1	0.4%
					Eviction	0		2	0.8%
					NO DATA	9	47.4%	151	64.0%

Table 1: Comparison of data between those who successfully completed the program and those who did not.

While there were no relationships found between either graduation or length of stay and the data provided by Metropolitan Ministries, there were some interesting conclusions that could be drawn from the few responses found for the reasons why people were homeless. As mentioned, a majority of the responses were connected in some way with unemployment or underemployment, as was expected. Thirty one out of eighty (39%) said that job loss was the primary reason for homelessness, another 14 (18 %) of the responses stated that eviction caused their homelessness. Eleven of those who gave eviction as a reason for homelessness also gave a second reason for being homeless and of those responses, six had lost their job, and two more indicated underemployment

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or low income led to the eviction. Besides these responses, 13 others indicated that underemployment or insufficient income (expenses exceeded income) were the primary reason they were homeless. Thus you could add at least another 21 responses to the ones who gave "job loss" as a primary reason for being homeless; raising the number of people stating that their homelessness was caused by economics to at least 65 percent. A lesser number of people (12) indicated domestic violence was the primary cause of their homelessness, and this is another known cause of homelessness.

Analysis of a Single Internal Survey

Additional data were found while examining their data storage structure; these data did reveal possible reasons why their program was unsuccessful. Survey data for the year of 2007 were found that contained statements about the Uplift U^{tm} program based upon three questions: (1) when I feel like I want to leave, its because_____. (2) It's hard to stay here because _____. (3) Other comments _____.

The answers to these questions were revealing. For the "Other comments", there were eleven responses, and out of those eleven only three could be considered positive. The "other comments" indicated problems that the person felt important- for instance, one individual mentioned "Don't make us do what you won't do! Step into our shoes. Just once". Another person was unhappy about the curfew placed on the clients. The biggest complaint from this section is a perceived lack of progress from the perspective of the client. One person wrote "I really want to do the things that I have to do for me to be able to get out of here!" Another wrote "The individual classes do no good & individual counseling is needed." A third person wrote "But when I want to go to school

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they hold me back, because I haven't finished a few classes of Phase one- and most of the time here all you do is classes and all you got is signatures". Other complaints were about the Resident Staff and specialized needs. Out of the eight negative responses to this open-ended question, two reflected problems with staff, four more reflected problems with the rules or structure of the Uplift U[tm] program, one expressed frustration at a regularly unmet specific need ("pull-ups for little girls"), and one individual said "I was told that I didn't need cash assistance b/c everything was supplied" (suggesting that the person did not expect to have a need for cash assistance when he or she entered the program, but learned later that it wasn't true).

For the other two questions, there were 62 responses, out of which only one could be interpreted as positive regarding the program (the response to the statement on the survey "When I feel like I want to leave, it's because _____." was "I don't feel that way"). 21 out of 62 respondents (34 percent) indicated a problem with staff attitudes with statements like "Fed up with the RSAs attitude", "The staff treat you disrespectful and in a way, that for them, you are nobody", "The unfriendly RSAs", and "Being talked down to". Another 15 (24 percent) mentioned problems with inconsistent enforcement of the rules or inconsistent treatment of clients. Six (9 percent) mentioned the rules being too restrictive or creating problems, and 13 (22 percent) complained about lack of independence. Six others complained about problems with other clients. Inconsistent enforcement of the rules also would be a matter involving staff, thus 58 percent of the respondents were having problems with the way the staff was running the program. Thirty one percent indicated problems with the restrictive nature of the Uplift U[tm]

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program itself, as lack of independence would be caused by restrictive rules. In some cases a statement may reflect two different categories. For instance, one person wrote "Inconsistency and attitudes of the RSAs- lack of communication." Another wrote "Lack of common sense among the RSAs- that's the conflict with the rules". Finally, there were complaints about the food listed as well, although Metropolitan Ministries does get most of its food from donations.

This information is important because it reflects the attitudes and feelings of the clients regarding the program. We were only able to locate these data for a single year (one staff member said that very few clients chose to enter statements like this for more recent years, and that the survey started in 2007). There were no indications as to who had made each statement, so there was no way to connect any of these responses to people who finished the program, although these do suggest reasons why clients may have left. One interviewee mentioned that they had occasional discussions about how severely the rules should be enforced, and another said that discussions "whether the rules were guidelines or fixed and inflexible" took place in the organization. This all ties to the perceived change in paradigm that I had observed, and also may reflect internal conflicts over how people who are homeless should be treated. It may also be a reflection of the nearly constant changes that Uplift U^{tm} has been going through since its inception, as the staff did indicate that they changed how the rules were enforced more than once and the clients may have resented the impact of these changes.

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Ideology in the program

It appears that Metropolitan Ministries is going through ideological conflicts that may signal a change in paradigm. As discussed in the literature review, there is a conservative explanation of homelessness which is that it is due to the personal failings of the homeless individual. The alternative, more liberal, view is that homelessness is a function of economics and only incidentally tied to personal problems. During the volunteer orientation I attended in the spring of 2008, a member of the staff spoke about how homeless people needed to change their ways, indicating that this person believed homelessness was caused by some form of personal failing. While talking about the need to fix this personal failing, the individual stopped, got a funny, almost painful look on their face, stopped talking for a few seconds, and then continued but this time talking about homelessness being caused by economic factors and the general economy. This was so striking that I immediately made notes about it and wondered if the other people in the group noticed what I did. Subsequent meetings and conversations strongly supported this observation of an incomplete change in paradigm. One person I interviewed implied that the idea that homelessness was caused primarily by economic factors may have started taking shape within the organization at the beginning of the Uplift U™ program. Other individuals indicated different beliefs regarding the cause of homelessness; one staff person offered the opinion that there had to be some inherent problem with people who are homeless that caused them to become homeless in the first place. I wondered if there was tension between the people who held to the different paradigms; it would explain some of the tension and issues that were mentioned .

Besides the encounter with the person who stopped almost mid-sentence and changed from talking about how personal failings were behind homelessness to recognition of the economic factors, another early discovery was that staff were unclear about how to define the Uplift U™ program. Two staff persons clearly indicated that they believed the program is one related to or based upon Housing First. One person clearly stated that the Uplift U™ program "is Housing First", and the other said "And it matches and mirrors somewhat of the Housing First model". At the same time, another staff member clearly indicated that at least that individual knew their program was not based on Housing First. As mentioned before, one staff member (who thought Uplift U™ was based on Housing First) described the program as "that our dormitory style program which is what we have become- a dormitory style program". Another thing encountered was persistent thinking regards people who are homeless. One staff member I talked with clearly said that there was something inherently "wrong" with people who are homeless, but could not say what it was (the idea put forward was that it was some quirk in the individual's psychology). Another person insisted that homeless people needed a better work ethic; otherwise they wouldn't keep a job. This person said of most of their clients:

> "70 percent of the clients we serve do not have work
> histories that last longer than six months. They transition
> jobs regularly and it is the result of transportation, child
> care, and drug addiction, and simply lack of
> communication and coping skills. They get hot-headed
> they get mad at their boss they get whatever "I'm not going
> to take this any more!" and they walk out."

When I suggested that the employers could be at fault by not treating people humanely, the staff person said "it's not necessarily how the employer treats you although I

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recognize there are really horrific employers out there. And I recognize that flipping burgers isn't necessarily a great job." That staff member also said "I agree that sometimes it doesn't matter what you do, you can still set off a boss. But on the other hand I also know that there are plenty of people that are able to work through that relationship with that boss and it isn't about the boss it's about them." While insisting that lacking a work ethic was the main problem, she also related that a client who had a degree and was a "higher class" of person than they were used to coming into their program, and although this person had all of the advantages (including supposedly a good work ethic because that person had been of a "higher class"), the individual had been there for months without successfully finding employment. When I mentioned that being poor and having to work low-end jobs was a "tough row to hoe", the staff member replied "It is a tough row- and unfortunately they have to hoe it. But preparing them to be able to hoe that is kind of what I'm trying to do." It was also said regarding the often miserable conditions faced by low wage laborers: "We can't change the situation, but we can change people's perceptions of their job". Finally, this person also indicated a belief in some inherent quality in people who were homeless, even though that quality could not be defined "I'm dying to see what is the marker- how do you determine someone's going to be (pause) successfully work or not work." In many of the conversations I was part of, this contradiction between the old paradigm of homeless people needing to be fixed, as opposed to the society based view of homelessness being a structural and economic problem was apparent to me. Some of the interviewees reflected contradictions that sometimes occurred in what they said, even in a single conversation. This lack of

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consensus or consistency may reflect a shift or change in thinking in the organization regarding the causes of homelessness and the difficulty in changing one's base point of view.

The course information recently provided by Metropolitan Ministries reflects a mix of these views. In the program overview, 12 step programs are required, in the initial week all residents are required to attend substance abuse classes and be assessed regarding drug or alcohol abuse. Anyone considered at risk or with positive urine test results will be assigned and must start attending recovery groups immediately. Other session topics include "Victors in Christ I and Victors in Christ II, Codependence and Addictive Relationship, The Relapse Cycle, Relapse Prevention Planning & Strategies, Self Discovery I (Expressive Therapy) and Self Discovery II (Expressive Therapy), and Developing Healthy Boundaries". These topics indicate that the focus is mainly on finding and fixing deficiencies in the individual rather than examining their situation and dealing with their needs in a collaborative manner.

However, Metropolitan Ministries is clearly a "faith-based" organization, and that could be a significant reason why there is so much effort to fix people. Past thinking about homelessness (and the ideology shown to be behind much of the work being done "for" the homeless) is based upon the idea that sin causes homelessness, or that homelessness itself is sin (which is a historical viewpoint). Thus, documents such as found for the "Step Two Orientation Class" would make sense- they use what can be described as a form of hard-sell proselytizing for a form of Christianity[49]. Considering

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[49]   As previously mentioned, this document is clearly based upon a form of Christianity, in that it mentions Jesus and pushes acceptance of Christianity as a solution to problems.

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that people who are homeless already deal with stigma and judgmental attitudes, this sort of thing seems unusually harsh and manipulative.

Program Changes

During the last six months or so, Metropolitan Ministries started using the Unity database put out by the Hillsborough Homeless Coalition for data storage and handling. The Unity database is a comprehensive demographic database that takes information on all of the clients for service providers in the Hillsborough County area, and includes data on a wide range of subjects, including those discussed in this thesis (primarily demographics, but other data are included[50]). As part of the government mandated requirement for the Department of Housing and Urban Development's Homeless Management Information System, this software has multiple purposes: not only does it provide information on clients to providers, but it also provides a way of tracking their attempts to gain assistance and the times they have gone to various agencies for aid. The reasons given for this program are to collect "an array of data on homelessness, including unduplicated counts, use of services and the effectiveness of the local homeless assistance system."[51] The Unity system is the name given to the version of the HMIS software put out by the Homeless Coalition of Hillsborough County. This is an improvement over the previous system of data collection and storage in that usernames and passwords are required before you can access any information stored in the network, something that seems to have been missing in the old system. However, it also requires manipulation of

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[50] Access to the Unity database is highly restricted, and to gain access one must take classes on the software. These classes were not discussed in any detail. I had to go through a member of staff to access some of the demographic information I have included in this project, as it was not in Metropolitan's own files.

[51] Congressional directive to HUD (http://www.hud.gov/offices/cpd/homeless/hmis/strategy/)

the data they have collected before entry into the Unity system, and understanding the

problems that are connected to their previous arrangement will make finding the

information, organizing, and working with it a lot easier. Many other significant changes

have taken place in the last six months. Besides switching to the Unity system,

Metropolitan Ministries has also added a person to their staff specifically for handling

data, and very recently added a data entry person as well. From the conversations I had

with different individuals and from the interviews, I learned that the program had been

constantly changing almost from the beginning. One individual said:

> "As we make changes through the years, I, we made uh,
> tweaks I would say more to the program trying to address
> what we saw each year as challenges... we would
> implement we would focus a little bit more in one area and
> offer additional classes, change instructions, things like
> that. Trying to improve our outcomes but our outcomes
> pretty much stayed the same as far as graduation. But we
> also recognize that we're making impact on people's lives."

The same individual also mentioned several times through the interview about how the

Uplift U™ program had evolved. From the conversations I was part of and from

observation, and from what other interviews revealed, I would conclude that the Uplift

U™ program has been in something of a state of flux almost from its inception. It was

also revealed that the Uplift U™ will be cutting the amount of time people are in the

program from 18 months down to 9 to 12 weeks. This change was instituted because of

the increasing volume of people who applied for the Uplift U™ program and the need for

better results. They are also moving from a more education-oriented program to one

more focused on preparing people for employment.

As reported concerning the documents provided regarding the classes used for intervention, it is clear that in the few months since formal research was concluded at Metropolitan Ministries, their program has indeed gone through a major revision with a renewed focus on correcting deficiencies thought to be the cause of homelessness. Originally it was stated that there were classes in nine areas considered important for being "self-sufficient", and now there are 24 different topics being discussed. This suggests that the entire program may have been completely changed, and without further information it is not possible to determine if the ROMA system is still being used or if it has been abandoned. The "new" program is described as "twelve weeks in length and based on an Intensive Outpatient Treatment Modality and the Stages of Change Model."[52] There seems to be a continuous quest for improvement in the Uplift U[tm] program, although one wonders if these constant changes or "tweaks" may be causing problems as well as solving them.

In sum, through the various research methods used, I was able to find information regarding my first question regarding the goals and outcomes of the Uplift U[tm] program. I learned that there was a stated goal: "self sufficiency", but that the goal of getting people off the streets was recognized as being primary (the two seem to be considered as being synonymous). I learned that the number of people successfully completing the course was rather low, and that it is probable that some of these same people had to come back for help again. I learned that there were no detectable statistical relationships between a successful outcome and the demographic information provided, although there

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[52]   From the "Uplift U[tm] Recovery Program" Handout provided with the information on the intervention classes from Metropolitan Ministries.

were numerous hints at why the success rate was so low. This low success rate also indicates that the program is not meeting the real needs of their clients, especially as some have returned for aid again. From client perspectives there appears to impediments to success include attitudes of the staff, and rules and regulations that are inconsistent or confusing. The Uplift U™ program needed significant improvements in record keeping and documentation; thus making it difficult to assess the viability of their measures. However, it may also be that successful outcomes were so infrequent, that the measures did not work. Considering that 65 percent of the people who did provide answers as to the cause of their homelessness was related to job loss or under/unemployment, it is very possible that trying to "fix" people might not be the actual answer to homelessness, although it must also be admitted that the people in the program may not have truthfully reported the cause of their homelessness, such as substance abuse or mental illness (the fact that these figures have triangulated with other research such as mentioned previously suggests that deception is probably not the case). It was easy to see that improper data collection and storage combined with constant changes to the system made any assessment difficult at best and that it also made determining any factors connected with a successful outcome of their Uplift U™ program virtually impossible.

Chapter Five: Conclusions and Discussion

Answers to Research Questions

Many of the research questions were answered in this project. A few could not be answered due to lack of data or because of other factors.

1. What are the specific goals and outcomes expected for the program? The specific goal of the program is to prevent homelessness and the desired outcome is to move people from a homeless condition into permanent housing. This was not only stated, but also was reflected in their efforts.

2. What variables are associated with outcomes in the program? Analysis of the data was difficult because of their bad condition, but there were no relationships found between a successful outcome and any of the data I was able to access. This was not unexpected because of the known variability in the homeless population.

3. Is the graduation (or completion) rate actually reflective of the program's success? Based upon statements made by staff and the low completion rate, the actual success rate of the program is less than the graduation rate, and "graduation" is not an effective measure of success.

4. Does the program really meet the needs of the clients? The program clearly is not meeting the needs of the clients, as so few have completed it and of those few who have completed it; some have become homeless again.

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5. Are there aspects of the program that are impediments to success? Based upon the one survey with client-volunteered answers, there are clear impediments to successful completion of the program, namely factors related to strict rules, guidelines, and unpopular restrictions, as well as the impact of the attitudes of the staff as perceived by the clients. The number of responses regarding variable enforcement of the rules indicate that this is a big problem, and the probable cause of this is the constant changes that have been made to the program, although the clients may be picking up on internal conflict between the old medicalization of poverty paradigm and the newer economic structures based paradigm.

6. Can better measures be devised to understand achievements by both clients and program? Based upon the facts discovered during this project, I believe that the measures in place now are inadequate. It will take ethnographic work with the clients after "graduation" to determine if any successes are due to the Uplift U^{tm} program or because of actions the clients themselves have taken; the measures used and the ROMA system do not effectively determine the effectiveness of the system. Since the goal of the Uplift U^{tm} program is to prevent homelessness, any measure used should reflect that fact- in other words; do the clients attain and maintain permanent housing because of Uplift U^{tm}?

Assessment for Evaluation

As discussed in Chapter Three, a number of questions questions need to be answered affirmatively during an assessment before an evaluation of a program can be considered. In the case of the Uplift U program, these issues were found:

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1. A program design is in place. However, the goals are not clearly laid out. The stated outcome of the Uplift U^{tm} program is for the clients to graduate to permanent housing and to stay off the streets. Thus I would suggest that Metropolitan Ministries state the goals in writing, and that these goals should be attainable and concrete. An example would be, "Our goal is to provide services to homeless people and families with the goal of getting as many as possible into permanent housing and helping them to maintain that housing." This is a far more concrete and measurable goal than to "Instill Self-Sufficiency".

2. Is the model for Uplift U^{tm} sound? I would argue that Uplift U^{tm} is based on the Continuum of Care model, and based on growing evidence this is not the most successful model for helping people who are homeless. It may still be considered "best practices" by HUD[53], but the low success rates argue against that designation. Also, the outcomes measures do not really reflect the goals of Uplift U^{tm}, as graduation only measures if the people complete all the phases of the program, and not if they gain and maintain permanent housing. A different outcomes measure needs to be developed.

3. Do the operations of the program match up with the design of the program? This was clearly the case. The program was designed to provide a place to live while perceived deficiencies in the individuals were addressed. Part of this involved screening the people admitted to the program and during the various stages of the program to see how they rated on the ROMA scale and to try to determine if they had progressed from an "at risk" to a more stable or thriving condition. This

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[53] As of March 15, 2010, HUD still considers Continuum of Care to be Best Practices.

clearly was the case in that they did screen the individuals who applied, provided classes to address perceived deficiencies, provided shelter for the individuals (or families) while this was addressed, and regularly assessed the individuals using the ROMA system. There was some disagreement regarding how to help the people who are homeless, and this could become a problem (in that they could influence the Uplift U™ program away from its original concept), or if the staff operate based upon their personal ideologies.

4. Does the program serve the people it was designed to serve? Yes. The Uplift U™ staff tries to select those that they believe have a reasonable chance to succeed while not making the requirements too restrictive, and the individuals they've accepted into the program do seem to fit their criteria. Whether their criteria actually select for people who could be reasonably expected to succeed is beyond the scope of this thesis and would be difficult to ascertain.

5. Does the organization have the resources to implement Uplift U™? This is evidently the case. They have the facilities, the staff, room for individuals and families (even though the space may be quite limited), and the physical needs of the people are being addressed for the most part. The Uplift U™ program has been running for a few years now and this indicates that there are sufficient resources to implement it.

6. a. Do they have intake assessments, outcomes measures, progress reports, and other ways to track and analyze progress? Yes. There is an attempt to select for people who were "interested in changing their lives for the

better", which would leave out the people that Housing First has shown such great success in helping and could bias the outcome, but this doesn't seem to be a problem.

    b. Are the data organized in such a way that they can be analyzed? Not yet. Much work needs to be done in this area, as described below.

7. Would an evaluation benefit Metropolitan Ministries? Possibly, after the issues identified are dealt with. Even though 90 percent of their donations come from private sources as stated by one staff member, at some time Metropolitan Ministries may want to apply for funding through federal or state grants, in which case it would be beneficial. An evaluation would also provide feedback on their procedures and measures; helping the people running the program to tell if their measures are correct and if their intervention is working- and help to discern what areas of the program are not working as desired. Donors would find an evaluation to be quite helpful in determining if this program meets their expectations. It would also help in increasing efficiency in meeting people's needs with the least amount of resources being used for an undesired or less successful outcome.

Suggestions for Metropolitan Ministries

In conclusion regarding the assessment, a more clearly defined, attainable and concrete goal should be included for Uplift U^{tm}. I asked several times if there was some sort of overall documentation or written plan/manual for Uplift U^{tm}, and it appears that there is not something of that nature available. This would be a very useful tool, and would make analysis and evaluation easier. I would suggest that this manual/plan include

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everything involved with the Uplift U™ program- goals, the theoretical and methodological underpinnings, organizational structure, the intake and outcome measures, tracking, timeline, and so on. A properly laid out plan or manual like this not only would make assessment a lot easier, but also could be used to educate people about their program and even as a way of soliciting funding. Such a manual could also be used in helping to maintain consistency in day-to-day operations and to provide guidance if decisions need to be made regarding clients or how the program is run.

The intake procedure was found to be relatively simple and straight-forward, although it would block individuals with whom the Housing First model has had high success rates[54]. Its goal is to identify individuals, who are interested in changing their lives for the better. One potential weakness is that the intake rating scale is filled out by caseworkers who (according to a member of the staff) use personal judgment in helping to rate people. This might not reflect the actual situation the people are in, for example the caseworker may strongly believe that substance abuse is always a factor behind homelessness and would tend to rate people more aggressively in that area. There are five areas that are rated, including drug use (which includes alcohol use). There is evidence that drug use and alcohol use may be over-rated as a limitation to maintaining permanent housing; as there are many alcoholics and drug users who are not homeless and according to the Hillsborough Homeless Coalition website (http://www.homelessofhc.org/HChomelessfacts09.htm accessed October 24, 2009), 81 percent of the people who are homeless do NOT have a problem with drugs or alcohol.

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[54]   Many of the Housing First programs help people with chronic alcoholism, with high documented success rates.

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The added fact that Housing First programs do not insist on sobriety and have such a high success rate also supports my contention that this factor may be over-rated.   However, I do not see where the intake procedure could be a problem for formal evaluation.

The outcomes measure used by Metropolitan Ministries does not reflect the goal of preventing homelessness, about which one staff person said "we're supposed to be a homeless, you know, a homeless shelter that prevents homelessness." A relationship between completion and program effectiveness would have to be established- and there are just too few people graduating from Uplift U™ to establish any relationship between successful completion and decreased risk of homelessness. Both the low success rate and the report from one staff member that people who had successfully completed the program ended up homeless again, and documentation showing that they were actively tracking the people who left the program, was not made available or located during this research project. This rather tends to suggest that there is no relationship between their program and people getting off the streets. Metropolitan Ministries needs to make sure that the outcomes measures actually fit the goal of the program, which in this case would be to get people off the streets and into permanent housing. If they could establish a relationship between graduation and this goal, then their outcomes measures would be adequate, but I doubt that this will be the case. This would also solve any questions about the target population for Uplift U™.

Although this is not a question asked as part of an assessment, they also need to look hard at all the "tweaking" that has been done to the program, such as the recent conversion of the entire Uplift U™ program from an eighteen month to a twelve week

program, changes in focus such as from an education-oriented program to a more "get a job" employment program, and small changes such as how the rules are enforced. This has a direct impact on their tracking and measures, and would greatly complicate matters for anyone trying to evaluate the program (essentially making evaluation impossible). The seemingly constant changes being made to Uplift U[tm] is very likely to pose a problem for evaluation and for determining if the changes or "tweaks" as several individuals have referred to them, have had any impact on the successful outcome of the program. Some of the changes I have been aware of were positive changes that will help to reduce some of the problems I have noted, especially going to the UNITY database for storing general information. Others, such as changes in how the rules are enforced may have not had such a positive effect. This constant changing may even be the reason why 24 percent of the clients who responded to a survey in 2007 indicated problems with inconsistent enforcement of the rules and regulations. Until Uplift U[tm] can demonstrate a higher number of successful Graduations, Metropolitan Ministries should consider reducing the "tweaking", and I would suggest that they do research or have research done regarding the changes they suggest before implementing them. With so many Housing First programs documenting success rates of 70 to 90 percent, and even long-term success rates over 70 percent, I would recommend that instead of "tweaking" the Uplift U[tm] program to try to find some small change that makes the program more successful[55], Metropolitan Ministries should consider a serious base change in switching to a full Housing First model. They already have tools in place (Such as the ROMA system)

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[55]   In electronics repair, this is called the "shotgun" method and that method is based on the random chance you replace the bad component. This can work, but it's not a very efficient way of doing things.

which would serve to help identify and deal with secondary issues (such as mental health) that contribute to a higher risk of becoming homeless. If they wish to help people more effectively, they should adopt the evidence-driven model that has been found to work, and consider that people who are homeless are not necessarily somehow deficient and need repair.

As mentioned before, their data need to be organized in a logical and efficient way, so that statistical analysis could be performed without a great deal of time spent organizing and preparation by whoever evaluates the Uplift U^{tm} program. Their data are probably the main area that will need work before they could consider any evaluation, and as already mentioned there is the danger of identity theft for the people they serve-individuals who already have had a rough time and do not need further problems. Metropolitan Ministries needs to have someone with an understanding of computer software and who has a good grasp of their structure to go in and clean up their network drive that contains data. There is a great deal of information on the drive, but most of the files I encountered were repeated copies of files and folders. The data need to be made more secure so that someone cannot easily access it. I would suggest having a master list (through UNITY, for instance) and use ID numbers for the key in each file, rather than the names of the clients. By using ID numbers, if a file is compromised, it will still be difficult to correlate names with information. This should be done to all the data collected to date. Also, one person stated that Metropolitan Ministries was thinking about "cleaning out" all of their file cabinets and throwing away the hardcopy data they've collected. This I would recommend against, until said data is stored in digital form. The

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tremendous amount of collected information is likely to be of great value for future

research projects (and probably will be necessary to fill in all of the "gaps" found in their

data). Also, although I have collected some information and placed it into a Microsoft

Access™ database, there is a lot more that should be entered, and I would suggest that

Metropolitan Ministries consider using the database for storing their hardcopy archives.

It is easy enough to modify the existing database and add new tables, fields, and spaces

for any new information beyond what is on the Uplift U^{tm} application or the ROMA

forms. At the same time, I would say that their data collection has been exemplary in

spite of these problems, and they have in place a good system of collecting data and

tracking progress through their program, although I would suggest getting more

information regarding such subjects as foreclosure and involvement with the legal

system.

Finally, since the most revealing data found about the problems with the Uplift

U^{tm} program were located in the answers clients volunteered on a survey to open-ended

questions, I would suggest to Metropolitan Ministries that this should become more of a

standard practice and clients should be encouraged to fill these questions out. Such

ethnographic information which reveals the thoughts, attitudes, and concerns of the

clients may very well reveal problems as well as strong points of the program. In this

case, I am convinced that the clients' answers provide insight into the real reasons why

the program has not been more successful. Tsemberis et al (2004) describe one of the

problems with the Continuum of Care model as being restrictive and replacing the needs

of the clients with the dictates of the program, and open-ended surveys could show when

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these attributes become a problem. Considering that one of the concerns I mentioned to a staff member (based upon comments I'd overheard when I was at Metropolitan Ministries) was that the program seemed to be a bit too "cookie-cutter" in approach, using surveys and interviews of this nature regarding how the program is being run could help reduce the standardization of treatment and help to tailor it to the needs of the individual.

Recommendations for Further Research

- The wealth of data that Metropolitan Ministries has collected over the years could be a great resource for future research on homelessness in general, once the data are organized and accessible, and this could be a research project in itself.

- One project that might be possible is to document and analyze the "tweaks" or small changes in the Uplift U^{tm} program over time and see what sort of impact these changes had on the people.

- Another area of analysis would be to see if there is some sort of relationship between any of the variables and people immediately leaving the program-something I did not examine, partially due to the lack of time and scope of this project.

- The latest change about to be implemented by Metropolitan Ministries is to go from an 18 month program that focuses more on education down to a 12 week program that focuses on employment might provide some interesting results that someone should investigate and it should be properly evaluated as to its effectiveness in preventing (or ending) homelessness.

- If the suggestions I've made are implemented, it would be of great value to observe and study the impact of these suggestions.

- If Metropolitan does go to a full "Housing First" type model and reserves the rooms they have for emergency shelter use, they could use help in assessing the impact of such a change, which I believe would be significant and positive.

Conclusions and Discussion about the Uplift U™ Program

Based upon the results and analysis of the data gathered during this research project, there are several conclusions about the Uplift U™ program that can be made. First, the Uplift U™ program is not based upon Housing First, contrary to the opinions offered by some of the staff. It is clear that this program is based on the old paradigm behind Continuum of Care, which is that people are poor because they have personal failings, and if those failings are addressed, the poverty will go away. Uplift U™ actually being a form of the "Continuum of Care" is demonstrated by the descriptions given for the program: first, the people live in a "dormitory" situation as described by one staff member (and the fact that many of the people live on-site). Second, the clients first go through classes and training which are supposed to correct perceived deficiencies in their character which are thought to be connected to their homeless condition. Third, they enter permanent housing upon completion of the program. Fourth, the program has very strict rules regarding the behavior and conduct of the clients. Fifth, unlike Housing First, the outcomes measures are based upon completion of the program rather than maintaining permanent housing. In every aspect of Uplift U™, the program fits the descriptions given for Continuum of Care type programs, and do not fit those of the

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Housing First model. Also, the low success rate matches those of other programs of this type, and come nowhere near the success rates reported for Housing First. The thinking behind Uplift U™ matches the paradigm that has driven attempts to "fix" homeless people over the years, and as shown in the literature review it is an old paradigm and one that has never worked well.

I was impressed with the dedication of the Metropolitan Ministries staff towards trying to have a real positive impact on the lives of their clients. For the most part, the people I encountered seemed quite sincere in this endeavor. However, I believe that some of the core ideas behind programs like this are seriously flawed, in that it has been shown (and the staff members even admitted) that economic and structural pressures are the real cause of poverty and homelessness. While I disagree with the paradigm behind programs like Uplift U™ (Continuum of Care), at the same time I believe that Metropolitan Ministries could be an effective force for combating poverty and homelessness in the area.

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