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Modernization of Care: Self-Determination and Homeless Policy in San Diego

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by

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Each person whose signature appears below certifies that this dissertation in his/her opinion is adequate, in scope and quality, as a dissertation for the degree Doctor of Philosophy.

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CONTENT

GRAPHS

Graph Page

TABLES

ABBREVIATIONS

CoC	Continuum of Care
CFR	Codified Federal Register
EBP	Evidence-Based Practice
ES	Emergency Shelter
GIS	Geographic Information System
HUD	U.S. Department of Housing and Urban Dvelopment
ICH	Interagency Council on the Homeless
NCH	National Coalition for the Homeless
PITC	Point-in-Time Count
PTECH	Plan to End Chronic Homelessness
RADAR	Research and Data Advisory Roundtable
RCCC	Regional Continuum of Care Council
RTFH	Regional Task Force on the Homeless
SSDS	Sharing the San Diego Story Project
SSPS	Statistical Package for the Social Sciences
TH	Transitional Housing
Q1	Survey Question 1 (SSDS item 32)
Q2	Survey Question 2 (SSDS item 33)

ABSTRACT OF THE DISSERTATION

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Many disciplines are interested in the impact of modernization on various aspects of society. Modernization contributes to greater complexity, rationalization, and individualization in social structures and human interactions. Has modernization also impacted the professional response to social problems? This study explores whether modern evidence-based practice homeless policy aligns with the core principle of self-determination identified in the Code of Ethics adopted by the National Association of Social Workers (NASW). Homeless policy for the San Diego region and surveys completed by 367 homeless persons during the Sharing the San Diego Story (*SSDS*) project are used to explore whether or not local homeless policy priorities and services align with the self-determined priorities of homeless persons. Survey data regarding the self-determined service preferences for homeless persons in San Diego are compared with homeless policy priorities from the same area. While the comparison yields strong similarities, notable differences were identified.

CHAPTER ONE

INTRODUCTION

"Will work for food." Thousands of Americans have probably seen people holding these signs. How does society respond? A Texas-based website declares that homeless people looking for work is a hoax and offers to provide a wooden crutch to the homeless person "in case someone actually asks you to do some work" (Efnet IRC, 2012). A California businessman was surprised to discover that the person holding the sign was "incredibly well spoken and interesting" but did not want to "become a real businessman" when "his gravy train had arrived" (City Data Forum, 2009). Some people claim that a "20/20" television broadcast showed that homeless people make $100 to $250 a day panhandling and drive expensive cars. Other people respond by considering whether they should give the homeless person the doggie bag of leftovers from their restaurant and decide that "the meal was so delicious I want to enjoy the food that I paid for." One person whose offer of leftovers was rejected commented, "I offered him my leftovers; he said no because he is a vegetarian. It's amazing that one is allowed to be that picky when living on the street." These responses are captured on the Efnet and City Forum public websites and portray homeless people as poor decision-makers, lazy, or antisocial, not deserving or really wanting help.

On the other side, there are responses that recognize forces beyond the individual's control: "Layoffs loom large. I am thinking there but for the grace of God go I, and I am really not sure how long that grace will hold for me." Or, "Let's face it—our world is pretty harsh, and I am fortunate to not (yet) know just how tough it can be to get back into the world after you've fallen out of it. The people living outside in the cold and

rain, they know." Another person commented, "It's these attitudes and images one has to contend with that really add to the discomforts (of being homeless)." Some people know that the sign holders are among the visible homeless, whose image is then cast on all homeless. One person suggested that society examine the paradigm in which homeless means people are automatically bad and people who are more successful are automatically good: "I can't remember meeting any homeless people that ordered bombs dropped on people they don't even know. But I do know some people we give our tax money to do this." Some individuals express what many may feel: "I'm not sure what to do" (Yelp, 2009).

The responses above are anecdotal and do not answer perhaps a more important question: How should we respond to homelessness? This study explores how professional social work in modern society determines what services are offered to homeless people. One philosophy suggests that each person is entitled to self-determination. This philosophy proposes that an important part of decision-making is what the person wants. A second philosophy declares that decisions should be based on objective evidence and cost-effectiveness. Traditional social work honors self-determination. How does the social work profession respond to needs in modern society? With the changes of modern society, does social work gravitate toward objective science and evidence-based practice?

As a profession, social work is particularly invested in ensuring that disadvantaged and marginalized people are empowered to have a voice in shaping their social environment. The core values of the social work profession assert that all individuals have a right to determine the type of assistance and resources, if any, they wish to participate in. This core principle, called self-determination, is identified in the Code of Ethics adopted by the National Association of Social Workers (NASW). Self-

determination has been part of a long-standing tradition in social work that honors human relationships.

Modern society, however, focuses on evidence-based research and measurable outcomes in deciding what types of services and resources will be provided to those in need. The efficient use of resources is paramount. Modernization tends to contribute to greater complexity, rationalization, or objectification in human interaction. Modernization also tends to pre-determine what services are needed based on evidence. These services are referred to as evidence-based practices. Does social work honor the traditional value of self-determination? Or, with the rise of modern society, does social work gravitate toward objective science and evidence-based practice? The question becomes, "Are the voices of individuals who need services heard and honored, or does the voice of modern, evidence-based practice dominate?" This study explores homelessness in San Diego as a test case and assesses whether the services that are claimed as modern evidence-based practices and expressed in homeless policy align with the service preferences of the homeless people who need help. How does the social work profession respond to needs in modern society?

Chapter One of this dissertation comments on the social context for this study and on the historic problem of homelessness. This chapter begins with an introduction to the concepts of social work and social policy, and it also provides a framework for understanding social work and social policy as responses to human need, including perspectives on client self-determination and evidence-based practice. After exploring that framework, the chapter discusses theories of social change that help make clear the process of modernization. The final section of Chapter One comments on the context for this study, a modern paradox.

Chapter Two offers a context for understanding key concepts of this study through an overview of the problem of homelessness in San Diego. Chapter Two also explores how social approaches to caring for human needs and the principles of self-determination and evidence-based practice have developed over time. A review of literature concerning these issues provides a context for this study. Chapter Two also describes the sources of information and methods for gathering data that are used in this study.

Chapter Three states the specific hypothesis of this dissertation and describes the project design, methods, and assessment measures used to explore that hypothesis. The chapter also examines the appropriateness of the source of self-determination data that were selected for use in this study.

Chapter Four walks through the various processes of this study and provides details of the analyses and the results for each component. This chapter is organized around the two major data sets: evidence-based practice data found in homeless policies and self-determined priorities of homeless persons derived from two questions in a survey completed by homeless people. The priorities uncovered in each of the data sets are examined and compared to assess alignment among the priorities. The assessment of the alignment at the end of Chapter Four tests the hypothesis and answers the question of whether the self-determined priorities of homeless persons and the evidence-based practices in homeless policy align.

The final section of this dissertation, Chapter Five, addresses the relevance and implications of the findings and suggests how the results could shed light on future homeless policies in the San Diego region.

Introduction to Social Work and Social Policy

Virtually any interaction between people can be viewed as work in the social environment and called social work. The concept of social work in this study, however, refers to the intentional actions of members of a community who are expressly interested in helping others in society, through an organized profession. Social policy is the statement of rules and guidelines governing social interactions, particularly the official statements of a society that direct actions and plans for caring for citizens. Social work and social policy are components of the formal social structure through which care is provided and the general welfare of a society is fostered.

This introduction to social work and social policy begins by describing social work as a response to human need, including two philosophies that guide that response: the principle of self-determination and evidence-based practice. Then, this section addresses social work as a mixture of caring for one's neighbors and social policy and moves to a discussion of social policy as a another type of response to human need, one often driven by changes in the social and economic environment. Next, this section touches on the emergence of social work as a formal profession and how it has responded to social concerns about homeless people.

Social Work as a Response to Human Need

By definition, social work is about response to human need. Caring for others is compelled by several human dynamics: common human concern, moral and social obligation, religious covenant, or duty to maintain interpersonal relationships. Debates about how best to respond to human need have alternately rested on principles of humanity, morality, justice, and social ethics. These arguments have juxtaposed

responsibility and autonomy; authority, morality, and evidence; self-reliance and paternalism; and independence and agency. On what basis should the care of others be founded? A sense of moral obligation inspires some people to react with empathy toward homeless people. Other people believe that a just society must protect its citizens. Social ethics foster the expectation that professional behavior will comply with the moral obligations to care and to meet the standards of justice.

Ethics for the social work profession assert that an element of self-determination is needed in order to achieve multiple purposes. Self-determination is needed to preserve a sense of humanity and to honor the dignity and worth of the individual. Self-determination is also part of meeting basic human needs and promoting social justice. According to social theory, fostering client autonomy and responsibility also requires an element of self-determination. Where did the principle of self-determination come from in social work?

Social Work and Self-Determination

The principles underlying the concepts of self-determination, social justice, and free will are historic cornerstones of civil society. During periods of stability, societies historically have embraced the idea that people should be free to make decisions for themselves. Social work historians might say that the term *self-determination* is relatively new to the values and ethics of professional social work. The principle, however, has been part of the core value of social justice in the profession for decades. Some accounts of the social work profession focus on the mid-1900s and describe the rise of self-determination as a development of that period. The term self-determination, however,

was incorporated into the Code of Ethics in the early 1900s. The underlying principles of self-determination are seen even earlier.

Beliefs about the relationship between individuals' choices and their social and economic circumstances have been significant factors in social responses to human need. Consider the responses to poverty and infirmary from social work. In the Middle Ages, impoverished, disabled, or marginalized people were viewed as being "out of favor" with God. Poverty was presumed to be the consequence for choosing a pathway of evil instead of one of virtue. The solution to the poverty was to implore the individual to repent and offer penance. Personal salvation was the professed pathway out of poverty. The journey on that pathway required the tutelage of a church steward. People who chose another path suffered the consequences of being ostracized or segregated, or they were cautioned that they might leave this world and join the devil. Clergy argued that the presence of such persons was a test of moral society's ability to convert the person from his or her immoral ways. It was the church's obligation to help the marginalized individual to make a powerful choice to lead a moral life, which would solve his or her poverty. The moral life included labor. For those with unholy souls and those with no productive purpose, the best "compassion" was to stop the corruption of the spirit and to facilitate self-respect through salvation.

The proscriptive policies of early England were also formed on the general principle that people needed to be responsible for their own choices. At this time, however, if the choice resulted in negative circumstances (poverty, homelessness, etc.), of society (government, religion, economics) determined that the individuals lost their right to making their own decisions and had to be managed or governed by "overseers" who were not suffering and therefore must be good decision-makers (i.e. positive self-

determination). The poor decision-makers lost the right to determine where they lived, who they worked for, or what work they did. The powerful institutions stepped in; a paternalistic relationship replaced the expectation of self-determination and self-reliance. This philosophy engendered alms houses, work farms, asylums, and similar facilities whose conditions were sometimes described as indecent, deplorable, or inhumane. Guardianship and out-relief for children was viewed as wholly inadequate or cruel. The utterly inhumane conditions evoked a response from churchgoers and social advocates. To remedy the situation, a highly contested practice of doles (cash relief) was instituted. A great debate of the result of this practice stemmed from a belief that charity that did not require anything from the recipient came at great cost to the person's industry and self-esteem. The idea was that, at a minimum, charity should require the person to exhibit greater self-control and industry in order to remedy his or her condition.

When the living and working conditions forced on the poor as the "solution" were seen as miserable, deplorable, and clearly substandard, social work began to intervene in the name of social justice, human rights, and human decency. Early social justice campaigns centered on these miserable conditions but also carried with them the idea that the conditions were not deserved or out of the control of certain categories of people who should be afforded greater dignity, increased autonomy, and more responsibility for themselves. This principle resonated with Christian principles as well, as a covenant of free will and natural consequences.

Social work responses during this era included societies and organizations (charitable organization societies) such as the Stranger's Friend Society, the Society for the Suppression of Mendicity, the Society for the Improvement of the Labouring Classes, the Mansion House Relief Fund, the Visiting Relief Association (Friendly Visitors), and

the parish women's auxiliaries. Opponents to the charities based on moral obligation or altruism declared the relief efforts wasteful and as contributing to influencing the poor to prevaricate, to whine rather than work, to become feckless and unable to fend for themselves. A swing of the pendulum brought self-determination, self-governance, education, and industry to the forefront in the form of settlement houses.

Democracy and self-determination arose as foundational premises of social relief, inspiring responses such as the famed Toynbee Hall in England. The account of Toynbee Hall lends much credibility to the presence of the principle of self-determination in social work. Toynbee residents managed themselves through the establishment of the Grand Committee of boys who received weekly individual talks with the warden who was a member of clergy (Barnett, 1919). Simplicity of self-rule, equality with others, and everyone having to live with the consequences of their decisions is said to have kindled both camaraderie and personal responsibility.

In the Age of Enlightenment, science and rational thinking emerged as foundations for social and political decisions. Autonomy and self-inclination grew as foundational principles for making choices. Rationality was used to legitimate decisions. Kant and philosophers before him (Locke, Descartes, and Rousseau) tried to enlighten society by breaking the bonds of oppression that had been exerted in the form of monarchy, forced religion, or tradition. Independent thinking, education, scientific inquiry, and reason were exalted as keys to improved governance and quality of life. Autonomy is not isolation; individual self-determination and inherently internal ethics simultaneously stimulated liberty and interdependence and solidarity. The ability to approach moral problems in ways that are logical and inspire cooperation from community members yet preserves the opportunity for people to make independent

decisions was ideal. Logic could foster rational but compassionate solutions to meeting human need.

The American social foundation, the Bill of Rights, represents a cultural affinity for the principle of self-determination. In the early 1900s, American society at large began to concentrate on re-assessing human rights and privileges, raising advocacy efforts on behalf of certain members of the community. The rise of the era of the social gospel, followed by the Great Depression, provided a context in which poor people were not seen as exclusively responsible for their condition. It was recognized that society (social institutions) contributed to the poor circumstances of the individual. Poverty was not completely the individual's fault; it had to be more than just bad decision-making that caused the condition. A just society, then, should be more humane in addressing the poor because part of poverty was beyond the control of individuals; therefore, individual rights and freedoms should not be stripped from them. In this era, the protection of individual rights combined with civic responsibility grew in many ways. Philosophies of supporting people in their social condition so that they could resolve it for themselves blossomed. Programs like Hull House placed social workers into the social conditions that contributed to poverty of the people in the community. These conditions were studied by scientists and scholars to determine which components were structural and which were the results of individual choices. Travesties in how science treated people began to be revealed.

The onset of the civil rights era shifted the power toward the individual so that people could be protected from powerful social institutions. Professional social work associations were growing at the same time, and individuals' rights to choose became a high-profile mark. At this point, the terms self-determination and least-restrictive

environment emerge. This is new language for old concepts of the rights of the citizen. The formal NASW Code of Ethics was changed to incorporate the specific language, but its tie to social justice and foundational human rights is historic. Each rendition of the formal Code of Ethics has included the principle of self-determination as an aspect of respect for the dignity and worth of the individual. Self-determination is one of the foundational principles of professional social work.

It is interesting to note that in the name of civil rights, systems that were viewed as oppressive or harsh but that provided housing and work for less-functional persons in society were dismantled. In taking this protective action, policy makers simultaneously contributed to homelessness. Consider the devolution of asylums, elimination of forced incarceration for all but the most dangerous mental conditions, or the elimination of military conscription (draft). Each of these provided a combination of housing and work accommodations but was replaced with only partial systems or no system at all. These changes were stimulated by social advocates pressing forward in the name of social justice and personal rights. The efforts indeed protected individual rights and decision making. Unfortunately, economic conditions have not provided the social conditions that helped individuals succeed in caring for themselves after they were released. In some ways, a similar case could be argued for the abolition of slavery. In many cases, when slaves were freed they had to find both housing and work in communities that were not prepared to offer those opportunities. Homelessness grew after each of these initiatives, and the faces of homelessness changed after each. The current realignment of the criminal justice system in California, again in the name of justice, will likely force another group into homelessness and joblessness. Ex-offenders are being returned to their communities with limited resources to find housing and work.

Social Work and Evidence-Based Practice

The emergence of evidence-based practice (EBP) in social work somewhat parallels the development of self-determination. The history of EBP, however, is missing two substantial elements: 1) it does not have the influence of a religious, moral imperative; and 2) it is not included in the NASW Code of Ethics. Like self-determination, some claim that EBP has only recently developed in the social work profession. While the dominance of EBP in society is recent, elements of EBP can be seen two centuries ago. Milestones in this history include David Hume and the *Enquiry Concerning Human Understanding (Hume, 1955),* William Lloyd Warner (Warner, 1949) and his work on measuring social class, Hardin and the tragedy of the commons (Hardin, 1968). In social work, the history also includes Thomas Chalmers and the development of uniform assessment standards, Mary Richmond and *Social Diagnosis* (Richmond, 1917), Jane Addams and the integration of a sociological perspective at Hull House, Townsend and the Seebholm report, the passage of the Government Performance Results Act of 1993 (GPRA), and the inclusion of EBP in the standards for social work education. While there are many indications of interest in the role of science or evidence in social decisions, transition to EBP in social work has been labored and not fully embraced. For example, while research and EBP are evident in modern standards for social work education, EBP is not included in the professional code of ethics for social work practice.

In the United States, evidence of interest in the relationship of science and society is noted as early as 1660. In response to requests from the Royal Society of London, a clearinghouse of science and technology was established. The effort was funded by patrons who decided what was to be studied and what data would be collected, reported,

and maintained. Early interests included natural resources, human behavior, and "the desire to avoid a lower place on the totem pole" economically (Hollinger, 1984). In the latter part of the 1800s, American interest resulted in studies on topics such as the moral efficacy of scientific practice, reports on provident institutions, and the best methods of addressing poor children or relief of the unemployed. In the 1900s, funding for social research on issues such as poverty and dependency shifted from patrons or benefactors to governmental or educational support and interests.

Outside the U.S., discourse in the 1700s also concerned questions about human nature, faith, and use of resources. In the *Enquiry Concerning Human Understanding*, Hume suggests that man can be viewed either from a behavioral or a rational perspective. Man as a "reasonable" being is grounded in thought and observation, i.e. in science, and man's action is inspired by his passion. Hume also concludes that professions hold onto science in "a spirit of accuracy" that brings them closer to scientific "perfection" but renders them more subservient to the interests of society (Hume, 1955, p.3). The balance of self-interest and common good was also contemplated in classic social and economic theory. One example is the "tragedy of the commons" found in the social and economic theory of William Lloyd. A cursory review of titles from the work of Lloyd and others points to core issues bridging the two interests: *Concerning Values, as Distinguished not only from Utility but also from Value in Exchange*; *Lectures on Poor Laws*; *Professionalism and Science*; and titles referencing the authority of experts; rationality and judgment; or social justice and redemption. While the work of Hume, Lloyd, and Chalmers centers on the 1700s and mid-1800s, social concern about social governance of people and resources has not been forgotten, and it is seen in the development of social work, becoming quite apparent in the last 20 years.

The emergence of evidenced-based practice in social work hints that the development of EBP is tied to social and economic conditions in much the same pattern as the development of social welfare policies. Social and economic crises force the decision-makers in societies to seek solutions for their communities rather than allowing the masses to self-govern. EBP allocates resources based on a way of thinking that presupposes that the efficient use of resources is also the most effective use for promoting common good. EBP in social policy rests on the premise that science can objectively and accurately measure causal relationships between selected interventions and client outcomes, and resources should be allocated based on the effective or efficient impact of the interventions.

The influence of science and research is noted in the history of social work practice with Jane Addams and integration of a sociological perspective in the settlement house approach at Hull House in Chicago. In 1889, Addams, the well-educated daughter of an Illinois senator, and her friend, Ellen Gates Starr, opened Hull House. This endeavor is perhaps best known for combining the settlement approach with improving the lives of clients through education. Arguably, however, Hull House also represents a concerted effort to use a knowledge of sociology to scientifically investigate the factors contributing to poverty, particularly among immigrants, and then design a program based on what was “objectively necessary” (Addams, 1931). It is interesting to note that Addams decided to embark on the settlement house adventure after visiting Toynbee Hall in London, known for the promotion of self-governance among residents. Histories of Addams also note her fierce advocacy and acumen in politics. This combination indicates that Addams bridged three arenas of importance to the current study: social work practice

and empowerment of clients, the importance of scientific evidence in service planning, and the influence of policy on decisions related to access to services.

Another notable event in the American history of advancement of evidence-based practice in social work is the publication of Mary Richmond's *Social Diagnosis* in 1917 (Richmond, 1917). Richmond noted a difference between "doing good things" and "getting things done" and the benefits of achieving both. She asserted that social workers first gathered evidence through relationship and then sought essential facts bearing on the situation in order to gain a better understanding of the individual's dilemma and make decisions about how to help. From the perspective of science, the reliability of this type of evidence and the practice of weighing each type of evidence as equally valid were concerns. This historic book included a chapter using a homeless man as the example. Richmond saw two domains: one in the social sphere belonging to the art and expertise of the social worker, and a second in the medical arena, concerning the physical and cognitive impacts of alcoholism. Each required consideration and held authority in their respective domains. Neither professional was trained in the art of the other, but the rules of science could not be ignored. Richmond's work also noted that the social worker dominant role in society had shifted from one of engaging in charitable acts to that of being the protector or defender of the individual and what was right for society. The publication of *Social Diagnosis* symbolically marks a professional concern for integration of traditional social work philosophies with evidence of science in professional practice.

Some sources claim that EBP formally began as a cross-section of interest between medicine and social justice through the work of Archie Cochrane during World War II. Cochrane promoted EBP as a mechanism to inspire medical practitioners to prove that the selected treatments were based on scientific evidence so that patients and their

families would be empowered to make decisions for themselves, which means that they would be able to engage in self-determination. Cochrane's model reflects elements of both EBP and self-determination: scientific evidence of the effectiveness of the intervention, efficient use of resources when limited resources were attempting to meet excess demand, and equity and quality of service to the consumer. Cochrane noted that some "immeasurable" influences (such as human touch) were nonetheless critical to quality service (Sackett, 1997). The lasting influence of Cochrane is reflected in the establishment of the Cochrane Collaboration and the Evidence Network in Great Britain, and the Campbell Collaboration and the National Registry of Evidence-Based Practice and Policy in the U.S.

Using science to guide professional practice decisions is of interest to human services, particularly in the later 1900s. In the past 20 years, the literature reveals a distinct preference for using quantitative data for validating the outcomes and therefore usefulness of services. The principles of science and research are touted as essential foundations for decision-making. This interest was reinforced by the passage of the Government Performance Results Act of 1993 (GPRA), which mandates that programs achieve specific results, that program performance be measured, and that accountability to communities will be improved by providing more objective information on achieving the stated regulatory purposes and on the relative effectiveness and efficiency of programs (U.S. Executive Office of the President, 1993). Services supported through public funds must project outcomes, document that the outcomes were achieved using objective measures, and demonstrate the effective and efficient use of the funds invested in them. GPRA and EBP share the basic scientific principles of prediction of outcomes, objective measurement of impact, and assessment of return on investment. Professional

social workers, however, recognize the challenge of reliable prediction of outcomes when causal and environmental factors such as a dramatic shift in economy, declaration of war, or changes in regulation could occur outside of their control and without warning.

The implications of evidence-based practice (EBP) are notably enough of a concern to have entire editions of professional journals devoted to them. EBP appears to be fully embraced by some helping professions, such as medicine. EBP is prominent in professional literature, yet it is not formally included in the professional social work code of ethics. What has kept EBP from becoming an official tenet in the code of ethics?

One historic challenge for the advancement of EBP in social work is a limited capacity to fund research from within the profession. The resources of social work organizations are often limited and are focused on provision of direct client services rather than research. When funding streams come from outside the social work profession, research can be skewed to come from the perspective of the funders and may be challenged as lacking the practice wisdom of the applied sector. In the 1900s, the profession underwent a series of theoretical frames. A uniform code of ethics was published primarily from the position of knowledge based in practice; then it moved to social work as a quasi-science that somewhat paralleled medicine or psychology; and more recently it has been portrayed as a blend of arts and science. Throughout these transitions, the profession has maintained a primary commitment to client welfare, service to community, and preservation of human rights such as dignity and self-determination.

Theoretically, the profession embraces outcomes and evidence-based practice models as guides for rational allocation of resources. In times of economic stress, social workers face a conflict of interest between what is seen as in the best interest of their

clients and what is effective management of resources on behalf of service to the broader community. It is in this conflict that the pressure to conform to evidence-based practice rises, and the professional rules mandate the pursuit of the client's interest. In this conflict, EBP has been cast in the specter of science as too mechanical, dehumanizing, detached, or distant from human relationships, or too managerial to be embraced by a profession dedicated to justice, human rights, dignity, and the primacy of the individual. The rigor, objectivity, and measurement that define science are perceived as harsh or undermining the essential foundation of the profession, which is to serve. Interestingly, part of the debate concerning the value of EBP for professional practice unveils a paradox. American professions are interested in the relationship of science and society to positively affect the human condition, but the presumption is that information derived from the use of human faculties (emotion, personal experience, social interaction, or intuition and sensory perceptions) are invalid sources of knowledge. Reflexively, those engulfed in that wealth of information, and the protection, dignity, and worth of the uniqueness of the human beings who provide that information, dismiss abstract science as incomplete or illegitimate. The claim that science or technology is essential to promoting successful outcomes has been challenged by historical outcomes in social work and other social endeavors. Consider the building of the pyramids or some Gothic cathedrals. Scientific plans and measures were not essential components of their creation. Experiential knowledge and the simple technology of the era in which they were developed proved sufficient (Turnbull, 2003). It is in this paradox that the dominance of EBP may become dwarfed in the social work profession when compared to its prominence in other professions in modern American society. It remains unclear how the

social work profession will resolve the disagreement about EBP and whether it should dominate the decisions of social work practice.

Social Work as a Profession: Intertwining Care for the Neighbor with Social Policy

The impetus to care for others is kindled by many dynamics: survival, moral obligation, social expectation, or law, for example. The idea of people helping one another is as old as civilization itself. Being "civil" implies social interaction within some proscribed order or expectation (Braudel, 1963). Before Christianity, Babylonian, Buddhist, Greek, and Roman societies all called for assistance between people (Trattner, 1994). Historically, individuals sustained themselves and their families through communal relationships and work, and if those efforts failed to be sufficient, neighbors and churches voluntarily saw to their needs. This approach has been labeled self-reliance or mutual aid. Some might argue that people helping each other is social work. A profession, however, is more than simple interaction. So, how did social work develop as a professional activity, and what is the connection to homelessness?

A profession is a public declaration of commitment. Professionals employ skills intended to meet a fundamental human need or to serve others and adhere to a code of ethics that places altruism above self-interest (Ginsberg, 2001; Rowe, 1996; Keith-Lucas, 1994; Rowe, 1996). Professionals adhere to a code of ethics that articulate to whom they are accountable for their service (Rosen, 2003). The social work profession in the United States is largely guided by the Code of Ethics of the National Association of Social Workers (NASW, 1996). A core component of the code is an attitude of service that acknowledges the importance of human relationships and honors the self-determination

of clients. The core values are integral to covenantal relationships between professional social workers and their clients and reflect the clients' right to determine the type of services in which they will participate. This right is commonly referred to as self-determination.

In contrast to the principle of self-determination, modern society hails the importance of expert specialization and evidence-based practice, or EBP (Arjomand, 2004; Arjomand, 2004; Haferkamp, 1992; American Nurses Association, 2001; Camobreco, 2002; Pursell, 1999). There are multiple definitions of EBP that substantially differ (Bond, 2004; Gambrill, 2007; Chivalisz, 2003; Rycroft-Malone, 2004). For the purposes of this study, EBP refers to interventions and services that are identified as beneficial based on the results of a decision-making process that rests on research and expert opinion. EBP is intended to result from the collection, interpretation, and integration of valid, applicable, professionally observed, and selected research-derived data (Rosen, 2003; Rosen, 2003).

Social Policy as a Response to Human Need

There are well-recognized periods of mass failure in people's ability to care for themselves and their families. Among these are Elizabethan England, the Great Depression, and the recent economic crises in America. When voluntary efforts are insufficient, formal mechanisms are triggered. Civilized society in the United States may be seen as born out of its motherland, and many histories of professional social work in the U.S. begin in early England. Stories of the poor and destitute in early England often evoke images such as those of Charles Dickens from the 1800s. Prior to the 15th century, under feudalism, Parliament imposed few mandates for civic responsibility for the poor

on other social institutions. Individuals were accountable for themselves and others. In 1346, the laws of King Edward II were clear: Charity to able-bodied persons was forbidden; able-bodied persons were to accept any work that was offered; the poor were not free to "wander about" (Boyer, 2002; Darkwa, 2012). In theory, the ownership of land, political power, and civic responsibility were the balanced and commensurate mechanisms for providing care. The needy were cared for by their employers, so to speak, who were also their landlords. Those unable to work could receive care through the voluntary or charitable efforts of hospitals or monasteries. As social and economic upheaval surged, new links between secular and ecclesiastical institutions were forged. Trade guilds, monasteries and land-holders came together to form voluntary assistance organizations. Among various other features, assistance included both housing and work. Care for neighbors, for local brethren, was shared by many (Trattner, 1994). As a growth of commerce and trade increased mobility and independence, it decreased the motivation to care for others, who often were strangers rather than neighbors. Although the story of poverty and hunger starts before these times, 15th century England provides early examples of public declaration of intentional and institutional social intervention. In part, it is the public declaration and formal policies that lay the groundwork for social work as a profession.

In 1531 and 1536, a surge in population and inflation in prices of essential goods, without a commensurate increase in wages, stretched the resources of common workers. King Henry VIII compelled local churches to make weekly voluntary collections on behalf of the poor and prohibited able-bodied adults from begging. The Act for the Punishment of Sturdy Beggars (1531) led to the Act for the Punishment of Sturdy Vagabonds in 1536, also known as the Henrician Poor Law (Slack, 1990). These laws

allowed magistrates to investigate applications for a beggar's license, restrict activities of beggars, and enhance punishment for violators. Able-bodied adults were not permitted to beg, and able-bodied children ages 5-14 could be indentured into work. The circumstances of need were compounded in the later 1500s by poor agricultural productivity, a decline in the need for skilled craftsmen, and a devolution of monasteries, which reduced three primary sources of voluntary relief. This led to consolidated national acts by Parliament requiring compulsory assistance, notably, Elizabeth 43, commonly known as the English Poor Law of 1601 (Boyer, 2002).

The consolidated acts established key aspects of what would become American social welfare policy and subsequently be responded to through the development of professional social work. The pattern for assistance established by these acts featured categorization of the poor and needy, a system of overseers, and ties to employment. The poor were divided into three major groups: dependents, impotent, and able-bodied. Overseers, primarily landowning members of the church or local magistrates, were to assist the needy by leveraging their capacity to work: Children were apprenticed or indentured; the able-bodied were forced to work; and the impotent (elderly or unable to work) were given financial relief (not to exceed the wages of the lowest paid worker). Needy individuals were housed in almshouses, orphan asylums, work houses, or by their employers. Work and housing were tied to each other in the provision of care.

The mechanisms and philosophies established by the Henrician Acts of 1531 and 1536 and Elizabeth 43 were informally amended by science in the 1700s. Here, the history of the development of professional social work is touched by Thomas Chalmers. Chalmers, described as a preacher, statesman, and philosopher who was born into a family of comfort (Wilson, 1893), in some ways acts as a bridge among religion,

government, economics, and education. His work changed both the philosophy and the policy of response to the poor in England and Scotland. Presuming that an individual makes choices that contribute to his or her poverty, Chalmers developed a system of care that bases the response to the conditions or causes of the individual's destitute circumstances. Assessment of the factors underlying the individual's poverty determines the proscribed response in assistance, a scientific approach to providing care. An individual who is determined to have fallen out of favor with God as the result of immoral behavior might be remanded to the elders of the church, while a drunkard might be flogged and put to work in a strictly supervised setting that controls all resources to prevent misuse of income; otherwise dependent persons (children, elderly, impotent) would be provided care based on the factors leading to their dependency (a bastard child would be treated differently than a legitimate one, a widow created by death differently from a "widow" abandoned by her husband, and persons not able to work were the responsibility of all able-bodied family members, regardless of generation). While these examples resemble the tenets of English Poor Law, there is one substantive difference—assessment of the individual factors contributing to the needs of the individual are the basis for providing individual caring responses. The three-group system under Poor Law incorporates an element of behavioral science and grows in complexity.

The Emergence of Professional Social Work and Response to Social Concern about Homelessness

The combination of informal systems of care, formal acts of government, and the influence of science blended together to form the foundation for relief in the U.S. and contributed to the development of professional social work. As evident in the historical

accounts provided, people have informally bonded together for survival for centuries, and formal systems of care have substantive economic underpinnings. Over time and through periods of economic crisis, there was less dependency on informal bonds and an increase in formal social policy. Helping hands of friendly visitors and informal social workers were integral throughout these times. Professional social work, in part, responded to the need for mediating structures, as formal policies created an imbalance in the societal response to human need. Sociologically, the family, trade guilds, parishes, and other voluntary support groups were mediating structures that acted as intermediaries between individuals and government to soften the harshness of government action (policy) on individuals (Biesecker, 1997; Berger, 1954; Burke, 1790). When conditions imposed by government, such as the consolidated Acts of England that forced children into indenture, confined able-bodied adults in a specific community, or rendered them captive in asylums or other institutions, are found to be harsh or egregious, mediating structures intervene. As social workers, especially those associated with the church, intervened on behalf of the poor and needy who were being controlled by government and blamed for their poverty by society, informal social work networks responded and formed organizations and associations. Friendly visitors and charitable organization societies are examples of the coordinated efforts of the altruistic social institutions (like the church) and the early phases of professional social work intervention. The profession of social work, with its formal code of ethics, philosophies, and systems of care, developed out of these responses. Honoring relationships, human dignity, and personal rights was part of the foundational response.

Early social work actions were often inspired by religious organizations. For Christians, respecting and caring for other people was an expression of the covenantal

relationship with God (Hugen, 2008). The call to care for others, however, was not simply honoring a reciprocal relationship with God; caring for the poor also required seeking justice and a fair distribution of resources (Poe, 2002). The historic perspectives and mechanisms for charity attributed to early civilization and pre-Elizabethan England were natural components of the developing profession. Efforts to mediate between destitute social conditions and harsh policies presumed a transformational theology based on these fundamentals. For Christians, core principles include the following: As a creation of God, each human being has inherent worth and has a right to those things essential to living decently, such as food, clothing, and shelter; people are the stewards of the tangible goods of this world, which are intended for use by everyone; Christians must love their neighbors regardless of status; although humans are fallible, God has allowed people choice and free will; and, being made in God's image, people are endowed with a capacity for knowledge, moral awareness, and personal responsibility and accountability (Chamiec-Case, 2008).

From this brief history, it is apparent that responses to social need included voluntary efforts in early societies, informal and formal policy, and structures created by economics and government, and the mediating response of church and social organizations. The next question is "How did American society make the shift from voluntary efforts (marked by self-reliance, self-determination, and covenantal relationships) to the policy and science of evidence-based practice?" Theories of social change help to answer this question.

Theories of Social Change

The first section of this chapter provided an introduction to social work and social

policy and described some of the changes that have occurred over time. In this section, we discuss the theories of how societies change by exploring the perspectives of various social philosophers and renowned social thinkers. The discussion in this section helps frame the movement toward modern society and is a prelude to the next major section, which addresses the modern context for this current study.

There are many theories of social change. A blend of ideas from Auguste Compte, Ferdinand Toennies, and C. Wright Mills offers a foundation for understanding the dynamics of change. Auguste Compte promoted a theory of social change in three evolutionary epochs that moved from theological and military, to metaphysical and juridical, and finally to science and industry (Braudel, 1963). In the first era, Compte proposed, the "civil ensemble" (Etzioni, 1973) guiding social behavior rests largely on the instruction of those with superior power, such as a supernatural military or deity (Appelbaum, 1970). This epoch is referred to as the epoch of theology or blind belief, in which what is imaginable can take precedence over what is observable. Over time, the theological society gives way to the second era, the metaphysical, a relatively undefined era in which argument, criticism, and interpretation yield a temporary or transitional period in society. In this era, social relationships and boundaries may be blurred, as the power of blind belief is modified by observation and argument. A collective, sometimes perceived as arbitrary, yet somehow rational, authority rules social behavior. The dynamics of the second era lend a sense of uncertainty that is resolved by the clarity and hard facts of science and business that form the framework of what is rational. In the third era, society allows its moral, legal, and interpersonal relationships to be modified and eventually succumb to economic demands. These eras of social change might also be described as 1) authority in which the legal or moral institution prevails, 2) controversy

or social rule often governed by polity or media, 3) and the domination of science and economics.

Toennies' approach to understanding social change focuses on contrast between a social order resting on moral consensus and social accord and one that arises from rational will that relies on structural and cultural conventions (Boyer, 2002). The former society, labeled as Gemeinschaft, is characterized as one in which personal sentiment (relationships), human choice (tradition and personal intention), and conscience (belief) provide the controls. In the second type of social order, Gesellschaft, forces external to the individual (legislation, calculation, public opinion, and scholarship) dominate. Decision-making in Gemeinschaft societies is based on personal preferences and consensus, on habits and traditions, and on joint work. Gesellschaft decision-making, on the other hand, is based on deliberation, contract, rule, and calculation or science. Social change and transition between the two types of societies is fostered when concepts portrayed as self-evident and based in science or scholarship are passed into literature and media and are subsequently integrated into public opinion (Etzioni, 1973, p. 62).

Other theorists, such as Marion Levy (Appelbaum, 1970) or Wilbert Moor (Slack, 1990; Darkwa, 2012) would agree that social change is pronounced when societies experience a breakdown of traditional relationships and formal structures replace weakened interpersonal controls. When formal political and institutional structures diminish social choice by emphasizing rational attitudes and limiting action based on belief, a "modern" society develops. This modern society is positioned to use its rational authority to legitimize exploitation and demand conformity.

An example used by C. Wright Mills to describe the sources of societal power expresses a powerful distinction for the current study. Mills uses an example of

unemployment to describe the substantive differences in causal factors that must be understood when considering personal milieu and social structure. Mills argues that when a few people are jobless and fail to look for work, society tends to look for the cause within that handful of people. When thousands of people experience joblessness, however, it is illogical to make the same assumption about the cause. There must be structural causes of widespread social conditions (Burke, 1970). Mills explains that the broader social structure limits the individual's ability to see those causes and to make choices that could transcend the changed social conditions. In the current study, this would limit homeless persons' ability to see the structural causes of their joblessness and to make choices to resolve their homelessness. Mills proposes that the elite in society are powerfully positioned to oppress or exploit others in order to maintain the means of power. He points to the major power concentrated in the elite members of the economic and political domains. Social conditions are ruled by big business, and high-level politicians rule the chief social and governmental power. Society resists the notion that a few individuals can unilaterally influence and control these powerful spheres. Absent the ability to see the beyond the limitation of the social structure, those at the bottom of the social structure have little real autonomy to make personal choices.

In considering social change and specific theories of modernization, Emile Durkheim cannot be omitted. Durkheim portrays modernization as a process of industrialization and urbanization in which increased technology and specialization diminish the need for individual laborers and reduce personal power. Technologic and economic advances drive changes that impact many aspects of the social and cultural fabric (Appelbaum, 1970). Much of Durkheim's work and that of his followers focuses on the relationships between division of labor and social solidarity. Societies with limited

division in labor tend to share beliefs, values, and behaviors, resulting in greater solidarity. As work becomes more differentiated, so do social tasks, values, and expectations. As these differences are incorporated into the social structure, society becomes more complex and less communal, tasks become more specialized, and people become more individualized (Haferkamp, 1992). Solidarity is diminished. Another result is a change in the perception and gratification that individuals experience from their work. In the modern highly differentiated system, the worker often completes only one of the many tasks associated with a final product or completes the task through some mechanism or technology. This diminishes the individual's sense of ownership or accomplishment, decreasing inherent motivation and satisfaction. The values of investment in work and in fellow workers (neighbors) are simultaneously diminished as work becomes more specialized.

Combining the theoretical perspectives poses interesting questions for the current modernization study. As examples, consider Compte, Toennies, and Durkheim. Following Durkheim's logic, increased technology and specialization in the modern workplace separates people who are able to utilize technology from those who cannot. Workers, who are able to participate, experience greater individuality and less of a sense of connectedness to others, both at work and home. Now consider the likely scenario of a homeless person in that same modern environment. Without the specialized skills required to participate with new technologies, the laborer continues to work in jobs that are less differentiated and is connected to workers completing similar tasks. Workers in these circumstances retain the values of shared work, productivity, and camaraderie. This is a value set in which working hard and taking personal responsibility means success. Workers in these conditions are likely to operate in Compte's belief epoch; the

"American dream" prevails. They think they will be successful if they follow orders and work hard. As the society around them modernizes, it becomes increasingly difficult for them to find work, and they eventually join the ranks of the unemployed. In the case of homeless persons, they lose both work and home, further separating them from the means of achieving what they valued: shared work, productivity, and camaraderie. Meanwhile, those in the society surrounding them have moved on, to greater differentiation, separation, and focus on individual success. The workplace is now isolated, competitive, and heavily reliant on technology. This segment of society has moved on to Compte's third era, in which scientific measurement, economic success, and observation of fact dominate.

When these two segments of humanity share the same social space, they apply the values and understanding of their era, each drawing conclusions absent awareness of the structural limitations that Mills pointed out. The result? Homeless persons look to participation in the workforce to regain their sense of achievement and connectedness, while success in the modern workplace means technology, competition, and isolation. At the same time, the surrounding modern society uses science and observation of fact to assess the plight of the homeless and conclude that they are economically deprived because they are either unwilling or unable to work, expect others in society to take care of them, or are too expensive an investment. The number of jobs fitting the skills and needs of homeless persons are insufficient to meet the demand, and even full participation in the modern workplace might not satisfy the personal and social needs of those inclined to the values of Compte's theological epoch, of Toennies' Gemeinschaft society. Both the successful elite and homeless persons lagging behind in social change

seem to share one characteristic: Mills' blindness to the limitations that the modern social structure presents.

How does the differentiation between the values held by elites who successfully participate in economics and politics and the values held by social workers whose profession is driven by belief impact the current study? Do social conventions in modern society align with a particular theory or developmental era proposed by the theorists? Or, is there controversy and paradox in today's civil society? Considering social change and given the modern interest in evidence-based practice, the question becomes "Does social work practice continue to adhere to the traditional, rather theological, principle of client self-determination when prioritizing services and determining social welfare policy, or does it align with the era of science?" The current study, referred to as the "modernization study," explores this question by examining homeless policy and service priorities in San Diego.

Context of this Modernization Study

This section briefly addresses the appropriateness of a study concerned with modernization and social work. The second part of this section discusses the social context for this study.

Modernization is of interest to many disciplines. Sociologists (Arjomand, 2004; Haferkamp, 1992), theologians (Camobreco, 2002; Pursell, 1999), economists (Sorensen, 2005; Mufune, 1988), and philosophers (Wesely, 1997; Normile, 2007) all address the impact of modernization on various societies. Modernization contributes to greater complexity, rationalization, and individualization in social structures and human interactions (Arjomand, 2004; Bellah, 1994; Latham, 2000; Chalcraft, 2001; Demers,

1999). But has modernization impacted the professional response to social problems? Has modernization contributed to a schism between professional ethics and social policy? In my study, homeless policy for the San Diego region and surveys of homeless persons in the region are used to explore whether local homeless policy priorities and services align with the priorities established by self-determination, a key aspect of the practice ethics for professional social workers. Survey data regarding the self-determined service preferences for homeless persons in San Diego is compared with homeless policy and service provider priorities in San Diego. This study explores whether current policy and professional social work practice align with the core principle of self-determination identified in the Code of Ethics adopted by the National Association of Social Workers (NASW).

A Modern Paradox

"It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness (Dickens, 1906). Today, some Americans have never had it so good, while thousands of others have never had it so bad. Many Americans, including San Diegans, have accumulated assets of more than a million dollars (Initiatives, 2006). Yet on any given night, more than a million people are homeless (National Coalition for the Homeless, 2006; 2008). The American response to this paradox includes both the official articulation of society's plan for caring for its citizens (i.e. social policy) and professional intervention that is dedicated to improving social condition by caring for others, such as social work. This paradox strikes a chord with the theoretical eras of social change described by Compte, Toennies, and Mills.

The profession of social work builds on the roots of Christian ethics, imbued with references to relationships and care (Faver, 2004; Tangenberg, 2005; Trattner, 1994). In the social work profession, ethical relationships include core principles such as self-determination (National Association of Social Workers, 1999). The language of care in modern American social policy, however, refers to outcomes, evidence-based practice, and return on investment. This language is evident in federal regulations that apply to homeless policy, such as the Government Performance Results Acts of 1993 (GPRA) (U.S. Executive Office of the President, 1993) and the U.S. Department of Housing and Urban Development Notice of Funding Availability (U.S. Dept. of Housing and Urban Development, 2006b).

Federal welfare policy in the U.S. remained relatively stable from the passage of the Social Security Act in 1935 until the 1990s, which saw major policy reforms such as GPRA in 1993 and the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA or the Welfare Reform Act). For purposes of my study, modern policy, therefore, is viewed as post–1993. Considering the context of professional social work and that of modern social policy, questions arise. Does modern social work practice reflect the traditional ethics on which it was founded, or has modernization impacted the practice of social work? The current proposal compares the service priorities for homeless persons in San Diego established by self-determination with the priorities determined by evidence-based practice policies as a means of examining the impact of modernization on social work practice.

For this study, archived information that was provided by homeless persons in the Sharing the San Diego Story (SSDS) project was collected, and data were found in public policies and other published sources. The SSDS study data indicated the size and

composition of the general homeless population in San Diego and identified the self-determined priorities for services from a sample of that homeless population. Information on priorities for services established in social policies for the homeless population in San Diego was gathered. The data were analyzed, and priority responses from the two data sources were compared for consistency.

The U.S. Department of Housing and Urban Development (HUD) requires biennial collection of data to determine the size and characteristics of homeless persons (Federal Register, 2010). Point Loma Nazarene University assists the San Diego region with this mandatory data collection. Data regarding the size and composition of the homeless population in San Diego and the self-determination data for my study rely on archived data collected by Point Loma Nazarene University (PLNU) during the HUD required process. The Human Subjects Research Committee, Institutional Review Board at PLNU approved the design, protocols, and instruments for the data collected during the HUD-mandated effort. These efforts created an existing data set that was archived and then used in the current study, also referred to as this modernization study. The research design for the collection of the archived data set is described as the Sharing the San Diego Story Project in the "Sources and Methods to Gather Information about Care" section of Chapter Two.

CHAPTER TWO

REVIEW OF THE LITERATURE

To establish an adequate framework for examining the impact of modernization on social work practice**,** this study explores the foundations of the social work profession, of modern society, and of social policy. It also looks at how each of these aspects of community approaches providing care to those in need. Further, it touches on the theories of social change and considers which methods and approaches are suitable for measuring and comparing these concepts**.**

Literature regarding caring for the homeless in the San Diego, the case example of my study, is presented in three sections in this chapter. The first section, "The Problem of Homelessness in San Diego," offers an overview of the extent of homelessness in the San Diego region at the time the data for this dissertation was collected.

The next section, "The Modernization of Care," describes key aspects of two approaches to care: the traditional social work approach that honors self-determination, and the more modern approach of evidence-based practice. This section works to develop an understanding of the foundational principles for providing care in the two major approaches, mentioned above, which determine what types of services will be offered. This first section also examines how modernization has impacted society and social policy. It explores the ethical challenges in trying to combine the two approaches and provides a proposal for a modern ethic of care.

The second major section, "Sources and Methods to Gather Information about Care," identifies sources of information and the methods selected to examine modern versus traditional forms of care, particularly for homeless persons in the San Diego

region. Chapter Two concludes with a discussion of the selection of measures for testing the alignment of self-determined priorities with evidence-based practice priorities.

The Problem of Homelessness in San Diego

The Universal Declaration of Human Rights, adopted by the United Nations in 1948, states that

> "everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control" (1948, accessed 2012)

In light of this declaration, it is a substantial problem that in 2010 more than 643,067 persons in the United States were homeless, without housing and adequate care (U.S. Department of Housing and Urban Development, 2011). Shaun Donovan, the Secretary for the U.S. Department of Housing and Urban Development, declared that the scope of the challenges were greater than ever (U.S. Department of Housing and Urban Development, 2010).

While some municipalities in the San Diego region declare that there are few, if any, homeless people in their communities, homelessness is generally acknowledged as a critical issue. In 2010, the problem in the San Diego region was so significant that the Supreme Court for the County of San Diego issued a report by the Grand Jury (County of San Diego, 2010). The Regional Task Force on the Homeless (RTFH) counted the number of homeless persons in the San Diego region at the time the survey in this study was completed. The RTFH report documented 8,754 homeless persons at that time,

including more than 4,000 persons without any type of shelter. By January 2012, the number of homeless persons in the San Diego region had increased to 9,641. The regional profile reports on homelessness show that homelessness is widespread in the San Diego region (Regional Task Force on the Homeless, 2011). Homelessness has been declared economically bad for business (Grantmakers, 2011), morally wrong, and a social travesty.

As a profession, social work embraces a mission with many goals. These goals include a desire to enhance the well-being of people, to help empower people to meet their basic needs, and to "promote the responsiveness of organizations, communities and other social institutions to individuals' needs and social problems" (Barker, 2012; NASW, 2008). How has social work approached the work of implementing this mission? What philosophies or principles guide the profession in its work?

Social work currently has two major approaches to making decisions about how to handle social problems, including homelessness. For the purposes of my study, they will be labeled self-determination and evidence-based practice. Self-determination has been a core value in the social work profession since its inception. The evidence-based practice (EBP) approach, however, has developed in its importance to the profession over time. The importance of EBP to the social work profession has increased with the modernization of the general culture**.**

Chapter One explored some of the theories about how societies make change. Literature about modernization suggests that societies change over time in response to social, economic, religious, and political forces. What is the impact of these forces on how society approaches ensuring the standard of living and rights to care described in the

Universal Declaration of Human Rights stated at the beginning of this introduction to the problem of homelessness? The next section of this chapter interrogates how modernization has changed how it views and provides care. In this dissertation, this process of change over time is referred to as the modernization of care.

The Modernization of Care

The idea of a civil society assumes some level of mutual or reciprocal relationship that works to hold people in a society together, that people care for one another. Modernization implies a change over time. What are the foundations of care for social work in society, and how have they changed over time?

To develop an understanding of the modernization of care, this dissertation began with a brief discussion of the impetus for people to care about one another and what people think they should do when they see a homeless person with a sign asking for work. In the first major section of this chapter, some particular factors that influence social work as a caring profession, such as the religious, social, and ethical foundations of care in social work, are explored. That discussion is followed by an introduction to the historical approach to care and the concept of self-determination, which is a core principle for how professional social workers are to provide care. This section also explores modernization in society and in social policy, which influences the context in which social work occurs. This chapter then looks at modernization of social work as a profession and the modern approach to providing care: evidence-based practice and social policy. These sections lead to a discussion of the ethical challenges of combining

the two approaches in social work practice, then a proposal of a modern ethic of care, before the sources and measures for gathering information about care are described.

Caring for others in society is a tradition that dates back to early civilization (Ginsberg, 2001; Tripp, 2005). Studies of society describe the tradition of civil societies as sharing resources for survival or self-preservation, such as food, shelter, and provision of safety (Day, 2000; Dandaneau, 2001; Axinn, 1999; Haferkamp, 1992; Axinn, 1999; Schwartz, 1997). Historically, however, American values have favored "rugged individualism" and personal responsibility (Tropman, 1989; Thomasma, 1994). Why, then, is there any concern about a policy that governs the care of others in the U.S.? For the professional social worker, the answer comes from at least three sources: moral or religious foundations, social and human rights concerns, and professional ethics.

In its simplest form, social work implies people working together to ensure that basic needs are met. As such, social work is a mechanism for providing for the general social welfare of society. What are the foundations of care in social work as a profession?

Foundations of Care in the Social Work Profession

The historical roots of the social work profession in the U.S. are attributed to other societies, such as Elizabethan England or the French Enlightenment (Alexander, 1995; Axinn, 1988; Ginsberg, 2001; Trattner, 1994). In these societies, self-reliance and mutual aid were the mechanisms that society assumed would provide care for family members and others in the community. When family and friends could not meet the immediate needs of individuals, churches and voluntary organizations were viewed as the next alternatives. As social conditions changed, such as periods of famine,

industrialization, or greater social isolation, these mechanisms could not meet the needs of the community, and the government intervened. The Elizabethan 43, commonly known as the English Poor Laws of 1601, are examples of policies that were established to meet human needs (Axinn, 1999). The Poor Laws contain mechanisms that work to "make them [disadvantaged people] self-sufficient and prevent them from becoming dependent on the larger society" (Ginsberg, 2001). In the case of early England, this larger society included the resources of the central government: the taxes held in the royal coffers.

In the late 1700s, questions arose about the proper roles of the church and government in providing care. Notable authors of these eras, like preacher and statesman Thomas Chalmers, explored these questions and began to advance new frameworks for providing care to ensure the general welfare of the community (Oliphant, 1893; Trattner, 1994). New theories proposed that science could create systematic processes for assessing the reasons that individuals and families could not meet their own needs, then determining what resources should be made available to them. Accompanying these new theories was a philosophy that tied what should be offered as care to scientific evidence and expert opinion. This philosophy laid the foundation for promoting assessment of individual needs and for "best practices" components of modern social work practice. This change in philosophy narrowed society's sense of responsibility for others. Social responsibility became viewed as needing to provide a limited series of distinct helping responses for certain segments of society.

Moral and Religious Foundations

The concept of care is associated with religious and moral principles. Consider the works of Bellah, Niebuhr, and Peterson that reference care as "attending to one another, driven by a sense of moral obligation" (Bellah, 1994), or as "companionship that occurs in a 'sacred place'" (Niebuhr, 1989; Niebuhr, 1932) and as "sacrifice in service to others and compassionately holding responsibility for others (Petersen, 1994)." In general, care implies responsible interaction with others, where human interactions are important reflections of essential relationships (Leiby, 1985). The professional social worker engages in work that is historically faith-based, yet simultaneously professionally and socially responsible to the society in which action is taken (Sherwood, 2002). Foundational perspectives underlying this work derive from Christian tradition, social obligations, articulated human rights, and professional ethics. For the Christian professional social worker, these relationships include a covenantal relationship with God, the professional relationship with clients, and the social obligation to society embodied in the community and through which access to essential (tangible) support may be provided.

Scholars employ adjectives such as conservative, fundamentalist, or contemporary to identify various distinctions associated with the title "Christian" (Belcher, 2004). For this study, *Christian* means an individual who claims belief in the biblical account of the life of Christ as the example of how to live a moral life and in the covenantal relationships that this belief proposes (Leiby, 1985). The example of Christ's life of sacrifice for others compels Christians to help one another, going beyond family and neighbor to include strangers (Brueggemann, 1978). This Christ-like relationship is

inseparable from the concepts of justice and righteousness, and it compels Christians to be continually concerned with the lives of others (Whelan, 2001). Biblically, the Christian covenant is expressed through an active concern for the "least of these" (Bible, 1995). Some Christians interpret the scriptures in Matthew 25:31-45 and Isaiah 25:4 as commands specifically to "Feed the hungry, clothe the naked, and shelter the homeless." Poverty and hunger are "symptomatic of a profound wrong" in modern society and are "indictments of the church" (Whelan, 2001). This is also a call to solidarity with the poor, and as such, the Christian perspective gives rise to social obligation and compels acts of caring. Similarly, the social work profession calls for provision of care and promotion of social justice (National Association of Social Workers, 1999).

For Christians, the importance of human relationships unfolds as a reflection of the covenant between man and God (May, 1998; Sackenfeld, 1985). While understanding the complexity of the unique, spiritual relationship that each being has with his/her Creator, Lebacqz and Driskell (Lebacqz and Driskell, 2000) suggest the foundational elements of professional ethics even for conservative Christians must include "flexibility and willingness . . . to see the issues from the vantage point of the person seeking assistance," an understanding of the context in which the helping relationship occurs, and "a knowledge that these attributes have a direct impact on care" (Lebacqz, 2000). The importance of relationship is also found in Jewish heritage, where personal service is seen as "much greater than charity" (Olasky, 1992).The helping relationship is viewed as one that is supposed to be service to others who hold their own perspectives about what it means to care, or be cared for. The relationship models from faith create a foundation for care that suggests that the social work response should address both the physical and the

social or relational needs of human beings. To “act justly” and provide for the tangible needs of others is insufficient. What matters is relationship, the embrace of the needs of others (Poe, 2002). Christianity and professional social work resonate in the desire to serve others and to foster social justice, and they jointly compel the professional social worker to act on behalf of the homeless**.**

Social and Human Rights Foundations

In 1948, the General Assembly of the United Nations adopted an international standard for social and human rights that articulates the right of each human to an adequate standard of living that includes housing, medical care, and necessary social services. This standard recognizes “the inherent dignity” and “inalienable rights” of all persons as fundamental to freedom and justice. The declaration calls every individual to promote and protect the human rights of others (United Nations, 1948) and compels citizens of nations that value freedom and social justice to act.

Social obligations and the moral call to help others may also be codified in law. Federal law in the U.S. declares the citizen’s economic and social rights to housing and services (Tilden v. Hayward, 1990 Del. Ch. Lexis 140, 1990), tying the social ethics concerning homelessness to federal regulation. Articles and books about social welfare and the law address how to use the law effectively in social work intervention (International Federation of Social Workers, 2004; International Federation of Social Workers, 2004; Gray, 1997; Bond, Salyers, Rapp, & Zipple, 2004), identify regulations passed to help ensure social welfare (Personal Responsibility Work Opportunity Reconciliation Act, 1996), articulate congressional mandates and restrictions on helping

practices (42 USC 1305), and evaluate of the effectiveness of the codified welfare laws. Public laws provide another motivation to providing care, yet at the same time they may challenge or restrict the provision of care.

Professional Ethics

The section in Chapter One titled "Social Work as a Profession: Intertwining Care for the Neighbor with Social Policy" declares that all professions have a commitment to serve others and to establish and adhere to a code of ethics. For the social work profession, that commitment is to engage in caring, curing, and changing activities focused on improving social functioning (Congress, 1999). For social work in the United States, the Code of Ethics for the National Association of Social Workers (Code) provides the foundation that guides the conduct of professional social workers in providing care. The core values identified in the Code encourage the professional to foster an attitude of service, the promotion of social justice, preservation of the dignity and worth of the person, honor the importance of human relationships, and require integrity, and competence in action. The preamble to the Code specifically advises that social workers be aware of the impact of their clients' and their own personal values and cultural and religious beliefs and practices on the decisions that the professionals make (National Association of Social Workers, 2008). The principle of self-determination is explicitly included in the Code. Social workers are called to promote self-determination of clients as a right and assist clients in this effort unless the client's actions pose an imminent risk to themselves or others. The principle of self-determination is of particular interest in my study.

The Historical Approach to Care in Social Work and the Principle of Self-Determination

The historical, religious, and human rights roots of the social work profession share a common element: an interpersonal relationship that is guided by a variety of principles. The guidelines and principles for relationships that emerged from social and religious foundations include the concept of self-determination (Ginsberg, 2001). Self-determination refers to "the right to make one's own decisions without interference from others" (Mawson, 1922). The principle of self-determination is a core component of the foundation of the social work practice, as is evidenced in its inclusion as ethical standard number 1.02 in the NASW Code of Ethics (National Association of Social Workers, 1999). Professional ethics mandate that "social workers respect and promote the right of clients in their efforts to identify and clarify goals" (Ginsberg, 2001, p. 197). The Code of Ethics allows the professional to limit the right of self-determination only when the client's actions or potential actions pose "a serious, foreseeable, and imminent risk to themselves or others" (National Association of Social Workers, 1999). The NASW code does not include a provision for diminishing the right to self-determination for economic benefit or efficiency of service. Self-determination has been declared as "of the greatest importance to social work" (Hugen, 2008). Self-determination is important to other sectors of society as well.

Social and Human Rights and Self-Determination

The right of self-determination is also a fundamental social principle. The United Nations and the International Covenant on Civil and Political Rights, and the

International Covenant on Economic, Social and Cultural Rights both reference the right to self-determination, or self-governance (United Nations, 1948, Common Article 1, paragraph 1). Self-determination embodies the right for all people to determine their own economic, social, and cultural development (Andy, 1986; Papastergiadis, 2005; De la Haye, 2008; Frisa, 2008). In a case known as the Western Sahara Case, the International Court of Justice defined self-determination as "The need to pay regard to the freely expressed will of people" and declared that people have the freedom to use or dispose of resources as they choose to (Koivurova, 2007). Although self-determination is placed in a political and economic context in these references, the core concept remains the same. The idea is that people have the right to participate in the self-governance and to make decisions for themselves (Papastergiadis, 2005). The idea of free will is not restricted to the economic and political sectors of society. Free will is a core principle in other parts of our society as well.

Christian Principles and Self-Determination

Scholars who have interpreted scripture refer to the "free will" that God allows humans to hold. Some scholars claim that people have been endowed by their creator with the ability to make choices and to exercise self-determination (Goodheart, 2006; Katz, 1993). At times, social, economic, or political dynamics may influence or constrain an individual's choice. The Christian principle of free will presumes that people are divinely created with the ability to choose and to be held accountable for those choices (Keith-Lucas). Social theorists such as B.F. Skinner, however, argue in favor of behaviorism. These theorists claim that the environment and genetics are the powerful

forces. Behaviorist theories largely ignore the influence of the Creator on people or the environment. Social work scholars acknowledge dynamic relationships among a spectrum of bio-psycho-social-spiritual influences on human development. The social work scholars conclude that people are capable of making meaningful choices within a social context (Fox, 2007). So, a key question for social work might be, how has the social context changed over time?

Modernization of the Historic Approach to Care

Underlying social work is a belief that social context influences the ability of people to be able to care for themselves, and also that the social context impacts the way that society responds to need. Assuming these beliefs, it is clear that an understanding of the current social context is required for a social worker to know how to respond to the needs of people and to provide care.

The Concept of Modernization

Modernization assumes a process of change over time. Modernization is associated with evolution, meaning that the process involves increasing differentiation and results in people adapting to changes in environment (Latham, 2000; Bellah, 2006; Haferkamp, 1992). Social evolution implies that the adaptation fosters a more autonomous relationship between people and their environment. The value of the new level of autonomy, however, is a matter of social judgment. Some ethical frameworks do not view high levels of autonomy as desirable (Bellah, 2006). Modernization and the

increased autonomy that comes with it, then, may not be seen as optimal in every circumstance.

Modernization is associated with several ideas. Modernization is described in terms that convey change. Some of the ideas linked to modernization are greater levels of complexity and individuation, an increased value for science and tangible measurement (Cahn, 2006; Gauthier, 2006), growth of the economic marketplace, expansion of bureaucracy or political power, and development of new laws (Bellah, 2006, p. 39). Modernization envisions humans as holding greater power over life circumstances than was thought in previous generations. Given the assumption of increased individual choice, it seems that modernization and self-determination would be commensurate. Whether this vision is accurate in the case of homelessness is explored in the following section.

This discussion of the modernization of social work practice begins with a brief description of modernization in several aspects of society. The next section includes discussion of the modernization of religion, the modernization of social norms, and the modernization of social work practice. The discussion of those dynamics is followed by a discussion about the modernization of social policy.

Modernization of Religion, Social Norms, and Social Work Practice

The modernization of religion has meant a move away from a philosophy that required people to reject worldliness (such as science and economics) in order to achieve spiritual redemption. Modern religious philosophy professes that rejection of the things that are valued on earth was part of an individual's path to redemption. The philosophy

also encourages individuals to recognize how their action in the world helped them achieve, or fail to achieve, spiritual redemption (Bellah, 2006). In the modern context, an individual's action grows in importance. The individual's behavior could be viewed as being related even more closely with worldliness and power or prestige (Cousineau, 1998; Mellor, 1997; Hanafi, 2005). Sociologists see these relationships as connected. The relationship between religion and economic productivity is also linked to political and social power (Hammond, 1973; Chalcraft, 2001; Stanley, 1972). Bellah argues, however, that modernization separates religious leadership from political leadership. This separation diminishes the influence that religion might have in the social and political aspects of society. Changes in the complexity of these relationships occur during modernization. These changes impact other social relationships and establish new social norms (Bellah, 2006, p. 46).

A social norm may be described as a standard of behavior or an informal social contract. Rousseau, the author of the social contract, views humans as individuals who become "chained" to the broader society through the processes of socialization (Bellah, 2006; Beach, 1967). The individual understands what is required by the modern society and struggles to resolve the tension created between the desire for personal freedom and the desire or need to belong to others in society. In that struggle, in order to be tied to others, people choose the constraints of social control that are expressed through rituals, social policies, or behavioral protocols. People preserve their freedom and right to make decisions by entering into a social contract with society (Bellah, 2006; Bellah, 1994; Hayrinen-Alestalo, 2001). This contract involves two major social principles: self-preservation and superiority. In Chapter One, it was shown that the history of social work

points to the importance of survival and self-preservation as motivations for caring about others. In times of economic challenge, as people and societies struggled to meet human needs, new social relationships were developed to address those needs. In times when need is high and resources are limited, sociologists argue, people tend to prioritize their own needs and to work to preserve others like themselves (Mufune, 1988; Bellah, 1994; Bellah, 1994; Alves, 1978; Makler, 1981). In social circumstances where essential human needs are not filled and resources are limited, this tendency could dominate. When people prioritize their own needs over the needs of others, the approaches to caring for others can change.

The capacity for social care giving (social work) is tied to what people perceive as being connected to others. As noted above, people have a tendency toward self-preservation (Gerwirth, 1978). Social work in the modern era seeks evidence about the impact of human relationships on society's ability to meet human needs. The expectation is that the modern social worker will have evidence that shows the impact of the relationship between individuals and the larger society. This expectation adds another aspect to the social worker's ongoing capacity to care, introducing the ideas of demonstrated effectiveness and of evidence-based practice. Harriett Fraas (2008) argues that modern society has devalued emotional labor and care-giving, which are inherent in human relationships and in social work. Historically, social workers may have been sustained, in part, by the sense of connection with or obligation to those whom they professed to help. By the late 1990s, however, modern professionalism demanded more than just a sense of caring. Modern social work demands tangible evidence from science and research to prove that the care that social work provides is actually helping.

The Modern Approach to Care Science and Evidence-Based Practice

In Chapter One, some examples of both the traditional and evidence-based practice responses to meeting social need were explored. The first part of this chapter examined some of the foundations of the traditional approaches to providing care, including the principle of self-determination. This study now turns to the principles for a modern approach to care, the evidence-based practice approach. The roots of the modern approach come from using science to help make judicious and rational decisions about managing resources. The modern approach demands evidence that services are actually addressing human needs (Claridge, 2005). During the 17th century, documents such as journals and observational logs were included as scientific evidence, particularly in the social sciences. Today, however, modern evidence is associated with more specific protocols of science. Data must be valid, reliable, and measurable. The scientific process includes objective values, and tools for measurement or demonstration of outcomes (Mackie, 1977). These principles require social ethics that must also be justified in a modern values system of objectivity and rationality, and constrained to what can be measured (Cahn, 2006). Scientific rigor, however, does not necessarily explain why people believe as they do. The demand for evidence, combined with the rights of individual belief and choice, makes modern ethical decision-making problematic (Gauthier, 2006; Keith-Lucas, 1989).

One challenge is finding ways to measure the impact of human relationships and human belief as mechanisms for meeting human need. Another challenge is that even when measures can be found, they often do not include the less tangible social aspects of care. As discussed prior, the desire for connection, for relationship, is part of human

nature. Evidence may not be able to demonstrate that a particular relationship has a positive, measurable impact. People may believe that the relationship is helping, whether or not it can be proven. In these instances, the caring practices may continue without evidence to support them.

On the other hand, when there is evidence that a particular service or practice is effective, it may not be used by social workers in their daily practice. When there is evidence that a particular approach or service is effective, some workers will try out the new way of caring. Even then, it does not mean that the worker can successfully translate the new approach into the same behavior that had been proven effective. Incorporating evidence-based practices in the daily activities of social workers requires that the worker understand and implement the service in the same way it was tested in the research (Claridge, 2005). What is implemented may be an interpretation of the evidence-based practice. Or, the practice that was tested may be applied to a population other than the one for which it was proven effective. Practices touted as scientific or evidence-based, however, are readily incorporated into policies as effective approaches to managing social problems. This means that evidenced-based practices in policy become an important component of the modern approach to care.

The Role of Evidence in Modern Social Policy

"Policies are official articulations of caring that are socially constructed" within a particular context (Harris, 2002). Early sociologists, such as Weber, argued that policy is driven by a perceived need and by political and economic interests. As a result, policies regulating care vary in accordance with changes in governance (Abramson, 1999;

Tropman, 1989). Periodically, philosophy and policy change simultaneously, creating a substantive shift in the approach to providing care, a paradigm shift (Pelegrine, 1999). In a socially conscious democracy, caring for each citizen is presumed to be good for the community. Caring is a core component in ensuring the public good and social workers are the mechanism for its management and distribution (Boris, 1999; Boris, 1999; Harris, 1999; Sherwood, 2006). In this context, the need for social services is inherent to ensuring the public welfare. When society is focused on economic growth, business principles prevail. The principles of business and economics include efficient use of resources, which are interpreted to be evidence of protecting the public good (Abramson et al., 1999; Tropman, 1989).

Social welfare policy experienced a paradigm shift in the mid-1990s. During this period, federal funding sources increased the emphasis on the outcomes of providing services rather than counting the number of services provided (Iverson, 2004; Johnston, 2006). This shift aligned government policy with business principles. In the business arena, decisions rely on the assessment of tangible gain as a measure of productivity. To measure productivity presupposes that there is measurable data for the assessment. One foundational principle in business is the concept of measuring the outcome in comparison with the investment. This principle is referred to as return on investment, or ROI. It is interesting that a business may use customer testimonies to sell products, but the testimonies of the customers who receive social services are not valued. The standards set by business and government to measure the effectiveness of social work do not acknowledge client testimonies as evidence. The standards for measuring return on social

work investment are based on business and economic principles, not on the principles of social relationship.

To claim that care is being provided without evidence of positive outcomes for clients themselves could be interpreted as idealized self-interest on the part of the social worker. Outcome measures are a way to validate claims that the services provided actually resulted in care that benefited the client. Outreach to build relationships with clients is important, but modern policy looks for outcomes to be demonstrated, and a return on investment must be measured. In modern policy concerning homelessness, HUD specifically includes return on investment measures as part of the policy language (U.S. Department of Housing and Urban Development, 2006b). This language clearly reflects an interest in tangible measures of care. This interest in measuring the outcomes of care fits with a modern concept of what it means to provide care. Social work professes to offer care, but modernization has had an impact on how that care is offered.

Modernization of the Social Work Profession

One of the developments in modern social work is the "marked decline in the recognition of Christian religion in the teaching and practice of the social work profession" (Hugen, 2008, p. 1). The motivations for providing for the well-being of others and social work have long been tied to religious principles. As early as the 4th century, social workers and society struggled with the obligation that God placed on them to care for the homeless. In modern society, however, religion and professional social work are often separated (Brandsen & Vliem, 2008). What has not diminished in modern social work is the client's right to self-determination.

The NASW Code of Ethics (1999) guides professional social workers to draw on practice evaluation and research findings, to respect and empower clients, and to consider client values and expectations in providing care (Gambrill, 2007; National Association of Social Workers, 1999). Similarly, the International Federation of Social Workers emphasizes professional social workers' obligations to promote self-determination. The IFSW code encourages the social worker to respect "the right to self-determination and to promote people's right to make their own choices and decisions, irrespective of their values and life choices, provided this does not threaten the rights and legitimate interests of others" and to promote "the right to participation - Social workers should promote the full involvement and participation of people using their services in ways that enable them to be empowered in all aspects of decisions and actions affecting their lives" (International Federation of Social Workers, 2004).

Recent literature addressing modern concerns about self-determination focuses on demonstrating that clients are involved in the institutional processes and implementation of research (Barrow, McMullin, Tripp, & Tsemberis, 2007). While federal departments, including HUD, encourage participation of clients in various planning efforts, consumers face tokenism and other barriers in actual self-determination of services. Expectations for client or consumer participation appear in federal program regulations, but the guidelines are often non-specific and fail to produce the type of client involvement that would empower the client to help determine the goods and services (Trainor, 1992). The literature includes frequent references to consumer choice or menu-driven services, which imply self-determination. It is important to note, however, the distinction between having an opportunity for participation and actually influencing the provision of services

and the accompanying policy. While consumers may be allowed to participate or not participate in the menu of services offered in a community, they may not be able to influence the array of services that are offered on that menu. Consumer choice and self-determined preferences for treatment and care do not necessarily drive the choice of services that are offered (Tripp, 2005). As Weber might argue, service interventions are influenced by politics and economics, or as Chalmers promoted, by science and research, or evidence-based practice.

The literature on social work practice at the beginning of the 21st century includes numerous references to evidence-based practice or EBP (Rosen, 2003; Goldman, 2001; Gambrill, 2007; Chivalisz, 2003; Goldman, 2001; Rycroft-Malone, 2004; Bond, 2004; O'Hare, 2009). While the term EBP is used to denote a variety of concepts, professional social work interprets the term to mean interventions that have been proven in clinical trials and controlled studies (O'Hare, 2009), and reinforced by expert opinion. As a result, EBP in professional social work practice involves interrelated paradoxical obligations and challenges that derive from requiring practitioners to simultaneously honor the importance of client self-determination and to select only interventions that are supported by empirical data (Mullen, 2005; Reid, 2001; Rosen, 2002; Sackett, 2000; O'Hare, 2009; Gambrill, 2007). EBP and social work care involve a philosophy of science (Gambrill, 2007, p. 2), but leaders emphasize that practitioners need to add their judgment to the science and to interpret and integrate their findings in order to provide individualized care (Martin-Mollard, 2007). Considering the NASW professional code, Sackett concludes that the "unique preferences, expectations and concerns that each [client] brings . . . must be integrated into . . . decisions if they [social workers] are to

serve the [client]" (Sackett, 2000). This integration forms a type of "quality filter" in searching for EBP (Gambrill, 2007; Greenhalgh, 2004, 2006; Straus et al., 2005).

On the other hand, social policy that developed around the move to EBP is influenced by the adoption of "interventions of unproven efficacy" and continuation of interventions or services that were demonstrated to be ineffective. Practitioners may claim effectiveness or "failure" in EBP based on their observation of practice (Weisburd, 2003). Trying to integrate the modern philosophy of evidence-based practice and traditional social work creates some challenges.

Ethical Challenges in Combining Evidence-Based Practice in Social Work

Although the basic idea of using scientific knowledge to guide social work practice is not new, modern social work has elevated evidence-based practice (EBP) to be a driving force in selecting social work interventions. One challenge to using research-based EBP is that the main purpose of empirical testing is the development of knowledge, not necessarily provision of service. By definition, empirical studies are designed to develop non-biased knowledge by testing hypotheses, but they may or may not directly benefit the clients participating in the services being studied. The professional ethics of professional social work practice, however, commit the social worker to provision of service that will benefit the client (National Association of Social Workers, 1999; Proctor, 2003; O'Hare, 2009). As a result, interventions may be prematurely adopted as EBP, but the research evaluation of the intervention in direct practice may be quite limited (O'Hare, 2009; Gambrill, 2007, 2001).

As a profession, social work is also described as a blend of art and science and, as such, lays claim to professional authority beyond scientific evidence (Barth, 2000). Social work implementation of an EBP may be modified by the social worker's tendency to practice the art of intervention rather than adhering to the rigorous protocols established during the empirical study. As a result, social work professionals may simultaneously claim the validity of the EBP and the independent authority of the social work professional but may in fact not implement the specific EBP in the way it was tested (Bowpitt, 2000). Supporters of EBP claim that clinical judgment and other non-scientific factors will influence the decision-making process in social work practice and become entwined with EBP and advanced as best practice models. Empirical research to evaluate whether the best practice is effective is also complicated by variations in implementation of the practice (Gibbs, 2002). Competent professionals must select their interventions based on critical thinking and empirical knowledge and not on tradition, experience, or choice (Gambrill, 2001).

Some authors contend that evidence-based practice that is founded on research, rather than naturalistic evaluation that comes from observation and practice, is primarily about building knowledge, not necessarily about intervention for client benefit. One of the distinguishing factors between the two approaches is whether the research-based practice would typically be provided as a routine service. EBPs are often defined by a consensus of findings from controlled research studies that are implemented in accordance with strict guidelines to ensure uniformity. Professional social work practice, however, includes the art of implementation. As a result, "reasonable flexibility in implementing evidence-based practices is necessary" to accommodate the unique needs

and situation of the client, and the client should be afforded the right to choose between the EBP intervention and the more traditional or routine service (Gibbs, 2002; O'Hare, 2009; Coakley, 2008; Fox, 2008).

Modern social work efforts take direction from program evaluation and evidenced-based or data-driven information (Thyer, 2004; Mullen, 2005; Trainor, 1992), while, historically, social workers "have emphasized professional standards and compliance with ethical codes" (Megivern et al., 2007: p. 115). Social workers may fear a movement that would "replace the autonomy of the professional model with a more bureaucratic one," drawing allegiances further from the needs of the clients to meeting more external standards that are intertwined with financial considerations" in the quality of care, (Megivern et al., 2007, p. 115). The discussion of quality of the profession in social work differs "from that of other professions and disciplines, such as retail service (where the customer is, or at least used to be, king), manufacturing, (where variance is evil and should be eliminated), and medicine (where the talk is about quality crises, safety, and disparities" (Megivern et al., 2007, p.116). Historically, social work has used a "professional model" to ensure high quality service provision" (Megivern et al., 2007). Megivern et al. (2007), however, do not include consumer input as an influence impacting care except in the form of the professional's ability to gain consumer engagement.

A Modern Ethic of Care

Considering the foundations of the social work profession and the influences of modern society, what constitutes a modern ethic of care?

The Concept of Care

Care is defined in many ways. Caring is the basic mode of interaction central to helping (Benner, 1994) and derives from the term *cura animarum*, which includes two concepts: cure and care. Peterson suggests that this requires both knowledge and personal involvement (Peterson, 1994, p. 66). Interestingly, cure and care are fundamental concepts in professional social work as well. For this exploration, caring implies responsible interaction with people, where human interactions are important reflections of covenantal relationships, and through which access to essential (tangible) support may be provided. For the Christian professional social worker, these covenantal relationships include the personal relationship with God, the professional relationship with clients, and the social obligation to society embodied in the community.

The Concept of Ethics

The concept of ethics refers to the idea that fundamental principles guide human action in accordance with a set of values. It may be seen as the art of choosing action based on an established philosophy, or viewed as the "science of morality" (Eberly, 2006). Practical application of the principles must draw on both the motives of people to act (morals and obligations) and the knowledge of the probable impact of the choice of that action (science). Practical or applied ethics is "the attempt to implement general norms or theories for particular problems and contexts" (Beauchamp, 2001). In this case, the problem is care for homeless persons in a context of current policy.

Modern Ethics and Caring for the Homeless

Effective social work intervention requires the integration of methodological, theoretical, and ethical perspectives. Professional intervention, applied social research, and social policy implementation each respond to the various modern institutions of society. Each institution is guided by its own values, ethics, and principles. The voluntary sector values parallel social work: human altruism, moral obligation, or general concern for the well-being of others. The business sector employs rational economics and pursuit of profit, while the government sector pursues concern for the commonwealth or public good.

The sectors hold varying degrees of the tangible resources of American society. The largest portion of these resources is held by the private business sector (78-85%) with the government managing the second largest (13%-18%) and the smallest (4%-7%) in the hands of the voluntary sector (Steuerle, 1999; U.S. Department of Commerce, 2006). In this economic structure, the business sector makes the majority of the decisions (CIA, 2007); inevitably relegating the nonprofit and government sectors to inadequacy in meeting the social needs of the society (Steuerle, 1999; Tropman, 1989).

Although it seems economically irrational, responses to social need have historically originated from the voluntary, non-profit sector (Trattner, 1994; Westby, 1985). To acquire the tangible resources necessary to help the homeless, voluntary organizations solicit support from the other two sectors, which hold the majority of the resources. The key to accessing these resources lies in the voluntary sector's ability to align with the basic principles and motivations of the other sectors (Boris, 1999b; Tropman, 1989; Boris, 1999b; Boris, 1999).

The principles of rational exchange and maximized profit form the core ethics of the business sector. The ability to focus on the elements that will make a profit for the business is valued by the business sector (Charan, 2001, 2007). Business principles assess the level of return on assets that are invested, or the value of investment compared with the level of potential risk. Together, the universal business principles of return on investment and reduction of risk foster a business ethic founded on economical efficiency or productivity. Accordingly, the level of business sector support for nonprofits varies with the efficiency with which the non-profit organizations achieve their stated goals (Trattner, 1994).

The goals of professional social work often complement those of the commonwealth (Young, 1999). The government is obligated to provide for the general welfare of citizens; however, government spending policies affect the level of need of its citizens, which, in turn, the professionals in the business and voluntary sectors are called on to help remedy. Ironically, the voluntary sector often returns to the government to finance these remedies. Governmental policies contribute to both the need and to the solution (Abramson et al., 1999; Young, 1999).

As early as 1894, government participation in providing care was recognized as "impersonal and mechanical" (Olasky, 1992, p. 111). Because the commonweal is answerable for expenditures, especially in tax-based funds, there is concern for evidence that demonstrates the effective use of funds (Steuerle, 1999). To stimulate cost efficiencies in the expenditure of public funds through the voluntary sector, government policies often require that the voluntary sector contribute matching funds. With few resources at its disposal, the voluntary sector faces a dilemma: Where can it acquire the

matching funds? Predictably, the voluntary sector appeals to the business sector to procure this match. A cyclical, dependent system for acquiring sufficient resources to address social concerns results, and the ability to demonstrate an understanding of business principles and to evidence an effective use of funds prevails and raises the importance of evidence-based practice (EBP) in professional social work intervention.

Because the voluntary sector needs tangible support from business and government, and evidence is important to these sectors, non-profit organizations and the social work profession must evidence measurable gain from their services. Descriptive data build knowledge of the extent and characteristics of the problem, and outcome data measure productivity.

Modern Evidence and Outcomes-Based Policy

The importance of facts as part of problem-solving is not new. In 1858, Lincoln is quoted as saying, “If we first know where we are, and wither we are tending, we could better judge what to do and how to do it” (Lincoln, 1858). For years, helping professions, such as nursing and psychology, have engaged in scientific evidence collection to determine the nature and extent of human problems (Black, 2000; Black, 2001; Dixon, 2004; Marx, 2005; Black & Douglas, 2000). HUD’s emphasis on outcome measures and evidence-based practices (Johnston, 2006) parallels these professions in the development of policies governing care.

Social services in the U.S. are asked to measure their level of impact on social phenomena (Federal Register, 2006). In turn, these measures are used to establish social policy, recommend funding, and direct community resources. Federal policy presses the

allocation of resources to be based on observable measures, such as quantified need and measurable success (Johnston et al., 2006). The measures include quantitative studies, outcome-based data, and social indicators that are viewed as objective (Sacket, 1996; Fox, 2007). Outcomes measures are the driving force in determining what is seen as a wise use of funds and, as a result, become a primary consideration when policies are established.

Outcomes Beyond Evidence

Outcomes are factors affected by an effort. The outcomes of social work intervention include the successful relationships built with clients. The stories of clients are powerful (Benner, 1991; Denning, 2000; Drake, 2002; Seifert, 1999). Community members react to the richness of the stories, tales that include accounts of what motivated the journey from the streets to stability. Often in these stories, some relationship, passionately experienced and perhaps covenantal in nature, helped the homeless person find success. The passion in these tales is part of the outcomes that the homeless themselves would claim. Denning (2000) suggests that "storytelling ignites action in knowledge-era organizations," but evaluation of outcomes from the perspective of business or science requires that the change be measurable (Purdon, 2001). Relationships are underemphasized in quality of care research (Ware, 2004). How can it be known that the relationship is an important aspect of caring?

Relationships that help service users feel cared about and connected to society are essential to the meaning of care (Ware, 2004, p. 1). The knowledge of caring practices is context-dependent, historically developed, and concerned with human interaction as well

as decision-making (Phillips, 1994, pp. 12-13). Aristotle writes about practical wisdom (*phronesis*), which, unlike physical science, is embodied in the morals of people and communities (Lockwood, 2006). This knowledge cannot be replicated based on theories or data. It is described as being compelled into a particular or unique experience with others (McKeon, 1972). Nursing has questioned whether *phronesis* should replace evidence-based research in guiding the profession (Flaming, 2001).

Anna Richert illustrates how focusing on the product or outcome of work separates people from their stories and, as a result, from relationship with other people. As institutions become more bureaucratic, they undermine the sense of community in the groups that they intend to serve (Richert, 1994, p. 114). When personal connections diminish, social problems increase, and government responds with greater levels of regulation and with systems founded on economic principles (Schwartz, 1997, p. 45). Over time, the focus on measuring efficiency in actions that are intended to help means that relationships are "drowned by the world governed by inputs" and measurable outcomes (Schwartz, 1997, p. 35).

Bellah (1994) suggests that in modern democratic society, the state should exist to serve the needs of the people, rather than people catering to the desires of the state. Others suggest that individuals measure fulfillment of needs through maximizing self-interest, primarily money. Money motivates business, which generates the profits that are then called upon to fund many good works for the society. Bellah further argues for communities and governments that provide care to "adopt an ethic of responsibility, attentiveness, care and moral discourse rather than a paradigm of . . . commoditization" (Phillips, 1994, p. 13).

In combination, these philosophies call for balancing effectiveness, efficiency, and empathy (Swaby-Ellis, 1994) with the understanding that comes from human narratives. Professional social work recognizes a similar dynamic in seeking care for the individual (empathy), cure of underlying causes of dysfunction (effectiveness), and change in social structures that provide an environment that fosters functioning (efficiency). To fully care, then, challenges studies to not only gather measurable data but to also be enlightened by human storytelling.

David Thomasma (1994) contends that a society with the problems of poverty and homelessness needs to maintain constant vigilance about protecting persons from inappropriate treatment. The optimal condition is to provide compassion by shepherding technology to good human aims (Martin-Mollard, 2007, p. 141). The ethic of care that guides Christian professional social work must encompass the values of profession and must offer interventions based on evidence that withstands the rigor of science. Services must engage social work practices that offer relationships that give clients the empowerment of self-determination. To promote public good, the Christian professional social worker must honor the foundational values of social work related to caring for others (an attitude of service, importance of human relationships, respecting the individual's right to self-determination), and must also reflect the covenantal relationship with Christ that allows people to engage in free will (self-determination). Simultaneously, the work must meet the core principles of science and evidence-based intervention, while engaging in choices that acknowledge sound economic principles. Success measures in the HUD programs specifically identify improved self-sufficiency as a priority outcome (HUD, 2006c).

There is a level of personal sacrifice that is inherent in caring for others (Bellah, 1994; Benner, 1994), but Christianity affirms a covenantal relationship with God that convicts people to care about others (Gustafson, 1998). Preservation of human relationships is not readily apparent in policies that prioritize mass enumeration of people: "*W*e have settled for easy measures that distract us from what needs to be attended to and cared for" (Bellah, 1991, p. 274). Actions in accordance with Christian values "are not always compatible with the goals of the welfare state" (Belcher, 2004, p. 274). Applied justly, however, the principle of reflecting covenantal relationships must allow others to reflect the covenantal relationships inherent in their beliefs as well. This means that scientists must be afforded the flexibility to value measurement based on quantification, and public officials must be allowed to pursue their economic responsibility to the commonwealth.

The pursuit of resources for providing tangible elements of care may distract the Christian social worker from prioritizing the covenantal responsibility to build relationships: "The charm and power of technology and the authority of the scientific outlook conceal the speed with which the idea of responsibility for the (spiritual) being is diminished" (Murdoch, 1992, p. 426). Bellah suggests that "we do not know how to put moral obligations ahead of politics, science, and economics" (Bellah, 1994, p. 35). There is substantive evidence of the economic benefit of serving the priority groups, but the impact on the non-prioritized groups is less clear.

While social work values helping relationships, other social sciences contend that these relationships threaten the self-reliance and the self-esteem of the person being helped, and diminish his/her productivity (Skinner, 1975; Tropman, 1989). These

contentions pose a conflict between the theories of social work and those of social change, which creates an internal conflict in ethics for the professional social worker (Keith-Lucas, 1985; Sherwood, 2002; Sherwood, 1997; Harris, 1999). This dilemma is compounded by a conflict between the principles found in the Christian perspective and those of the business sector. Professionals have turned to science to help answer these conflicts.

Science requires impartiality (which can support the idea of equal value for each human being) and measurable evidence. In a context of increased focus on scientific or techno-rational decision-making, the relationships can become instrumental and the impersonal (Frame, 2006). Decisions about the provision of service may focus on economics, efficiency, and effectiveness rather than reflecting covenantal care.

A failure to measure all aspects of care, however, can also undermine the efforts of science and technology to build a comprehensive understanding of factors that lead to success (Phillips, 1994). The efforts to codify, categorize, and measure project outcomes fail to fully understand, engage, and build caring relationships with clients (Phillips & Benner, 1994, p. 2). The measurement process can leave social workers and homeless clients detached and socially frustrated (Visick, 1992, p. 504). One benefit of this modernization study is the opportunity to survey homeless people and gain a deeper understanding of homeless people in the region.

Phillips & Benner (1994) assert that care-giving organizations are being bound to government service policies. This bond may diminish the relational aspects of care. Caregivers are being rewarded for measurable results, efficiency, and economic productivity, while the behaviors valued by their moral motivations (concern,

attentiveness, and compassion) go unmeasured and ignored. Similarly, Benner (1994) suggests that "[t]he outcomes of excellent caring practices cannot be reliably predicted in advance" and that causal relationships are difficult to establish (Benner, 1994, p.47). There is an art in the helping professions, demanding a balance among efficiency, effectiveness, and empathy; a blend of art and science; and the intersection of counting and compassion. In 1994, Phillips suggested that in creating systems (methods) to understand homelessness on the macro level, social workers have lost touch with the more abstract aspects of the profession. The art of professional social work depends upon the quality of personal relationships that often elude quantification and codification. This sentiment has been echoed more recently by other social workers and helping professionals (Bowpitt, 2000; Poe, 2002). If accurate, this means that care cannot be objectified in the same way as other interventions; it eludes scientific measure. Some argue that "society must choose what it values most: economy or empathy" (Swaby-Ellis, 1994, p. 86) or risk being viewed as "barbarian" (Poe, 2002).

Current policy promotes two components of the definition of care adopted in this paper: responsible interaction with people and access to tangible support. To fulfill the final aspect, policy needs to inspire the development of covenantal relationships that honor the individual, including the core principle of self-determination. Outcomes in other social sciences, such as nursing, indicate that attention to relationship will enhance the effectiveness of care, in turn improving outcomes, a measure of the return on investment. Policy can motivate investment in relationships and in measuring the impact of those relationships over time. Policy could enhance the relational aspects of care by

requiring period-prevalent data collection, supporting long term services, and rewarding evidence that includes both quantitative and qualitative outcomes.

To act in accord with a comprehensive ethic of care and maintain the primacy of client self-determination is a complex challenge for the professional social worker. To purport to provide care absent evidence that it fosters the outcomes desired by homeless individuals and families is "self-interest cloaked in altruism"; to implement policies for caring without the human narrative "commodifies the human experience and exerts control in the place of care" (Bellah, 1994; Benner, 1994, p. 46). The ethic obligates the helper to balance principles of multiple community sectors, of scientific procedure and covenantal relationship-building, and of the inherent worth of humans with the demands of productivity.

The professional social worker must remain conscious of the challenge to develop services and policies that foster caring, using the full knowledge of science and research while adhering to the core values of the profession and its religious heritage. Promoting policies that are founded in research and also comply with the professional principles that emphasize the importance of human relationships and the client's right to self-determination is one way to answer the challenge. Have professional social workers accomplished this? Do current policy and professional practice align with the professional ethic for client self-determination? A case study concerned with the plight of thousands of homeless San Diegans is used to explore this question. This study asks, "Do the evidence-based homeless policy priorities in San Diego align with the homeless persons' self-determined priorities for care?" The next section considers approaches for exploring this question.

Sources and Methods to Gather Information about Care

To answer questions about the modernization of care and the alignment of service priorities to provide care to homeless persons requires information about modernization, the services to be provided, and what the priorities are. Because my study is concerned with alignment of priorities established by homeless persons in comparison with policy priorities, sources and methods to gather information about those aspects of care are needed. This introduction offers a brief discussion of the appropriateness of this type of study for social work, which is then followed by three major segments. The first segment addresses the sources and methods for gathering evidence-based practices from homeless policies, the second section speaks to gathering information about the self-determined priorities of homeless persons, and the final section looks at selecting measures for assessing the alignment of the two.

Is the modernization of care in social work worthy of study? Literature reveals an interest in the impact of modernization on various disciplines and professions. Academic and professional journals include modernization research conducted by helping professions, such as nursing (Andrews, 2000; Negussie, 2001; Flaming, 2001), psychology (Franco, 2006), and religious counseling (Mellor, 1997; Cousineau, 1998). Each of these professions bears resemblance to social work. For instance, the code of ethics in nursing features values similar to social work, such as the importance of the patient-professional relationship; social work applies theory and knowledge gained through psychology (Rubinstein, 1978; Smith, 2005); religious counseling and social work stem from similar traditions (Niebuhr, 1932; Dandaneau, 2001; Latour, 2003; Trattner, 1994). Social problems such as homelessness are concerns for each of these

professions. A study of modernization of care in social work, then, seems appropriate to undertake. What indicators can be used to assess modernization? What are the available data sources and methods for collecting data for those indicators?

Sources and Methods for Evidence-Based Practice Priorities

A study of the modernization of care for any group must effectively identify the subject population, the elements that will be used to measure care, and the indicators of modernization. The current study explores the impact of modernization on priorities for social work practice by investigating the alignment of homeless policy with the traditional standards for professional social work practice. Evidence-based practice interventions are used as an indicator of modernization, and the service preferences of homeless persons are used to represent the traditional social work value of self-determination. Analysis of the alignment of the preferences in modern policy compared with the self-determined preferences of homeless persons is used as a measure of the influence that modernization and tradition have on social work practice. To meet this objective, this study must: 1) identify the services or interventions promoted as evidence-based practices, 2) examine modern policy documents and record the services and interventions that are prioritized, 3) gather the self-determined service preferences of homeless persons, and 4) measure the alignment between the policy priorities and those of homeless individuals. Information for my study comes from three types of sources: literature and research, published policy documents, and information from homeless people. The following sections address the sources of data and particular methods for collecting concurrent data sets for use in my study.

Sources of Evidence-Based Practice Data for the San Diego Region

Key variables in this dissertation include the evidence-based practices (EBP) that are prioritized in local policies regarding the provision of services to homeless persons. Local strategic plans for serving homeless persons identify priorities and establish policies for which services will be funded and made available to homeless persons. Local policies for providing social work intervention for homeless persons include service preferences. The strategic plans designed to address the needs of the unsheltered homeless that include a prioritization of services for individuals in the San Diego region are the Plan to End Chronic Homelessness in the San Diego Region (Leadership Council, 2006), the County of San Diego Consolidated Plan (County of San Diego, 2009), the State Consolidated Plan (Reamer, 1992), and the Exhibit I Action Plan for McKinney-Vento Funds for persons in the San Diego Regional Continuum of Care (Jordan, 2003). Two national policy documents also drive services in the San Diego region: the U.S. Department of Housing and Urban Development General Plan (U.S. Department of Housing and Urban Development, 2010) and the Interagency Council on Homelessness federal plan, which is titled *Opening Doors* (U.S. Interagency Council on Homelessness, 2010).

Methods to Gather Evidence-Based Practices and Policy Data: Qualitative Method

Investigating modernization as it is described earlier in this study begins by identifying the evidence-based or best practice interventions found in various studies and

policies. There are established methods for gathering data through the review of written documents. Documents that contain reports of statistical data might be evaluated through secondary analysis using quantitative methods. In this case, however, the data relate to service or intervention concepts that are prioritized in studies and policies. Researchers such as Bergin, Garfield, Marsten, and Denzin and Lincoln provide examples of studies that use qualitative methods and content analysis for this type of inquiry (Bergin 1971; Marsten 1971; Denzin, 2000) .

Content analysis, which refers to "any technique for making inferences by systematically and objectively identifying specified characteristics of messages" (Frankfort-Nachmias, 2008, p. 296), is well-suited to collect information from written communications (Rubin, 2011). Content analysis involves identification of concepts and terms (Bergin, 1971; Strauss, 1998; Marsden, 1971) and can be applied at either the word or concept level in order to mine evidence from source documents. Because evidence-based practices (EBP) are concepts communicated through core terms and language, and searching for EBP concepts contained in policy documents requires this type of activity, content analysis is an appropriate method to for the first phase of this dissertation.

Objectivity in content analysis is fostered through application of systematic processes information from various forms of communication (Slack, 1990; Bergin, 1971). In this instance, data gathering for policy priorities can apply techniques borrowed from qualitative research and grounded theory studies, including constant comparative and synthesis techniques. Constant comparison techniques involve "comparing incidents against other incidents in the data for similarity and difference" (Rubin, 2011, p. 7). Data verification occurs through simultaneous data mining and analysis. Similarities and

differences in the data help to identify and label recurring concepts. The researcher continues to search, verify, clarify, and compare these concepts in the ongoing analysis (Braudel, 1963), subsequently developing categories for the concepts to delimit the number of concepts. Continual comparison integrates concepts, removes non-relevant items, and reduces categories into major concepts, which are then further compared (Boyer, 2002). The constant comparative and delimiting process results in limiting the concepts to a number that is manageable for analysis. Applied professions, such as nursing, synthesize the constant comparative techniques from grounded theory for use in direct practice and document analysis.

Applying Qualitative Methods to Evidence-Based Practices Found in Literature

This section describes the concepts identified when qualitative methods are applied during the literature review. The concepts identified are subsequently used in this study. The literature labels certain interventions for unsheltered homeless persons, as best practices based on a variety of evidence, also referring to them as “evidence-based practices” (EBPs). The EBPs include “housing-first” or affordable housing, “housing plus” or permanent supportive housing, and access to mainstream resources (Freedman, 2003; Culhane, 1998; Freedman, 2003; Parsons, 1999; Sherwood, 2002). Housing-first is described as housing in which the unsheltered person is placed in a low-demand independent living environment and holds a lease that lasts indefinitely. This intervention model asserts homelessness is optimally addressed by providing a permanent home as the first intervention rather than requiring a homeless person to meet behavioral standards

such as sobriety or mental health stability before receiving permanent housing assistance (National Alliance to End Homelessness, 2006). Housing is viewed as an issue of access and affordability, rather than being one component of an initial treatment intervention. Literature on housing-first and affordable housing suggests that provision of independent housing rather than shelter is the priority intervention in solving homelessness (Cohen, 2004; Matejkowski, 2009; Gulcur, 2003; Goldfinger, 1996) The housing-first model views provision of permanent independent housing with or without treatment or services as the solution to homelessness (Lidchi, 2006).

Housing-first is promoted, in part, by federal government and policy. The U.S. Department of Housing Urban Development (HUD) encourages housing-first as a model for persons with serious mental illness but is more reluctant to support the model for substance abusers (Daniel 2004). While federal reports tout housing-first as a best-practice priority, the formal policy is less clear. The McKinney Vento Act promotes "assisting clients with housing and services in improving their lives," requiring agencies to "assist homeless individuals to obtain appropriate supportive services, including permanent housing, *medical and mental health treatment*, *counseling*, *supervision, and other services essential for achieving independent living*" (42 USC Title IV, B Section 415 (c) (3) (A), emphasis added). These provisions appear in the official policy. The Code of Federal Regulations, which is titled 24 CFR parts 577, 583-88, describes another best-practice intervention called housing plus. Housing plus requires that services be provided to the person in need in addition to affordable housing.

The coupling of affordable housing with supportive services is the next intervention prioritized by policy. Housing plus or "permanent supportive housing"

evolved as the preferred housing intervention for ending chronic homelessness. Housing plus acknowledges that ongoing support services are needed to alleviate the complex challenges faced by unsheltered homeless persons in order to resolve or prevent homelessness. Permanent supportive housing is “independent housing in the community coupled with support services” (Parsons, 1999). It is interesting to note that approximately one-third of the housing first programs identified in the research of Pearson et al. (2007) require case management (relationship-based services) in order to continue to receive housing. Although this study focuses on housing first, the requirement for case management would align these programs with the definition of a housing plus rather than a housing first model.

The Consolidated Plan for the State of California (Reamer, 1992) identifies housing, supportive services, and accessibility needs of homeless and other special needs groups as the third overall goal for the state. Housing first is noted as the most effective EBP intervention for homelessness (Reamer, 1992). The State Plan emphasizes provision of affordable housing to persons living on the street as a priority and describes the importance of linking affordable housing to transit. Although the State Plan does not use the phrase “housing plus,” it states that providing permanent supportive housing, in which supportive services are integrated with housing services instead of being separated from the person’s other needs, is “an excellent system” for persons with multiple needs (Reamer, 1992). Permanent supportive housing (housing plus) is cited as the greatest need for homeless individuals and families. The State Plan includes the Governor’s Homeless Initiative, which prioritizes permanent supportive housing as the means to end long-term homelessness (p.70). In other segments of the State Plan, financial stability

through public assistance is identified as critical (Berrick, 1991; Reamer, 1992). The plan, however, also notes that Community Development Block Grants (CDBG) is the only resource within Housing and Community Development that can offer support services. This logically challenges the capacity for providing housing plus services. The housing gap analysis provided in Appendix E of the State Plan shows that the greatest need for both homeless individuals and families is in permanent supportive housing. The combination of statements in the State Plan may indicate that housing plus or permanent supportive housing is also important but not feasible as a priority action for the state, presumably as a result of fiscal constraints.

Like other jurisdictions, the County of San Diego publishes policy priorities in its five-year Consolidated Plan (Con Plan) (County of San Diego, 2009) and subsequent annual action plans. The County of San Diego Consortium Consolidated Plan Annual Action Plan 8 (Minkler, 1999) identifies a variety of responses to homelessness, including "emergency and interim shelter access that can move chronic individuals from the street into housing assistance promoting a housing-first model" (p. 38). Formally adopted homeless policy in San Diego claims housing plus or permanent supportive housing as "the quintessential solution to chronic homelessness" in the San Diego region (Leadership Council, 2006) and recognizes it as the "central antidote" to homelessness (Kertesz, 2009, p. 497; Interagency, 2007).

Jurisdictions across the nation also endorse housing first as the primary intervention identified as an "evidence-based practice" (U.S. Conference of Mayors 2008a, 2008b) and cite scientific validation as special authority to make the claim. "We can now solve anyone's homelessness," asserted one federal official (Reckdahl, 2008;

Sherwood, 2006, p. A1). When leaders in New Orleans considered adopting a more traditional rehabilitation-focused approach, they were criticized for "ignoring the hard science" supporting housing first (Reckdahl, 2008).

Not all sources agree on which services qualify as evidence-based practices. For example, in research about homeless housing needs, some results recommend staffed settings with on-site treatment, which could be defined as "residential treatment" (Frame, 2000; Goldfinger, 1996), as opposed to lower-demand housing first settings (Carling, 1993; Deegan, 2007; Tanzman, 1993; Tsemberis, 1999). While local plans may prioritize housing first or housing plus as evidence-based practices, the policy-makers and planners were cautioned about generalizing the results of housing first studies from research about one population, such as the mentally ill, to another population, such as substance-addicted adults (Kertesz, 2009). Housing first programs often promote housing needs as "paramount and separate from treatment needs" in contrast to other types of programs that focus on mental illness or substance use, rather than homelessness, as the priority for service provision (Berrick, 2008). Treatment professionals propose people with severe impairments require stabilization that results from treatment prior to entering permanent housing, often involving stays in a series of housing settings that require the person to commit to a service plan and agree to abstain from drugs and alcohol. Housing first proponents claim that stabilization and commitment to services is not required. Research selectively supports each of the claims based on homeless populations with varying characteristics; however, generalizing the results of one study as the evidence base for practice with the other population is suspect. Kertesz et al. (2009) suggest basing policy on research findings that are "incautiously invoked" is "fraught with risk" (Kertesz,

2009) and that evidence espousing effectiveness of housing first programs often targets those unwilling to participate in a more structured approach, making a comparison of approaches more difficult.

A third policy priority promoted as a best practice is access to mainstream resources such as income maintenance programs. This priority often presumes outcomes such as increased economic security and stability without citing research-based evidence. As a result, access to mainstream resources may be better characterized as a policy preference as opposed to an evidence-based practice. Homeless policies in the San Diego region hold this priority and assume that people in need will be better served if mainstream organizations and resources are "more involved" (Leadership Council, 2006), p. 10). "Barriers to the access of mainstream resources" are identified as a major obstacle hindering success in solving homelessness (County of San Diego, 2009, p.16). The State Consolidated Plan (State Plan) recognizes the need to include substantial mainstream resources to prevent homelessness and establishes a priority to "enhance the availability, accessibility and integration of support services" needed by those who are at risk (Reamer, 1992, p. 31-32). The State Plan mirrors federal initiatives in the *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* (Ayasse, 2007), which lists improved access to mainstream resources and services as an objective. Access to mainstream resources is also identified in policies as an EBP.

As the use of EBP expands from merely suggesting services to actually guiding policy, it is blended with other influences from the modern ethic of care, such as politics, economics, and targeted outcomes, leaving some concern for the level of influence of the consumer in self-determining services (Personal Responsibility and Work Opportunity

Reconciliation Act 1996, p. 11). The next challenge is to identify a systematic process for gathering information directly from those with the least opportunity for input, unsheltered homeless persons in need of care. The next section addresses how to collect information about the services that homeless people prefer.

Sources and Methods for Gathering Self-Determined Priorities of Homeless Persons

To develop an appropriate research and sampling plan for gathering information from human subjects, the size of the population and key characteristics that distinguish the population must be identified. For more than a decade, assessment of the extent of homelessness in America and the characteristics of homeless people examined data from samples collected on a given day, known as point-in-time or point-prevalence data (Culhane & Kuhn, 1998; Rossi, 1994). A regional count of homeless persons is an ambitious project. Sociologists indicate that tracking the geography and the movement of low-income persons, particularly "informal settlement groups," requires so much specificity that it becomes a daunting, near-impossible task (Davis, 2006; Harris, 2002). Collecting information from a geographically dispersed mobile group requires extensive planning and familiarity with the habits of homeless persons.

Sources of Self-Determination Data for the San Diego Region

As noted, homelessness is an important issue for communities across the nation, including San Diego. In an attempt to alleviate the suffering and negative impact of

homelessness, millions of dollars in federal, state, and local resources are leveraged in the San Diego region each year (Regional Task Force on the Homeless, 2004; Regional Task Force on the Homeless, 2006; Regional Task Force on the Homeless, 2008; Regional Task Force on the Homeless, 2008) Priorities for the use of these funds are often developed without direct input from the homeless individuals and families who are to benefit from the resources (Leadership Council, 2006). There is also an array of methods for gathering the opinions or preferences from large groups of people, including persons who are homeless (Jordan, 2003; Office of Special Needs Assistance, 2006). Contact with a homeless person often occurs through the provision of services. As a result, homeless persons who have given occasional input to the policy planning process about their service preferences have typically been representatives of the sheltered portion of the homeless population rather than those living on the street.

The federal Department of Housing and Urban Development (HUD) mandates that local communities conduct periodic "street" and "shelter night" counts as a requirement to receive federal funds for serving homeless individuals and families (U.S. Department of Housing and Urban Development, 2004; U.S. Department of Housing and Urban Development, 2006b; Lagana, 2004). Trying to quantify the extent of homelessness in a community has inherent challenges (Office of Special Needs Assistance, 2006; Office of Special Needs Assistance, 2006; U.S. Department of Housing and Urban Development, 2006). As a result, federal resources have been used to develop guides for counting the homeless described in *A Guide to Counting Unsheltered Homeless People, Revised* as released by the Office of Community Planning and Development (U.S. Department of Housing and Urban Development, 2006, 2004; Office

of Special Needs Assistance, 2006; Lagana, 2004). These guides encourage local communities to customize the suggested research designs to the particular characteristics of the community in which the research occurs. Current methods do not exhaust all possible locations of homeless persons; however, point in time (PIT) counts help establish a minimal number of persons who are apparently homeless. PIT counts capture a snapshot of homelessness but do not capture the movement of persons in and out of homelessness during the year. As a result, PIT counts likely under-represent the size of the total homeless population but may be used to assess basic characteristics or trends in homelessness at comparative points in time.

Collection of Self-Determination Data: Sharing the San Diego Story (SSDS)

Under HUD guidelines, local communities are segmented into continuums of care, or "CoCs." The San Diego regional CoC is an area encompassing diverse geography (desert, mountain, and coastal areas), including both unincorporated and incorporated areas. To customize the HUD counting guidelines for a CoC as complex as this region requires development of a strategic plan informed by experts. To accomplish the customization task, Point Loma Nazarene University convened the Research and Data Advisory Roundtable (RADAR) composed of academicians and professionals engaged in homeless research, including a national expert from the University of Pennsylvania.

The design had to 1) identify geographic boundaries and establish data catchment areas, 2) establish protocols to address the expansive and diverse geographic area of the San Diego region, 3) develop geo maps to divide the full region into non-duplicative

subsections that could be canvassed in a four-hour period, and 4) and establish operational definitions and protocols for determining the extent of homelessness in the region at a given point in time. This effort is referred to as the *Sharing the San Diego Story Project (SSDS).*

The current study involves secondary analysis of data collected during the *SSDS* held in archives and data found in public policy documents. Because my study relies on analysis of the data collected during *SSDS*, and the methods used to collect the data impact the validity and reliability of studies utilizing that data, a full description of the *SSDS* project is relevant to the current study.

There are methodological issues common to research about homeless services or policies. For example, what constitutes homelessness? Measurement requires clear definitions that determine study participants and ultimately affects research findings (Purdon et al., 2001). In the *SSDS* research, the definition of homeless was determined by HUD (CFR 24.583), including persons who sleep in a place not meant for human habitation or in an emergency shelter; a person in transitional or supportive housing for homeless persons who originally came from the street or an emergency shelter . . . and no subsequent residence has been identified and he/she lacks the resources and support networks needed to obtain housing. (U.S. Department of Housing and Urban Development, 2006).

This definition was operationalized to help identify apparently homeless persons for the *SSDS* street count. Instructions to volunteers participating in the street count were to include only persons who appear to be adults and 1) who have items necessary to live on the street, such as sleeping bags and blankets, flashlights or lanterns, and tarps; or 2)

individuals whose clothing is tattered or dirty and appears generally unkempt, as though it had been worn for several days or had been slept in; or 3) individuals who are lying or sleeping in a public space, as on a street, sidewalk, door well, parking structure, or freeway overpass; or 4) are found with a blanket roll or cardboard box that appears to be inhabited; or 5) a tent found in a public space.

A benefit of the *SSDS* project rests in community consensus around transparent data collection methods (Strauss, 1998). Utilizing an array of community partners, the RADAR developed an agreement about the methods for implementing the street count. In turn, the results of the street count informed the sampling design for the survey. The design allowed for a sample selected systematically using a predetermined "x" interval. While this method has been used by other research (Dennis, 1991; Kalton, 1983; Seamans, 2004), it limits the applicability of results. The results from a sample that is not fully randomized to the full population under study are limited.

Although the federal emphasis on the need for measurable data has grown, experts in homelessness have not reached consensus on the type of data that should be used. One prominent issue wrestles with the differing merits of point-prevalent vs. period-prevalent data collection methods (Culhane, 1998; Kondratas, 1994; Rossi, 1994). While the surveys are designed to gather objective data and are based on established protocols, some items are subject to the theoretical perspective of the survey taker (Nagel, 2001). According to Higginbottom (2004), these theoretical differences impact the research findings. For example, an interview viewed from a symbolic perspective yields interpretations of the meaning of various interactions. The same survey interview viewed from a functionalist perspective sees findings related to the roles or relationships.

These understandings result in different outcome measures and could influence policy in different directions. Given that PIT data collected under HUD's mandate are used across the country, they are commensurate with data used in other homeless research.

Use of SSDS Data for this Dissertation

While point-in-time counts (PIT) of homelessness conducted by street counts have identified weaknesses, they remain the primary measures of the size of and characteristics of homelessness in urban areas across the U.S. (HUD, 2006b, 2008). The data collected through these efforts form the basis of national reports on homelessness

The methods used by PIT characteristics surveys parallel those typically used in social surveys (Denzin, 2001). One theoretical challenge is the subjectivity of the items used to collect self-determination data. The open-ended survey questions empower the homeless individual to provide any response in any order. This method ensures that the respondent has self-determination in selecting responses, but it does not limit responses to a forced hierarchy of those responses. The frequency of service preferences identified by respondents is used to generate the hierarchy for the group. As a result, the self-determined priorities may reflect the aggregate preferences of the homeless persons surveyed in a different order than the one in which an individual respondent might have presented them. One benefit of the open-ended question is that individual responses were not restricted to a predetermined set of responses. Restricting responses to a predetermined set could impact the measure of self-determined preferences of individual respondents. To ensure that the self-determined preferences of individuals were collected, the priorities were established by the aggregate responses reflecting the service

preferences most frequently generated from homeless respondents themselves. Measures for assessing the relationships among the priorities identified by homeless persons include comparisons of means, Chi Square comparisons, and tests.

"The difference between good and poor research hinges on whether the flaws are fatal to the major focus of the research" (Rossi, 1994). Are data from the *Sharing the San Diego Story (SSDS)* project appropriate for the proposed modernization study? Despite the weaknesses identified above, the PIT count and survey provide a foundation for measuring the size and basic characteristics of persons living on the street on any given day. The assumption that persons found living on the street on any particular day represent the population of persons needing shelter or other services to solve homelessness was tested as part of the project. This modernization study compares the previously recorded and generally accepted attributes of homeless populations with the *SSDS* sample to ensure the assumption is valid. After concluding that the *SSDS* provides a reasonable sample from which to gather information for the study, the researcher selected the items from the data that would be valid measures of the service priorities of homeless persons.

Selection of Measures of Alignment of Priorities

In this study, the alignment of service priorities found in local policies with the services selected by homeless persons themselves is examined. This required measures for testing alignment, i.e., tests that answer whether policies and homeless people agree on which services are needed, and whether they agree about the rank order of these services.

Tests to assess the magnitude and direction of the rank order of the variables include measures appropriate to nominal variables and ordinal data such as gamma, Kendall's Tau-b, and Spearman's Rho (Blalock, 1979). These statistical tests assess different measures of association among variables, ordered variables, and categories (Darkwa, 2012; Slack, 1990; Marsten, 1971).

Gamma is a measure that can be used when variables are not fully scaled quantities but are also not simply nominal values. Ordinal data fit this description. Kendall's Tau-b measures association between nominal data; however, it cannot predict the order in which the variables will occur (Darkwa, 2012, p. 895). Gamma can be used with the limited degree of quantification that rank-ordering entails and to predict both the direction and order of variables. Because of these characteristics, gamma was chosen as a measure to assess the relational rank order of the policy priority variables.

Because gamma is calculated on untied pairs, the level of association can be overstated when the data have multiple tied variables. Gamma can be used for ordinal tables with multiple variables and cases (columns and rows) or contingency tables. When the data include a higher number of cases in any cross-tabulation than the number of distinct levels in the order, tied pairs can be common and could contribute to errors in predictability (Slack, 1990). Calculation of Kendall's Tau-b (tau) includes an adjustment for this type of error and was used to assess the association of multiple variables (Frankfort-Nachmias, 2008). Spearman's Rho (Rho) is a coefficient of rank order that is an ordinal measure of association. Unlike gamma, Rho includes tied pairs by substituting the mean of the values associated with the rank order. Generating contingency tables and using gamma, tau, and rho for the policy priority variables allowed for evaluation of the

level of association, the ordinal placement of the variables, and the inclusion of the greatest number of cases possible. Multiple tests were incorporated to ensure concurrence of the measures and to minimize misinterpretation of data that were gathered through a combination of both qualitative and quantitative methods.

CHAPTER THREE

PROJECT DESIGN AND METHODS

The NASW professional code of ethics and the ethic of care articulated in Chapter Two provide a foundation for concluding that social work should prioritize the services and interventions that mirror choices made by homeless persons themselves; in other words, social work policies should align with the self-determined preferences of homeless people. Given the complexity of the interests of the modern community, however, I hypothesized that the self-determined services identified as priorities by unsheltered homeless persons would not align with the evidence-based priorities documented in modern homeless policy.

Testing this hypothesis required identification of evidence-based practices, collecting data about the evidence-based practice priorities found in homeless policies, and data regarding the self-determined service choices of homeless persons. I identified services or interventions labeled as evidence-based practices through a review of research and policy documents, as described in Chapter Two. The data sets had to address a common population, in this case, homeless persons in the San Diego region. The data for policy priorities were drawn from publications that identify evidence-based practices in policies impacting homeless persons in the San Diego region. The self-determination data was derived from archives from the *Sharing the San Diego Story (SSDS)* project, which collected data from homeless persons in the same area.

This chapter summarizes the methods used in the study process, beginning with a description of the qualitative methods, including content analysis and constant comparison used in collecting information about evidence-based practices. The section

following that discussion describes the methods used for collecting self-determination data, and the chapter concludes with a description of the methods for evaluating the alignment of the service priorities found in social work policies with those of homeless persons themselves.

Content Analysis and Constant Comparison Methods for Evidence-Based Practice

This section of Chapter Three addresses the basic research protocol for this study and for identifying and measuring evidence-based practice data for this study. After a brief overview, this discussion outlines the steps included in the process. This section concludes with information about testing alignment of the data.

As described in Chapter Two, considering the data needs for this modernization study led me to employ both qualitative and quantitative methods in this study. The mixed method approach included analysis of the anonymous data collected during the *Sharing the San Diego Story* and the EBP priorities data in public policy documents. I used qualitative methods, including content analysis and synthesized grounded theory techniques to identify and assess priorities in policy documents, and quantitative methods to gather and assess the self-determined priorities from homeless persons' *SSDS* surveys. I then applied constant comparative techniques and statistical analysis to assess the alignment of the service priorities across the data sources. Detailed discussion of these methods follows.

The first step in this study was to identify evidence-based practices (EBP). I used a qualitative content analysis method to identify services cited in research literature and

policy documents, and to map the dominant concepts presented as best practices in study results and publications. These concepts are labeled as EBP for purposes of this dissertation.

Next, I selected policy documents appropriate for the study. To be included, policies needed to meet three criteria: 1) include services or action plans for ending homelessness; 2) be applicable to the full San Diego region, the same area used to gather survey information from homeless persons; and 3) be publicly available. Six policy documents were selected as sources for identifying evidence-based practices and service priorities for the San Diego region.

Then, I reviewed policy documents, looking for services and evidence-based practice (EBP) concepts that were included as solutions or actions for solving homelessness, and subsequently re-examined the source documents, looking for which services were listed as priorities for addressing homelessness. I compiled a record of items found in each policy and level of priority of the services expressed in the policy. Next, I conducted basic statistical analysis of the data mined from these sources and applied a constant comparison technique borrowed from grounded theory to the results. I then evaluated the results of comparing the records from each policy with each other and with the preferences identified by homeless persons in the surveys.

I derived aggregate policy priorities by compiling the concepts from the individual policies. I matched the service interventions identified in the plans with established EBPs and best practices identified during the review of publications addressing the needs of unsheltered homeless persons. I created a list of services and interventions contained in the plans and used frequency and ranking analysis to identify

which interventions were prioritized by the plans when considered together. Review of this data also included descriptive statistics and measures of frequency and rank order. Testing included comparison of means, gamma, and Kendall's Tau-b. This testing helped to determine the priorities across the six policies and to assess if the differences in priorities were significant. To test the alignment of policy priorities and homeless persons' priorities, I compared the policy priority lists with the responses from the homeless survey to determine if the top four priorities were the same and if they occurred in the same order.

Research Methods for Collection of Self-Determination Data

This section of Chapter Three addresses the research design, methods, and resources used to gather the self-determined service priorities of homeless persons and the steps used to identify the service priorities. This section links the discussion in Chapter Two about point-in-time counts (PITC) with the specific PITC efforts in the San Diego region referred to as the *Sharing the San Diego Story Project (SSDS).* This discussion includes the methods used to identify the extent of homelessness in the San Diego area, the methods and actions taken to gather demographic data and personal responses of homeless persons and to assess the appropriateness of using the *SSDS* data as a data sample, and the items selected as the foundation for measuring self-determination for my study.

Gathering the self-determined service priorities of homeless persons involved methods more complex than those used in gathering priorities from written policies. The *Sharing the San Diego Story* (*SSDS*) project had gathered information from unsheltered

homeless people using the methods described in the section titled “Sources and Methods for Self-Determined Services Priorities of Homeless Persons” in Chapter Two. The major components of the *SSDS* study and methods are summarized below.

Prior to conducting the survey of homeless persons in San Diego, a Research and Data Advisory Roundtable (RADAR) group developed a research design to define the target subjects and geographic area for study. The geographic size and diversity of the San Diego CoC region led to the use of multifaceted approaches, referred to as public spaces and service places methods for point-in-time count research. The resulting design included a street enumeration, referred to as a point-in-time street count, verification activities to establish an overall population size of unsheltered homeless, as well as gathering of demographic and survey data.

Methods Used to Identify the Number of Homeless Persons in San Diego

The *SSDS* street count data enumerated homeless individuals in public places at a given point in time by identifying and tallying the number of visible, apparently homeless persons. Street counts are conducted in accordance with national guidelines established for counting homeless persons in public spaces and service places. The tally for each census tract was recorded on the map created with a Geographic Information System (GIS) and then subdivided into discernible grids to be canvassed.

Field methods for this street count included an on-foot canvas of each census tract with a high likelihood of finding homeless persons, quality-control protocols, and follow-up at service places. Enumeration protocols required multi-person teams to canvass the

area within the boundaries of an assigned area map on a specific date during the same 4-hour window in the early morning, and to note apparently homeless individuals and tents or hand-built shelters. The underlying logic for conducting an early morning count recognizes the predictability of the traffic pattern of homeless persons that is concentrated during these hours as they exit their nighttime locations. The brief, uniform window of time reduces potential duplication in the counting process.

To cross-validate the count among various stakeholders, count teams were composed of persons from different constituencies. Teams engaged formerly homeless persons as experts for locating discreet public spaces. An operating description for identifying apparently homeless persons and a pattern for canvassing the assigned area were established. Protocols for recording the number of apparently homeless persons observed and a database were used to record individual responses and to aggregate information.

Methods Used to Collect Demographic and Service Data from Homeless Persons

Gathering the demographic and service data for unsheltered individuals encompassed several steps. *SSDS* developed and implemented a sample survey to gather personal data and service information from unsheltered homeless persons in the region. First, the RADAR members developed a survey instrument to gather data, including Universal Data Elements required by HUD (Stoian, 2006), psycho-social and personal characteristics, social service history, perceived needs, and service priorities. Surveyors were trained in IRB requirements (obtaining informed consent, administration of the approved survey, and adherence to debriefing instructions), were oriented to the survey

instrument, and were given the parameters for interaction with the respondent (appropriate probes, reassurance of confidentiality, respondent's right to refuse or to cease).

Next, survey collection points were derived to mirror the geographic distribution in accordance with the GIS maps used in the street count. Locations for conducting surveys included the same public spaces and service places used for the street count. The number of sample surveys to be completed in each area was established at 15% of the counted population. Research protocols were established to poll at least a minimum sample of the overall street count. To achieve this, the research protocol invited every fourth person to participate and anticipated a substantial refusal rate; sleeping individuals were not disturbed and were counted as non-responsive. Homelessness was assessed by matching the respondent's location on the previous night and to the HUD definition of homeless. Data were collected by survey takers by asking respondents the questions on the survey using an open-ended method and using prompts when needed to clarify the response. This allowed homeless persons to generate their service preferences on their own rather than by suggestion or a predetermined list, thereby helping to ensure that responses were self-determined.

Assessment of SSDS Data as an Appropriate Study Sample

As noted above, a major source of data for this current study comes from surveys conducted with unsheltered homeless persons at a point-in-time in the San Diego region. I initially reviewed this data to assess whether the survey respondents demographically represent the known homeless population in the region.

Data from 367 surveys completed by unsheltered homeless persons throughout San Diego County show the geographic distribution of respondents parallels the general distribution of homeless persons in the region, with approximately half (49.5%) from the City of San Diego and half (50.2%) from the outlying county. Data showing the gender, racial-ethnic, and age of survey respondents are found in Table 1: Respondent Gender, Table 2: Respondent Race-Ethnicity in Survey, and Table 4: Age Distribution of Survey Respondents. Two graphs, Graph 1: Point in Time Sheltered vs. Unsheltered Males and Graph 2: Point in Time Sheltered vs. Unsheltered at the *SSDS* Point in Time, help to examine the data contained in the tables. There were many similarities in characteristics between survey respondents and known homeless populations. The survey sample was evaluated and found to be a reasonable representation of homeless persons in San Diego at a given point in time. As a result, the *SSDS* survey was deemed an acceptable sample for use in this study.

Gender Characteristics of the Sample

Table 1: Unsheltered Survey Respondent Gender contains frequency data based on the responses to 367 surveys. Three gender identities were included: male, female, and transgendered. The distribution of responses is particularly weighted toward male (81.5%), with female at 16.6% and transgendered at just under 2%.

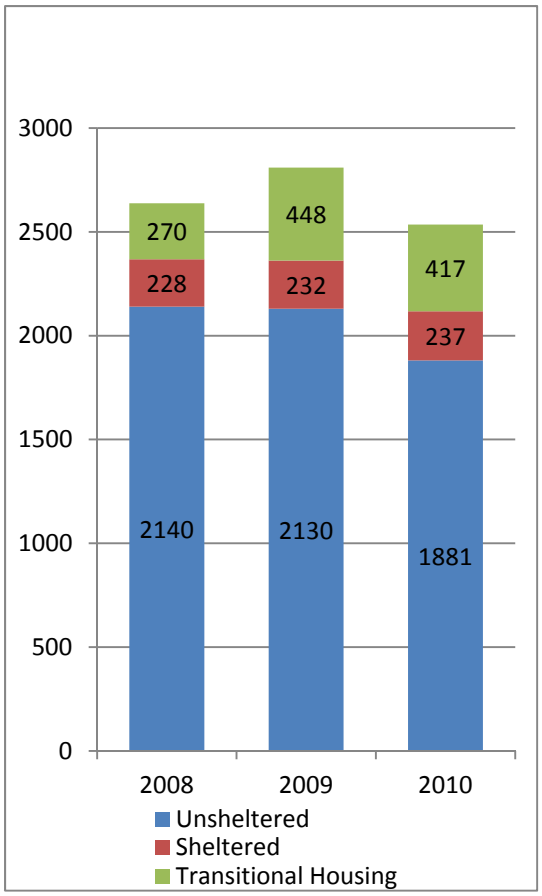
Table 1

Survey Respondent Gender

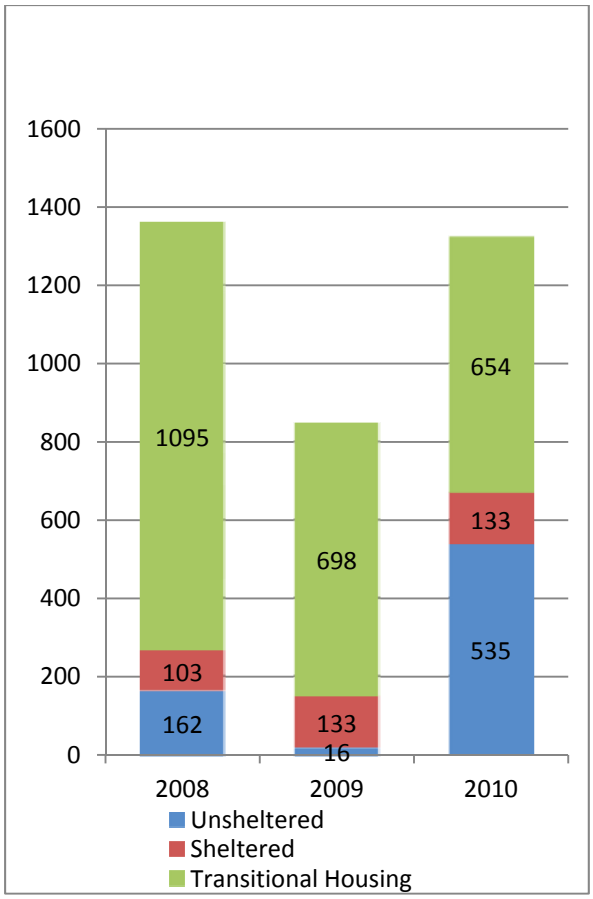
Label	Frequency	Percent
Male	299	81.5
Female	61	16.6
Transgender	7	1.9
Total	367	100.0

The gender responses in the sample are comparable to the characteristics established for the unsheltered homeless population. Nationally, the United States Conference of Mayors reported a distribution of 17% single females (National Coalition for the Homeless, 2008). The survey respondents included 16.6% females, which mirrors the distribution in the Mayors' Report distribution. Although this dissertation focuses on unsheltered homeless data, a comparison of gender data for unsheltered vs. sheltered homeless persons is depicted in Graph 1: Sheltered/Unsheltered by Housing Type, Males and Graph 2: Sheltered/Unsheltered by Housing Type, Females following the introduction below.

The point-in-time count distribution of unsheltered vs. sheltered persons by household type in the San Diego region is found in Graph 1: Sheltered/Unsheltered by Housing Type, Males and Graph 2: Sheltered/Unsheltered by Housing Type, Females. The percentages of unsheltered males reflected in the point-in-time count in which the *SSDS* surveys were collected is represented by Graph 3: Sheltered vs. Unsheltered, Total, which is found immediately below Graphs 1 and 2. Simultaneous consideration of the results and shelter status show that a disparity in access to shelter that disproportionately favors females. In 2010, approximately 74.2% of males (1,881 of 2,535) were



Graph 1: Point in Time: Sheltered/Unsheltered by Housing Type, Male



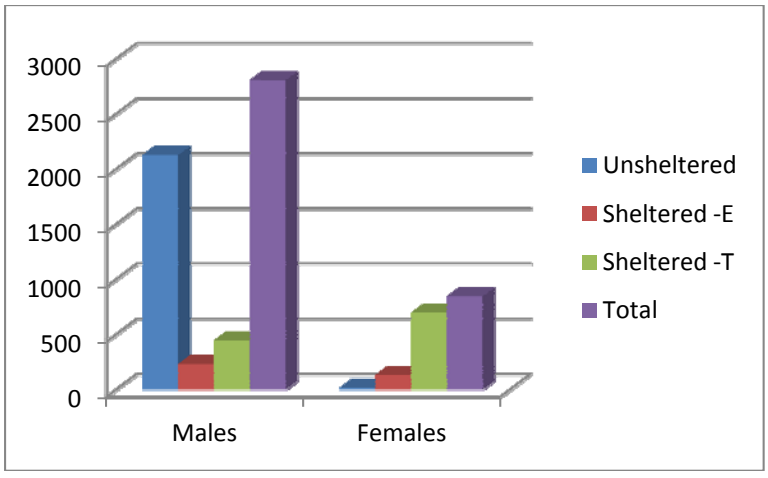
Graph 2: Point in Time: Sheltered/Unsheltered by Household Type, Female

unsheltered, whereas only 40.4% of females (535 of 1,322) lacked shelter during the same period, and disparity is seen in all three years.

Graph 1: Point in Time: Sheltered/Unsheltered by Housing Type, Male and Graph 2: Point in Time: Sheltered/Unsheltered by Household Type, Female containing point-in-time gender distribution data for the San Diego region over three years show a pattern of gender inequity. Gender data show a disproportionate percentage of males are unsheltered when compared with females. Graph 1, containing data for males, has a vertical scale of 3,000 persons with the number of unsheltered males at 2,140 in 2008,

2,130 in 2009, and just under 2,000 in 2010. The portion of unsheltered males is approximately three-fourths of the population for each year. Graph 2, containing parallel data for females, has a vertical scale of 1,600 (approximately half the scale of Graph 1). According to Graph 2, the number of unsheltered females varies substantively over the 3-year period, with 162 unsheltered females in 2008, dropping to merely 16 in 2009, and jumping to 535 in 2010. Despite these fluctuations, a minority of females is unsheltered each year. This disparity is readily seen by comparing unsheltered (blue) portions of the graphs with the emergency shelter (red) and transitional housing (green) portions.

Graph 3: Sheltered/Unsheltered Totals by Gender, *SSDS* shows the gender distribution of sheltered and unsheltered persons at the point in time of the *Sharing the San Diego Story* survey data collection. The data for both males and females are displayed on a common vertical scale of 3,000, creating a more easily seen visual comparison.



Graph 3: Sheltered/Unsheltered Totals by Gender, *SSDS*

As shown in Graph 3, there were very few unsheltered females at the time of the *SSDS* survey. Unsheltered males comprised the vast majority of homeless persons at that point in time. The emergency shelter population and transitional housing group were predominantly female, despite the fact that the homeless population is overwhelmingly male. This fact could influence the perceived priorities of unsheltered females when compared with males. If shelter is more accessible to homeless females in general, female survey respondents may be less likely to prioritize shelter or housing as a need.

Race-Ethnicity Characteristics of the Sample

Next, we look at racial-ethnic composition of the survey sample in comparison with the known homeless population. Data from the survey sample are summarized in Table 2: Respondent Race-Ethnicity in the Unsheltered Survey. Table 2 compares demographic data from the survey with characteristics known from other homeless populations.

Table 2

Respondent Race-Ethnicity in Unsheltered Survey

Racial Ethnic Group	Raw Frequency in Surveys	% *SSDS* Survey Respondents	% All homeless PITC – San Diego	% in National Sample
Other	16	4.4	.6	---
White	271	73.3	68.2	35.0
African American	36	9.8	23.5	49
Asian Pacific Islander	5	1.4	2.4	1.0
Native American	27	7.4	2.0	2.0
Multi racial	0	0	1.3	---
Hispanic	8	2.2	*	13
Missing/Unknown	4	1.0		---
Total	367	100.0	100.0	100.0

Note: Hispanic is treated as a subset of white or others, including 15% of persons unsheltered recorded.

The U.S. Conference of Mayors reported 49% African-American, 35% Caucasian, 13% Hispanic, 2% Native American, and 1% Asian as the racial distribution of homeless across the nation at a given point in time (National Coalition for the Homeless, 2008). In comparison, column 4, the total of homeless persons (both sheltered and unsheltered) in the San Diego region, reflects a higher rate of Caucasians (68.2%), as does the *SSDS* survey sample (73.3%) seen in column 3. The percentage for Caucasians includes a subset of Hispanic reported at 15%. After adjusting the numbers for this subset, the portion of Caucasians is 53%, still above the national rate. There are relatively comparable portions of persons declaring Hispanic as their race-ethnicity in the national data (13%) and the homeless population of the San Diego region (15%). Although the PITC survey was available in Spanish, and Spanish-speaking survey takers were included, Hispanic respondents are clearly underrepresented in the survey sample, comprising only 2.2%. The National Coalition notes that “demographics vary by

geographic location such as region of the U.S." (National Coalition for the Homeless, 2008). While the racial distribution of homeless persons in the San Diego region does not fully reflect that of the nation in general, the survey sample approximates the distribution of all homeless persons in the region, which is shown in Table 3: Race-Ethnicity of All Homeless Persons (Sheltered and Unsheltered).

Table 3

Race-Ethnicity of All Homeless Persons (Sheltered and Unsheltered)

	n	White %	African American %	Native American %	Asian - Pacific %	Multi %	Other %
Street	367	0.733	0.098	0.074	0.014	0	0.044
ES	965	0.706	0.223	0.019	0.035	`	0.002
TH	2900	0.668	0.257	0.014	0.022	0.019	0.002
Total	4232						

Age Distribution in the Sample

Another demographic comparator between known homeless populations and the survey sample is age. Table 4: Age Distribution of Unsheltered Survey Respondents captures the descriptive statistics for the age distribution of the 367 *SSDS* Survey respondents. The table clusters respondent ages into six categories (0-18, 19-24, 25-34, 35-54, 55-64, and 65+), as presented in columns 2-7. It is noted that in accordance with human subject protocols, persons who appeared to be less than 18 years of age were not approached by *SSDS* survey takers. Age information was not collected from three survey respondents.

Table 4

Age Distribution of Survey Respondents

	Age Ranges					
	0-18	19-24	25-34	35-54	55-64	65+
Frequency	2	19	41	235	64	3
Age range %	.5	5.2	11.1	64	17.4	.8
Cumulative Frequency	2	21	62	297	361	364
Cumulative %	0.54	5.71	16.85	80.71	98.10	98.91
364 n Valid; 3n Missing						
Total n = 367					TOTAL	100 %
	National Law Center Data					
Percentage in Age Range			25		6	

Table 4 summarizes the age distribution of *SSDS* survey respondents who are unsheltered homeless persons. According to the National Law Center on Homelessness and Poverty, 25% of homeless are ages 25 to 34; the same study found percentages of homeless persons aged 55 to 64 at 6% among the combined population of sheltered and unsheltered homeless. In each instance, the *SSDS* sample differs substantively from the national data. Sample data indicate a smaller proportion of persons aged 25-34 (11.1%), while a substantively larger portion of the *SSDS* respondents (17.4%) are ages 55-64. The majority of respondents in both cases are between ages 35-54 (comprising 64% of survey respondents). This mirrors the trend reported nationally for unsheltered homeless persons. Unlike other demographic data from the *SSDS* survey, a minor percentage (approximately 1%) of the age data is unknown. The age distribution of the *SSDS* sample is less representative of the known population.

Conclusion Regarding the Use of SSDS as a Data Source for This Dissertation

The *SSDS* study provides data appropriate for my dissertation. It offers a measure of the extent of the population, gathers demographic data about the population, collects the self-determined service preferences of homeless respondents with regard to social work intervention, and serves as a source of information for local policy planning. This modernization study provides comparative analysis of service interventions identified as priorities by the self-determination of homeless persons (as indicated in survey responses) with service interventions prioritized in documented local policies governing the provision of service to homeless persons. Specifically, this study compares two types of data: 1) responses of homeless persons to survey items that identify which services they would choose as a priority in solving homelessness as indicators of interventions that are selected by self-determination, and 2) the local policy priorities established and documented in the Plan to End Chronic Homelessness, the Homeless Action Plan of the state and local Consolidated Plans, and the Regional Continuum of Care Council Supportive Housing Program Plan Exhibit I.

De-identified data from the *SSDS* project is used in this dissertation. This modernization study isolates, aggregates, and analyzes data on selected survey items relative to testing the hypothesis that evidenced-based practice priorities in policies will not align with the services prioritized by homeless persons themselves. Analyses consist of re-arranging, merging, and sorting data in Excel and deciding which data fields to include. The SPSS statistical program was used in addition to the Excel file to produce reports on the items selected as indicators of self-determined client service preferences.

Potential duplicate responses are eliminated from the database as surveys are entered into the aggregate database and during the cleaning phase prior to archiving the data used by this modernization study. De-identification and de-duplication occurred during the cleaning process, prior to export for use in this modernization study.

Selection of Data Elements and Analysis for Self-Determination Data

An important variable in testing the hypothesis of this modernization study is the concept of homeless people's self-determined priorities for services. This study uses responses to two survey questions answered by unsheltered homeless persons as indicators of the services that the homeless persons would select. This study uses the frequency of services identified in response to the questions to determine which services are priorities. For purposes in my study, these priorities are claimed as the self-determined service priorities of homeless persons. The data include responses to two questions:

1) What services do you need to stop being homeless? (Item #32 on the survey)

2) What service(s) do you need most now (to stop being homeless)? (Item #33 on the survey)

These items were selected as apparent measures of the service preferences of homelessness individuals. Using open-ended questions for initial data gathering helps ensure that the ideas are self-generated. Self-generated responses are assumed to reflect self-determination rather than being influenced by the initial presentation of a pre-determined list.

Survey respondents were asked pre-screening items to ensure that all respondents were without shelter or housing at the time of survey. As a result, responses prioritizing these items are not muted by current receipt of housing services. Responses are tabulated and reviewed for validity. Statistical analysis of the frequency of each specific response is generated to determine the level of priority of the measured responses. The simple frequency of a specific response to an item is used to measure the likelihood of the response as a preference. Higher-frequency items were labeled as higher priority. Individual responses to the general question 1 were compared with the responses to question 2 as the expression of the current service priority at the time of the survey.

The intent of this dissertation is to compare the self-determined service priorities of homeless persons with the of evidence-based practice priorities in policies for those persons. The policy data is collected from policies that are applicable to the area of those homeless respondents. The survey population is composed of homeless persons in the area at a given point in time, and the selected polices apply to the same area and same point in time. The data sources offer information on the variables most needed for this study: input about service preferences from homeless persons and evidence-based practice priorities that govern services in the area where those homeless persons are found. The weaknesses do not appear fatal to the research question. As a result, the *Sharing the San Diego Story* data and policy data for the San Diego region are assessed as appropriate sources for this modernization study.

Methods for Evaluation of Policy Priority Alignment

To decide whether the self-determined services identified as priorities by

unsheltered homeless persons align with the evidence-based priorities documented in modern homeless policy requires testing of the data collected from homeless persons and from policies. A comparison of the service priorities from each data set (i.e., responses to the homeless survey and interventions prioritized in the strategic plans and touted as EBP or best practices) is used to assess the alignment of self-determination with social policy. The analysis includes descriptive statistics and frequency distribution, ordinal distribution of responses clustered by category, and constant comparison of the level of agreement or alignment of the top four priorities from each source. Statistical evaluation includes cross-tabulation of distribution by demographic factors, for example gender and geographic location of respondent or housing status. Chi square, Fischer Exact, and t-tests measures evaluate the relationships between variables within the survey data.[i] Statistical analysis of relationships found in the policy data and between policy data and the self-determination data includes measures for comparing rank order and for analysis of variance in rank.[ii] Assessment of the magnitude and direction of the rank order comparison of the variables includes measures appropriate to nominal variables and ordinal data such as gamma, Kendall's Tau-b, and Spearman's Rho. As discussed in Chapter Two, these statistical tests assess different measures of association between variables, ordered variables, and categories.

Gamma and Tau measure association between nominal data. Gamma is used to predict both the direction and order of paired variables; therefore, it is the measure chosen to assess the relational order of the priority variables. Kendall's Tau-b (tau) includes an adjustment for error and can be used to assess the association of multiple variables, and Spearman's Rho (Rho) is a coefficient of rank order that is an ordinal

measure of association. My study incorporated multiple tests to ensure concurrence of the measures and to minimize misinterpretation of data. This work employed both qualitative and quantitative methods for data gathering.

CHAPTER FOUR

RESULTS

What does the current study tell us about the alignment of modern evidence-based practices prioritized in homeless policy and the self-determined service preferences of people who are homeless? To test the hypothesis that the priorities from policy and the priorities of homeless persons do not align requires information about what services are selected, what the priority order is for those services, and if there is agreement between the policies and homeless people about the priority order.

This chapter reminds us about the methods used in this study, and then describes the results of my study in four major areas: evidence-based practice data; self-determination data; analysis of self-determination data compared with evidence-based practices in policies; and summary of results of hypothesis testing. Each section provides details about what I found during each stage of the process.

In my study I used qualitative methods for identifying evidence-based practices and policy priorities and used quantitative methods for determining the self-determined preferences of homeless persons through point-in-time survey responses. As described in the *Methods for Identifying Evidence-Based Practices and Gathering Policy Data* section of Chapter Two and Chapter Three: *Project Design and Methods,* the techniques for identifying the services in the policy documents included content analysis searching for the EBP concepts, constant comparison and delimiting the variables into categories, and rank ordering of those categories. Since the hypothesis for this study is founded on the premise that services identified as evidence-based practice represent a measure of

modernization, it is also important to record whether or not the service priority is labeled as an evidence-based practice (EBP).

I derived the service preferences for homeless persons from responses to two survey questions: one that inquired about the services needed to end homelessness, the second asked what the person needed most at the time. The demographics of the survey respondents sample were assessed to assure that the sample represents the demographic characteristics of the general homeless population and that it reasonably captures the distribution of homeless persons throughout the San Diego region. I conducted a frequency analysis of both the policy and the survey data to determine the priority order of the services for each data set. I then used statistical evaluation to examine the level of agreement between the data sources. This chapter contains data reflecting the evidence-based best practices identified in the literature, evidence of the service priorities in federal, state, and local homeless policies for the San Diego region and the self–determined service priorities of homeless persons derived from the *SSDS* surveys, along with analysis of the selected data.

Results: Evidence-Based Practice Data

This major section of Chapter Four provides the evidence-based practice results of my study. The section begins with a reminder of the evidence-based practices (EBP) discovered in the literature as described in Chapter Two, then summarizes the service priorities found in policies impacting the San Diego region. After that it identifies both the EBP and service priorities in those same policies, applying descriptive statistics to the

results. Finally, it creates priority clusters using constant comparison techniques, and evaluates the priorities by cluster.

Results: Evidence-Based Practices Found in Literature

I began this modernization study with content analysis and identification of key service concepts found in literature. A detailed description of the process and the data sources is found in Chapter Two. The evidence-based practices (EBP) that emerged from that process include: affordable housing also referred to housing first; permanent supportive housing or housing plus; access to mainstream resources; and prevention. The literature also speaks to the importance of data as the foundation for decision-making but does not label it as an EBP.

While the majority of the literature and research tout housing first and housing plus as premier services for ending homelessness, not all studies agree. Some articles note that the concepts of housing first and housing plus are not consistently defined and recommend caution in assuming that any approach is a panacea for all homeless persons. The literature also expresses reservation because the research findings are sometimes taken out of context or generalized to a population not represented in the studies. In general, however, affordable housing and permanent supportive housing are concepts widely recognized as EBP for solving homelessness.

Results: Service Priorities in Homeless Policies Impacting the San Diego Region

In the next phase in this modernization study, I collected data about the service priorities in policies impacting homeless intervention in the San Diego region. Using the qualitative content analysis method described in Chapter Three, I extracted service priority data from six policy documents that impact services to homeless persons throughout the San Diego region. These policy documents include: the Consolidated Plan for the County of San Diego, the Plan to End Chronic Homelessness in the San Diego Region, the Regional Continuum of Care Exhibit 1: Action Plan, the Consolidated Plan for the State of California, The U.S. Department of Housing and Urban Development General Strategic Plan, and the Interagency Council on Homelessness: Opening Doors national plan. The documented service priorities in the policies, which mirror those claimed as evidence-based practices for unsheltered homeless persons in the San Diego region, include permanent supportive housing, an affordable 'housing-first' model, acquiring mainstream resources, and outreach/prevention.

I compiled and recorded the data derived from this part of the research process. The record containing a list and rank order of the core concepts and services that were included as priorities in each of the policies is shown in Table 5, which is titled *Record of Evidence-Based Practices and Service Priorities Found in Policies.* Statistical analysis of the data was included in the comparative analysis phase of the research and is presented in Table 6, titled *Policy Priorities: Descriptive Statistics, Distribution, and Measures of Association.* The results of statistical testing, including descriptive statistics, and measures of distribution and association, of the core variables are seen in this table.

Results: Evidence-Based Practices and Priorities Found in Policy

The first set of data I mined from six policies selected for inclusion in this modernization study is recorded and summarized as Table 5: *Record of Evidence-Based Practices and Service Priorities Found in Policies*. In following the protocols for the initial stage of content analysis, I first simply recorded the service priorities found in each document. As a result, no statistical evaluation is included in Table 5. Column 1 of this table lists the services as individual variables separated into categories; column two indicates if the service is identified as an evidence-based practice; the following columns contain the top four service priorities for each of the policies. Discussion of the data follows the table.

To a large extent, service priorities found in the policies effecting the San Diego region mirror those claimed as evidence-based practices in the literature review: permanent supportive housing or Housing Plus, Housing-First or affordable housing, acquiring mainstream resources, and outreach/prevention. The policies, however, also include key concepts, such as emergency shelter, transitional housing, data gathering, and other services that are not identified as EBP.

Eight variables emerged as policy priorities (affordable housing, permanent supportive housing, transitional housing, emergency shelter, employment, health and education, outreach /prevention, and data gathering). These variables fit into four categories (housing, employment, mainstream resources and other). With the exception of data gathering, only variables in the housing category rank as first or second, all others rank in third or fourth position. In the ‘other category” outreach to homeless persons and

Table 5

Record of Evidence-Based Practices and Service Priorities Found in Policies

Policy Priorities	Is Service Evidence Based Practice?	County of San Diego Plan	Plan to End Chronic Homelessness	Regional Continuum of Care	State Consolidated Plan	National HUD Plan	Federal ICH Plan
Housing							
Affordable Housing / Housing First	Yes	1	1	3	2	1	2
Emergency Shelter	No	1*			3		
Transitional Housing	No	3		2	3		
Housing Plus (Permanent Supportive	Yes	2	2	1	1	2	2
Employment							
Employment / Job Training	No	**		4			3
Mainstream Resources							
Case management	Yes						
Health / Education						4	4
Other							
Prevention/ Outreach	Yes		3		4	3	
Data Gathering (not a service)			4				1***
Transportation							

* Although Affordable housing was the # 1 priority listed in the plan, emergency shelter was also identified and in public comment was listed as the # 1 priority and was funded.

** Employment was noted as a priority for non-homeless persons but not included in policy for homeless persons.

*** Leadership and data are both identified in the #1 priority.

prevention of homelessness are expressly identified as priorities in some policies. Additional services appear in policies as components tied to other variables but not established as a separate service or priority. My review of the policies disclosed anomalies in three policies: the County Consolidated Plan, the Plan to End Chronic Homelessness (PTECH), and the federal Interagency Council on Homelessness plan.

Affordable housing appears as a priority in several components in the San Diego County Consolidated Plan (County Plan) and is referenced as the first priority. Emergency shelter and transitional housing were equally weighted in the discussion of priorities in the policy; however, emergency shelter was identified as the first priority in the public comments section of the plan and was included as a priority for funding in the annual action plan. As a result, affordable housing and emergency shelter are both ranked in first position. Employment is noted in the County Plan as a service to the general public but not for addressing homelessness. Public comments include employment or job training as a priority for non-homeless persons. In this case, however, it is not included in either the plan or the Action Plan as a service needed for homeless persons. The County Plan identifies all priorities for homeless services in the housing and shelter categories. Only four services are ranked, two with tied ranking. There are no priority services identified for a fourth rank.

The Plan to End Chronic Homelessness (PTECH) mentions referral to employment preparation (job training) as a potential service associated with permanent supportive housing but does not prioritize jobs or job training as a separate priority. PTECH also lists data collection and analysis as a top priority.

The national Interagency Council on Homelessness plan also includes the gathering and assessment of data and political leadership as top priorities in ending homelessness. Neither activity is typically considered a service. As a result, I did not anticipate that homeless persons would choose either as a priority. Statistical testing of the Table 5 data is presented in Table 6.

Policy Priorities: Descriptive Statistics and Measures of Association

Table 6: *Policy Priorities: Descriptive Statistics, Distribution, and Measures of Association* contains statistics generated by SPSS for the eight key concepts identified across the six policies. These concepts include: affordable housing or Housing First; permanent supportive housing (also called Housing Plus); emergency shelter; data collection; transitional housing; outreach / prevention; employment and training; and health and education. Data in Table 6 includes descriptive statistics (frequency of inclusion, priority rank in policies, mean rank, variance), and the measures of association for the priority order of these concepts (Gamma, Kendall's Tau-b and approximate significance).

Column 1 of Table 6 lists the eight key service concepts found in the policies. The data in column 2 represents the number of policies containing each key concept or evidence-based practice. Column 2 shows that the inclusion ranges from a minimum of inclusion in two policies to inclusion in all six. Half of the concepts (emergency shelter; data collection; employment and training; and health and education) are found in only two policies. While EBP concepts (affordable housing and permanent supportive housing) are found in 100% of the policies.

Since the current modernization study is interested in the alignment of priorities, I also examined the consistency in rank order among the policies. Consistency of rank order is expressed through multiple measures: variance (column 10), Gamma (column 11), and Tau-b (column 12). Variability in mean values range from no variance (0.0) for health and education to substantive variance (4.5) for data; total scores range from 4 to

10; with mean scores ranging from 1.67 to 4.0. Three variables, affordable housing, permanent supportive housing, and outreach prevention, are equal on total scores, as are health/education and transitional housing. Lower individual scores note higher priority rating; however, a lower sum of scores does not have the same implication since the total could be derived from potentially multiple combinations of scores or from a single rating.

The descriptive statistics in Table 6 reveal that despite apparent similarities in specific scores, there are measurable differences between concept variables, i.e. the policies are not fully aligned with each other on the priorities for solving homelessness. I used Gamma and Kendall's Tau-b for statistical analysis to better understand the meaning of these differences. Each of the measures is discussed following the table.

Table 6

Policy Priorities: Descriptive Statistics, Distribution, and Measures of Association

Service / Intervention	n Policies include	n Rate #1	n Rate #2	n Rate #3	n Rate #4	Sum of Scores	Mean	Std. Deviation	Variance	Gamma[1]	Kendall's Tau-b	Approx. Significance[2]
Affordable / Housing First	6	3	2	1	0	10	1.67	.816	.667	.273	.234	.584
Permanent Supportive	6	2	4	0	0	10	1.67	.516	.267	.000	.000	1.0
Emergency Shelter	2	1	0	1	0	4	2.00	1.414	2.000	-1.0	-.775	.009
Data Collection	2	1	0	0	1	5	2.50	2.121	4.500	.556	.430	.230
Transitional Housing	3	0	1	2	0	8	2.67	.577	.333	-.455	-.389	.255
Outreach / Prevention	3	0	0	2	1	10	3.33	.577	.333	-.455	-.389	.301
Employment/Training	2	0	0	1	1	7	3.50	.707	.500	.778	.602	.055
Health & Education	2	0	0	0	2	8	4.00	.000	.000	-.333	-.258	.540

Notes: 1. Asymp error data contained in Table in appendix

2 .Gamma and Tau-b are based on unmatched pairs only; the significance applies to level of predictability for unmatched pairs.

Findings from the Descriptive Statistics for Policy Priorities

Although affordable housing and permanent supportive housing receive the same scores on four elements (both are included in 100% of the policies, are rated as first priority in more than one policy, and have the same arithmetic mean and total score, the measures of these variables differ by variance in their priority ratings. The rating of permanent supportive housing evidences less variance (.267 vs. .667) than affordable housing. When included in the policies, health and education is consistently rated fourth; outreach/prevention and employment rate third or fourth; transitional housing rates second or third; and data is rated at both the highest and lowest priority. This data infers that there are key concepts that appear in the top four priorities in policies but there is less agreement on rank order. I used additional analysis to further identify patterns in the data.

Next, I sought patterns of relationship among the priorities, including the order of priorities represented across the policies. San Diego interventions in adopted homeless strategic plans and policies all identify housing intervention as a priority intervention with EBP policies identified as permanent housing employing either a Housing First or Housing Plus model. A comparative process was used to further delineate priorities; and statistical measures evaluated the comparative relationships. To evaluate the relationships among the variables and their rank order, I generated and compared gamma and Kendall's tau-b statistics. These measures are found in Table 6.

Table 6 shows the statistical distribution of concepts and service interventions in policy documents. Of the eight variables that appear in the six policies, four of the concepts capture all the first place ratings (affordable housing, emergency shelter,

permanent supportive housing, and data). Permanent supportive housing is the only variable to be ranked in first or second position by all six policies.

I used the four top-ranked services from each policy to determine the top four priorities aggregated across all policies. This process revealed that all six policies include affordable housing and permanent supportive as top priorities, three include prevention and outreach, and three include emergency shelter or transitional housing. Affordable housing has the highest number of first priority rankings (3), followed by permanent support (2), emergency shelter (1), and data gathering (1). Further comparison shows that each of the policies identifies permanent supportive housing as first or second in rank, whereas affordable housing includes first, second, and third rank placements. The descriptions in the policy narratives are mixed with regard to which of these approaches warrants the prime position. One clear pattern is that multiple forms of housing or shelter are included as priorities in every policy. For the next step in the process, I condensed the services into conceptual clusters. This process is known as delimiting the data.

Testing of Frequency and Order of Service Variables

To assess the ordinal relationship among the service variables across the policies, I used statistical analysis of the association between and the predictability of order among the variables. As noted in Table 6, the measures of predictability of order include gamma and Kendall's tau-b. Gamma can range between -1.0 and +1.0, where a positive result indicates similar order and a negative indicates a reverse order. The numeric value of gamma represents the degree of association. Gamma measures untied pairs only, and a gamma of 0.0 means there are as many untied pairs that are similar in order as there are

reverse order. When the results of gamma and Kendall's tau-b testing are at 0.0 or are negative, it means that the ordinal relationship between the variables is not similar. In these instances, the assessment is that the variable is not aligned across the policies; that is, the policies do not agree about the priority order. Five variables had negative associations or a 0.0 condition: emergency shelter, transitional housing, prevention/outreach, health, and permanent supportive housing. In four of these cases, the variables were in opposite order of priority. In one case, there was an equal mix of agreement and disagreement.

These measures indicate that the policies themselves are not fully aligned on service priorities. Because I hypothesized that the service priorities in policies as a whole would not align with the service priorities of homeless persons, additional work was needed to develop an aggregate picture of the policy priorities. Gamma and Kendall's tau do not indicate the level of the priority rating on which the variables agree or disagree. For example, there is significant positive agreement on employment; however, reviewing this result in combination with the descriptive data shows that only two policies include employment, and it is ranked in either or fourth priority. Statistical analysis shows that the frequency of including the employment variable is low, but when it is included, it is in significant agreement (at a .055 level) on the rank order, in this case at a low rank in the order.

Reviewing the descriptive statistics in combination with the ordinal testing also prompts a discussion of the permanent supportive housing variable, which produced a 0.0 gamma but lacks significance. Descriptive statistics (Table 6) show that permanent supportive housing is included in 100% of the policies and is placed in first or second

priority in rank. Gamma indicates that if the rank is known in one policy, a prediction cannot be made relative to which rank it will place in another policy. In this case, because the gamma statistic cannot predict the specific rank of a variable, it cannot predict whether permanent supportive housing will rank in first or second position. Knowing all three statistics helps us see that while permanent supportive housing is included in all policies, it is not consistently at the same rank. Permanent supportive housing is consistently included and is a high-level priority, although it is not always the first place priority. This assessment helps us develop the priority order of the services across the policies. Another way to achieve the goal of establishing priority order across policies is to continue to use the process borrowed from grounded theory. The next step in that process is to delimit the variables into categories.

Delimiting Variables into Clusters

Following the grounded theory techniques described in the methods section, I delimited the service variables found in the policies into common categories or clusters. Table 7: *Rank Order of Policy Priorities Based on Frequencies in Clusters* records the simple frequency rates of services found in policies, and then places them into conceptual clusters and rank order based on those frequencies.

For the eight variables that appeared in the six policies, four clusters or categories were developed: housing, employment, mainstream resources, and other. The rank order of the policy clusters was determined by the aggregate frequency of the EBP or service in the policies, resulting in the following rank order: housing, other, mainstream resources, and employment. It is noted that these priority clusters include services and interventions

Table 7

Rank Order of Policy Priorities Based on Frequencies in Clusters

Cluster	San Diego County Plan	Plan to End Chronic Homelessness	Regional Continuum of Care	State Plan	HUD General Plan	Federal ICH	Sum	Rank Order
Housing	X	X	X	X	X	X	6	1
Employment			X			X	2	4
Mainstream		*	*		X	X	2	3
Other		X		X	X		3	2

not identified as EBP in addition to those claimed as EBP, as well as actions that are not services, for example data gathering. Data gathering and leadership are not services provided to homeless persons and as a result were removed from the other services cluster during the categorization process. Data gathering was included in two policies, the PTECH and ICH plans; however, because additional services are included in the "other" cluster, the removal of data as a variable has no impact on the rank order.

The descriptive results for the service clusters parallel what we saw in the content analysis for the individual services found in the separate policies. One or more forms of housing or shelter appear in all six policies; other services are included in three; mainstream resources and employment are prioritized in two policies. Mainstream resources were specifically noted in two additional policies but are not prioritized. This factor was used to resolve the tie with employment and placed mainstream resources third in the ranking based on content analysis.

Statistical Evaluation of Policy Priority Clusters

To evaluate the clusters, I followed a process similar to the one used for individual services. First, I identified frequencies, compiled distribution data and descriptive statistics, and then applied statistical testing. Table 8: *Frequency of Clustered Variables in Policies* captures the first step, the frequency of each rank order for each cluster across the policies.

Table 8

Frequency of Clustered Variables in Policies

Policy Cluster	Rank	Frequency	Percent
Housing	First	5	83.3
	Second	1	16.67
	Third	1	16.67
Employment	Fourth	1	16.67
	Not Found	4	66.7
Mainstream Resources (Health / Education)	Fourth	2	33.3
	Not Found	4	66.7
	Second	1	16.67
Other (Outreach / Prevention)	Fourth	2	33.67
	Not Found	3	50.0

Column 1 of Table 8 lists the four service clusters found in policies: housing, employment, mainstream resources, and other (outreach and prevention). With the exception of employment, each cluster contains services labeled as EBP. Column 2 reports any rank that was found for each cluster. Column 3 reports the number of times the cluster received a particular rank. The table shows that housing is the only cluster that was ranked as a first priority, and outreach/prevention was the only other cluster

receiving a rank as high as second place. As can be seen in column 4, outreach and prevention services were not found in 50% of the policies, while employment and mainstream resources were not included in two-thirds of the policies.

Table 9

Descriptive Statistics of Clustered Variables in Policies

Policy Cluster	Highest Rank	Lowest Rank	Not included	Sum Of Scores	Mean	Std. Deviation
Housing	1	2	0	7	1.17	.408
Employment	3	4	4	7	1.17	1.835
Mainstream Resources	4	4	4	8	1.33	2.066
Other	2	4	3	10	1.67	1.966

Table 9: *Descriptive Statistics of Clustered Variables in Policies* shows the statistical distribution of clustered service priorities. Statistical evaluation of the frequencies for the top priority validates the simple distribution I found during the content review of the policies. Housing appears most frequently; it is the only cluster ranked in first position, and it has little variance. This means that policies consistently rank some form of housing as a priority and that the ranks were relatively proximate. The distinction made between affordable housing and permanent supportive housing disappears when the services are clustered. For other categories, collapsing the individual variables into clusters and applying statistical analysis creates differences in comparison with the simple content analysis. The category of “other” receives the next highest score, a second place rank, in one policy and fourth in two others, resulting in statistical

variance; however, the cluster was absent in three (50%) of the policies. The mainstream resources and employment are each included in only 33% of the policies; however, mainstream resources is consistently is ranked fourth place, whereas employment is ranked in either third or fourth, placing it statistically above mainstream resources.

Table 10

Statistical Testing of the Order of Policy Priority Clusters

Policy Cluster	Test	Value	Asymp. Standard Error [a]	Approx. T [b]	Approx. Sig
Housing	Kendall's tau	.115	.256	.433	.665
	Gamma	.200	.438	.433	.665
Employment	Kendall's tau	.602	.234	1.917	.055
	Gamma	.778	.249	1.917	.055
Mainstream resources	Kendall's tau	-.183	.330	-.548	.584
	Gamma	-.250	.451	-.548	.584
Other	Kendall's tau	-.389	.300	-1.277	.202
	Gamma	-.456	.350	-1.277	.202

Table 10: *Statistical Testing of the Order of Policy Priority Clusters* provides the results of statistical testing of the order of the policy priorities found when clustered into categories. As described in the discussion of Table 9, gamma values tend to be inflated, and Kendall's adjusts for that standardized error. A negative value indicates that the variables are predicted to appear in reverse order. Therefore, two clusters, mainstream resources and other, would not be considered aligned for the purposes of this study. Housing and employment are positively associated and, when they appear in policy, would be assessed as somewhat aligned. As gamma cannot predict the specific priority rank for the variables, the evaluation is one of descriptive content analysis. In general, housing is positively associated among all six policies with little variance; other services,

specifically outreach and prevention, are prioritized in more policies than either mainstream resources or employment, but when included, employment is more significantly aligned.

Results: Self-Determination Data

I collected the next set of data to test whether the priorities expressed by unsheltered homeless persons align with the evidence-based practices in modern social work, through survey responses to items referred to as Question 1 and Question 2. Having confirmed the survey sample as a reasonable representation of the unsheltered homeless population in the San Diego region, I began to examine the self-determined priority data contained in the survey responses. This section reviews the service priorities identified by homeless persons in response to survey Question 1, including the descriptive statistics and the delimiting of the responses categories, followed by a similar discussion for survey Question 2. The section then reviews the analysis of self-determined service priorities with evidence-based practice priorities and concludes with a discussion of the results of hypothesis testing.

Self-Determined Service Priorities, Survey Question 1

Question 1 (Q1), "What services do you need to stop being homeless?" explores the respondents' selection of interventions generally needed to stop being homeless. The survey respondents' selections of services were aggregated and the results recorded in Table 11: *Survey Responses to Services Needed to Stop Being Homeless*.

Table 11

Survey Responses to Services Needed to Stop Being Homeless

Service Intervention n = 367	Respondents Selected N	% of Respondents	Rank Order by Frequency
Affordable Housing	196	53.0	2
Emergency Shelter	117	31.8	7
Transitional Housing	114	31	8
Education	82	22.3	12
Job	212	57.8	1
Job Training	126	34.2	5
Drug treatment	43	11.7	17
Medical Services	67	18.2	14
HIV Assistance	21	7.3	18
Dental	65	17.7	15
Mental Health	47	12.8	16
Case management	78	21.2	13
Info referral	87	23.6	11
Financial Aid	99	26.9	9
Food	143	38.9	3
Transportation	137	37.2	4
Shower	124	33.7	6
Permanent Supportive Housing	89	24.2	10

I determined homeless service priorities using a simple frequency approach similar to the one used to identify the service priorities in homeless policies. Survey respondents self-identified 18 services as needed to stop being homeless. These services are listed in column 1 of Table 11. The services include both evidence-based practices (EBP), such as affordable housing and permanent supportive housing, as well as other services not identified as EBP. This mix of EBP and non-EBP mirrors what we found in the policy documents.

The list of services most frequently selected by unsheltered survey respondents represents a measure of the self-determined priorities of homeless persons. This list contains a wider array of distinct services than the eight services prioritized in homeless

policies. To answer whether the self-determined priorities of homeless persons align with the priorities of homeless policy requires data from homeless persons that can be compared in parallel with what was found in policy. This meant identifying a list of the eight interventions and determining the top four priorities from the survey responses. The eight service interventions needed to end homelessness that were identified most frequently by homeless persons were the following: jobs, affordable housing, food, transportation, job training, showers, emergency shelter, and transitional housing.

Based on frequency, the survey data (Table 11) indicate that the top four service priorities of the homeless respondents in the San Diego region include jobs, affordable housing, food, and transportation, with the highest-frequency response being jobs. This initial list reveals apparent differences between the priorities established in policies and those of homeless survey respondents. Neither food nor transportation was selected in the top four priorities by any policy. To assess the level of alignment between services prioritized by homeless policy and those prioritized by homeless persons themselves, I followed a process similar to the one used for examining the six policies as sources of data. For the self-determined service preferences of homeless people, the data sources are the two survey questions, Question 1 (Q1) and Question 2 (Q2).

Descriptive Statistics for Survey Q1

Descriptive statistics and analysis of the frequency, probability, and distribution of these responses included a one-sample t-test and Chi square analyses. Assessing the 367 cases, the aggregate frequencies of data ranged for individual items from n = 18 to n = 212.

Statistical evaluation of the responses to Question 1 (summarized in Table 11) indicates that, in general, the responses are significant and not accidental. Because the survey question was open-ended and did not initially restrict responses, determining an expected frequency of responses required multiple tests. A total of 26 different response items were identified. The possible outcome for each item was restricted to either "yes," identified as a need by the respondent, or "no," not identified. The responses to the variables in each case were coded "1" and "0," respectively. Next, the variables were examined in two ways. The first was to determine whether the proportion of yes/no responses within the variable was evenly distributed, treating each item as a unique response with equal binary response in a one-sample Chi square. Then, responses were tested against the assumption that all 26 would be equally distributed. Expected frequencies were generated in SPSS, (Statistical Package for Social Sciences) and the actual frequency of the variables was compared with the expected. The results indicate that the frequency of responses would not be expected, and four variables were below a minimum 10% response.

The series of anticipated responses listed in the survey include distinctions within broader categories such as types of housing (affordable housing, transitional housing, emergency shelter), health services (medical, dental, HIV assistance), or recovery services (alcohol or drug treatment, mental health services). These distinctions were identified by the RADAR that developed the survey, but the differences may be less important to the respondent. Some respondents indicated that any type of housing or shelter was a priority; all housing options were included as preferences. As a result,

analysis of the responses within clusters was also deemed appropriate and parallels the qualitative process applied to the policies.

Categorizing (Delimiting) Responses into Clusters, Q1

Following the process applied to the policy data, I next evaluated the priority responses after they were categorized into clusters. For the policy priorities, the data were gathered through qualitative methods, and the clusters were created using techniques appropriate to that type of data. Categories were developed by delimiting the concepts for the policy data, which resulted in four clusters: housing, employment, mainstream resources, and other. In the policy data, the mainstream resources cluster was composed mainly of health and education; the other cluster included outreach and prevention.

Creating categories for the survey responses relies on techniques appropriate to quantitative data. Housing and jobs (employment) emerge as clusters, as do mainstream resources and other services. These latter clusters, however, differ from the policy clusters bearing the same name. For example, health is an independent service in the cluster; mainstream resources are largely composed of the high frequency of food responses, and the other services cluster is focused on transportation. These distinctions are preserved for the purposes of discussion but are collapsed into categories matching the policy clusters for statistical testing of the clusters. The results of the process are summarized in Table 12: *Survey Respondents Selecting Services Needed (Q1) Clustered by Category*.

Table 12

Survey Respondents Selecting Services Needed (Q1) Clustered by Category / Rank

Elements in Cluster	Number of respondents choosing any item in cluster	% Respondents	Rank
Housing or Shelter (AH, ES, TH,PS)	213	58.0	2
Job or Job Training	224	61.0	1
Mainstream Resources (Case management, Financial Aid, Food)	175	47.7	3
Other Services (Transportation)	137	37.2	4
Health (Medical, Dental, HIV)	88	24.0	5

Table 12: *Survey Respondents Selecting Services Needed (Q1) Clustered by Category / Rank* shows the number of respondents who identified at least one of the variables in the cluster as needed most to solve homelessness. Jobs and job training, housing and shelter services, and mainstream resources yielded high frequencies (224, 213, and 175 respectively). The job cluster ranks as the first priority, with 61% choosing jobs or job training as a service for ending homelessness; housing or shelter ranks second, with 58% identifying one or more forms of housing as a need and nearly 48% selecting mainstream resources. It is interesting to note that a common perception in the general public is that homeless persons are “lazy” and do not want to work or want to depend on financial aid from public assistance. The survey data do not reflect those perspectives. Financial assistance (public assistance) ranks ninth overall and sixth in the clustered ranking, in both instances below job or job training. Aggregating both sources of income (job or financial assistance) in the cluster analysis does not change the rank order relative to the housing cluster based on number of responses.

The analysis of the clusters reveals that respondents often chose multiple elements within the same category. For example, 25.1% of respondents selected all three housing options as the priority services for stopping homelessness. Approximately one-fourth (24.2%) of the respondents chose permanent affordable housing plus support services (permanent supportive or housing plus) as a preference for solving homelessness.

Notably, 42% of respondents did not select any type of housing or shelter service as needed to end homelessness. This observation clearly does not coincide with the priority given to various housing options in homeless policy. Each policy reviewed included a preference for some type of housing intervention. The policies reviewed typically did not state a top priority for jobs or job training for homeless persons. The individual priority for jobs, however, would align with the principles of self-reliance and the "rugged individualism" of American society described in Chapter One.

The results of descriptive statistics and one sample t-tests for Question 1 (services needed to stop homelessness) are presented in Table 13: *One-Sample T-Tests for Question 1 Variables in Clusters* and Table 14: *Statistical Testing of Q1 Variable Clusters Jobs x Housing – Chi Square / Spearman's*. Mean scores range between .35 for mainstream resources and .61 for jobs. Unlike the scores for ordinal ranking, where a lower score represents a higher ranking, in this analysis a higher mean represents a higher ranking. All variables were significant on one-sample test (Table 13).

When all four clusters are tested simultaneously, the mean scores for the jobs and housing clusters are close in score, as are the mainstream and other clusters, indicating that there is little distinction in homeless respondents' preference for jobs compared to housing as services needed to solve homelessness.

Table 13

One-Sample T- Tests for Question 1 Variables in Clusters

Cluster	Test Value = 0					
			Sig. (2-tailed)	Mean Difference	95% Confidence Interval of Difference	
	T	Df			Lower	Upper
Q1 Job	23.944	366	.000	.610	.56	.66
Q1 Housing	22.499	366	.000	.580	.53	.63
Q1 Other	14.777	365	.000	.374	.32	.42
Q1 Mainstream resources	13.917	366	.000	.346	.30	.39

Table 13 displays the descriptive statistics for the responses to Q1 when clustered into categories. The priority order based on mean scores for clusters parallels the results for individual variables: jobs and job training have the highest mean (.61), followed by housing (any type) at .58, other services at .37, and mainstream resources at .35. Next, I look more closely at the relationship between these scores.

Because the hypothesis questions the alignment of service priorities, it is important to test the order and relationships among services. Table 14: *Statistical Testing of Q1 Variable Clusters Jobs x Housing – Chi Square / Spearman's* helps to assess whether the measures in Table 13 reveal substantive relationships between the service clusters. Table 14 contains statistical measures of the relationships among service clusters in response to the question about which services are needed most to end homelessness. As discussed in the methods section in Chapter Three, multiple tests offer cross-validation of results and adjustments for error when needed.

Table 14

Statistical Testing of Q1 Variable Clusters Jobs x Housing – Chi Square / Spearman's

Chi Square	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	324.051[a]	1	.000		
Likelihood Ratio	411.490	1	.000		
Fisher's Exact Test				.000	.000
Ordinal Test	Value		Asymp. Std. Error[b]	Approx. Tc	Approx Sig,
Spearman's	.940		.017	52.478	.000

Notes: a. No cells (.0%) have expected count less than 5. The minimum expected count is 60.01; *b*. Not assuming the null hypothesis; *c*. Using Asymp. error and assuming null hypothesis

Table 14: *Statistical Testing of Q1 Variable Clusters Jobs x Housing – Chi Square / Spearman's* validates the statistical significance of the relationship between responses to Q1 for jobs and housing, yielding a chi square of 324.05 and a Spearman's correlation at .94.

Self-Determined Service Priorities for Survey Question 2

Responses to Question 2, "What services do you need most now?" (Q2) show a different distribution from the more generic Q1. This second question is used as an indicator of what the respondent's current personal needs are, differentiated from what the respondent thinks the services needed to end their homelessness in general are. Following the assessment process used throughout this dissertation, I began the exploration of Q2 with descriptive statistics.

Descriptive Statistics for Survey Question 2 (Q2)

Table 15: *Survey Response: What service(s) do you need most now?* reports the raw data and frequencies for the services identified most frequently.

Table 15

Survey Response: What service(s) do you need most now? (Q2)

Personal Service Priority n= 367	# Selected	% of total	Rank Order by Frequency
Affordable Housing	169	46.0	1
Emergency Shelter	150	40.9	3
Transitional Housing	147	40.1	4
Job	168	45.8	2
Job Training	87	23.7	6
Food	113	30.7	5

The responses to Q2 place affordable housing (46%) essentially equal with job (45%), with shelter and transitional housing equal (at 40.9% and 40.1%, respectively). A total of 54 respondents (14.7%) chose affordable housing plus support services (permanent supportive housing or housing plus) as a current priority.

Approximately one-fourth (25.1%) of respondents chose all three housing options when identifying preferences for solving their homelessness in general (Q1). When considering what they need most now, this percentage increases to 38.7%. Again, notably, a significant portion of respondents (51%) did not select any type of housing service as a current priority, and 42% of respondents did not identify any form of housing as a service needed to end homelessness.

Categorizing (Delimiting) Responses into Clusters, Q2

Next, I evaluate the data when delimited into clusters. Table 16: *Number of Survey Respondents Selecting Services Needed Now Clustered by Category* contains information on the four clusters and details the permanent supportive housing service category. This data set is important for assessing the alignment of EBP in policies with homeless survey responses, which is core to the hypothesis.

Table 16

Number of Survey Respondents Selecting Services Needed Now Clustered by Category

Elements in Cluster	Number of respondents choosing any item	% Respondents	Rank
Housing or Shelter (AH, ES, TH,PS)	180	49.0	1
Job or Job Training	178	48.5	2
Other: Health (Medical, Dental, HIV)	73	19.9	4
Mainstream Resources (Case management, Financial Aid, Food)	175	47.7	3
Housing Plus: Housing & Services (PSH)	54	14.7	5

Comparison of Results of Question 1 and Question 2 Data

The initial review of the descriptive data shows differences between responses on several variables. Statistical analysis of the relationship between Question 1 and Question 2 first tests the correlation between the variables and then assesses the level of significance for the difference between the frequencies of the same service. I used t-tests (one sample and paired), in addition to Chi squares to assess these relationships.

Table 17: *Paired Statistics for Question 1 – Question 2* summarizes the correlation between the variables, and Table 18: *Differences in Q1 and Q2 Paired Variables* provides the data indicating which variables show significant differences. When considering the variables with highest frequencies, the data show strong significant relationships between the responses to Q1 and Q2 for all but one variable, transportation. In these tables, the responses to Q1 are labeled "stop," and the responses to Q2 are labeled "self."

Table 17

Paired Statistics for Question 1 – Question 2

	Question Pair	Mean	n	Std. Deviation	Std. Error Mean
Pair 1	Stop Affordable Housing	.53	367	.500	.026
	Self Affordable Housing	.46	367	.499	.026
Pair 2	Stop Job	.58	367	.495	.026
	Self Jobs	.45	367	.498	.026
Pair 3	Stop Food	.39	364	.488	.026
	Self Food	.31	364	.462	.024
Pair 4	Stop Transportation	.38	365	.485	.025
	Self Transportation	.33	365	.472	.025
Pair 5	Stop Permanent Supportive	.24	366	.430	.022
	Self Permanent Supportive	.15	366	.355	.019
Pair 6	Stop Housing Cluster	.58	367	.494	.026
	Self Housing Cluster	.49	367	.501	.026
Pair 7	Stop Job Cluster	.61	367	.488	.025
	help jobs	.49	367	.500	.026
Pair 8	Stop mainstream Cluster	.35	367	.476	.025
	Self Mainstream Cluster	.23	367	.422	.022
Pair 9	Stop No Housing	.42	367	.494	.026
	Self No Housing	.51	367	.501	.026

Table 17 and Table 18 show the mean values and significant differences between survey responses to Q1 and Q2. All items are significant at the .05 level or better with the exception of transportation, which has a significance value of .067, slightly above the 95% confidence level. Mean values for the significant differences in paired variables range from .074 for affordable housing to .128 for jobs.

Table 18

Differences in Question 1–Question 2 Pair Values

		Paired Differences							
					95% Confidence Interval of the Difference				
		Mean	Std. Deviation	Std. Error Mean	Lower	Upper	T	df	Sig. (2-tailed)
Pair 1	Stop Affordable Housing - Self Affordable Housing	.074	.515	.027	.021	.126	2.738	366	.006
Pair 2	Stop Job - Self Jobs	.128	.482	.025	.079	.178	5.091	366	.000
Pair 3	Stop Food - Self Food	.082	.497	.026	.031	.134	3.166	363	.002
Pair 4	Stop Transportation - Self Transportation	.041	.427	.022	-003	.085	1.839	364	.067
Pair 5	Stop Permanent Supportive - Self Permanent Supportive	.096	.397	.021	.055	.136	4.603	365	.000
Pair 6	Stop Housing Cluster - Self Housing Cluster	.093	.481	.025	.043	.142	3.686	366	.000
Pair 7	Stop Job Cluster - help jobs	.125	.485	.025	.076	.175	4.947	366	.000
Pair 8	Stop mainstream Cluster - Self Mainstream Cluster	.114	.428	.022	.070	.158	5.117	366	.000
Pair 9	Stop No Housing - Self No Housing	-.093	.481	.025	-.142	-.043	-3.686	366	.000

Alignment of Self-Determined Priorities and Evidence-Based Practices in Policies

This section provides core data for testing the hypothesis of this study. How do the self-determined priorities of homeless persons compare with the priorities, particularly the evidence-based practices, established in policy? This section captures the results of comparing the self-determined service priorities of homeless persons for each of the two survey questions selected for study with each of the homeless policies impacting the San Diego region, and compares the results for the two questions with each other before moving to analysis of the alignment of self-determined priorities with evidence-based practices for each of the two survey questions. The frequency and priority level for each service from each of the policies is compared with the self-determined priorities from each of the survey questions. I use these measures in my study to find the 1) simple comparison of the rank order of the self-determination priorities resulting from survey responses with the rank order from each of the six policies, and 2) comparison of the rank order of the clustered service categories based on aggregate frequencies from the survey data and the policy data. My findings are reported in a series of tables, starting with the comparison of each policy with Question 1 (Q1) in Tables 22-27, followed by tables reporting policy priorities compared with Question 2 (Q2) in Tables 28-33 and then in clusters. This section then describes the analysis of the priority rankings when aggregated into clusters and finally addresses the results of testing the study hypothesis.

Self-Determined Service Priorities for Question 1

Compared with Each Policy (Tables 19-24)

The tables in this section compare the top four EBP service priorities from each of the San Diego area homeless policies with the top four service priority rankings from the survey responses. Tables 19 through 24 summarize the rank order of services based on the number of persons surveyed who chose the service in response to Question 1, about what is needed to end homelessness. Based on the top four responses from both sources, affordable housing has the greatest agreement; it was chosen as the second priority by homeless respondents and was generally the first or second priority in policy. The permanent supportive housing (housing plus) service priority seen consistently among policies, however, is not a priority for homeless respondents. All six policies include permanent supportive housing as either the first or second priority for solving homelessness. Permanent supportive housing (affordable housing plus services) ranked ninth in the homeless surveys. This is the most apparent and consistent discrepancy between the survey respondents' priorities for solving homelessness and the policy priorities. I noticed that a substantive portion (at least 42%) of homeless respondents did not select any form of housing or shelter as a solution to their homelessness.

Homeless respondents and homeless policies find some agreement in one other service, employment, but not in the same rank order. Although employment (jobs) is prioritized in only a third of the policies, it reflects the number one service identified by homeless respondents when considering what is needed to solve homelessness. The other two service priorities selected by survey respondents, food and transportation, are not prioritized in any of the policies. Food and transportation are not identified as EBT

practices, which may influence the lack of prioritization in policy, or they may be simply assumed by policy makers as needed or provided. Notes from the comparison of the self-determined priorities of homeless persons with each policy follow the corresponding table.

Alignment of Homeless Priorities for Q1 and the

San Diego Consolidated Plan

The first policy I reviewed was the County of San Diego Consolidated Plan (County Plan). Table 19: *Comparison of Self-Determined Priorities Q1 with the County Consolidated Plan* reports the service priorities identified in the County Plan with the homeless individuals' responses to survey Q1. In this table, and in Tables 20-23, the first column identifies the services being compared, the second column lists the rank order priority for that service that results from the homeless survey for Q1, the next column lists the rank order priority for that service in the specific policy, and the final column indicates whether the service has been listed as an EBP.

This section describes the statistical testing and assessment of the alignment of the County Consolidated Plan. Gamma and Kendall's tau-b testing of the priority order of homeless survey respondents' priorities for services needed to end homelessness as compared with the priorities established in the County of San Diego Consolidated Plan show a significant (0.00) positive association between the two rankings on affordable housing, with a gamma value of (1.00). It is the only variable found shared as a priority between the two data sources.

Table # 19

Comparison of Self-Determined Priorities Q1 with the County Consolidated Plan

Policy Priorities	Survey Q1 Priority for Solving Homelessness Priorities	County of San Diego Consolidated Plan Priorities	Is the Service Presented as an Evidence-Based Practice?
Housing			
Affordable housing / housing first	2	1	Yes
Emergency shelter		1*	No
Transitional housing		3	No
Housing plus (permanent supportive		2	Yes
Employment / job			
Job/ employment	1		No
Job training			
Mainstream resources			
Case management			Yes
Financial aid			No
Food / food stamps	3		No
Health		4	
Other			
Prevention/ outreach			Yes
Data			
Transportation	4		No

* *Note:* Emergency shelter was prioritized through public comments and was funded in plan.

There are three observations of interest in the comparison of the priorities derived from homeless surveys with the Consolidated Plan for the County of San Diego (SD Con Plan). First, both sources agree that affordable housing is in the top two priorities. Next, the SD Con Plan includes public input on priorities, which are inconsistently reflected in the plan. The priorities cited by public input include a number one priority for emergency shelter and a priority for employment opportunities. The priority for emergency shelter was subsequently included in the action plan and received funding. Employment, however, is not included as a priority. It was not included in the action plan and did not

receive funding. Permanent supportive housing is ranked second in the SD Con Plan but does not appear in the top priorities from homeless respondents. Finally, the balance of the top four priorities identified in the homeless surveys is not reflected in the SD Con Plan; as a result, only one in four priorities was found in common.

Alignment of Homeless Priorities for Q1 and the State Consolidated Plan

I continued the work to assess the hypothesis by comparing homeless survey responses for Q1 with the State of California Consolidated Plan (State Plan). Table 20 reports the data for this comparison and follows the table pattern described in the section on the alignment with Table 19, which reports on the comparison of Q1 with the County Consolidated Plan.

This section describes the statistical testing and alignment of Q1 homeless priorities and the State Plan. Gamma and Kendall's tau-b testing of the priority order of homeless survey respondents' priorities for services needed to end homelessness as compared with the priorities established in the State Consolidated Plan show a significant (0.00) positive association between the two rankings on affordable housing, with a gamma value of (1.00). Rank order frequency ratings also show that both data sources place affordable housing in the second position. As a result, it is concluded that the policies are fully aligned on the affordable housing variable. As was the case for the County Consolidated Plan, it is the only variable found shared as a priority between the two data sources, which identified a total of nine variables as priorities.

Table # 20

Comparison of Self-Determined Priorities Q1 with State Consolidated Plan

Policy Priorities	Priority for Solving Homelessness	State Consolidated Plan Priority	Is the Service Presented in Policy as an Evidence-Based Practice?
Housing			
Affordable housing / housing first	2	2	Yes
Emergency shelter		3*	No
Transitional housing		3*	No
Housing plus (permanent supportive		1	Yes
Employment / job			
Employment	1		No
Job training			
Mainstream resources			
Case management		4	
Financial aid			No
Food / food stamps	3		No
Health			
Other			
Prevention/ Outreach		4	Yes
Data			
Transportation	4		No

* *Note:* Emergency shelter and transitional housing are not separated in the policy.

Observations from the comparison of the priorities derived from homeless surveys with the Consolidated Plan for the State of California (State Plan) show alignment of affordable housing as the number two priority. The two priority rankings do not include any other item in common. It is noted, however, that the State Plan clusters emergency shelter and transitional housing into a single service. If survey responses were collapsed in a similar fashion, a total of 135 respondents chose either emergency shelter or transitional housing (or both) as a priority. This, however, would not change the priority order. It is noted that economic development (creation of jobs) does appear in the general section of the State Plan but does not appear in the services targeted to homeless persons

and is not identified as an EBP. This means that, again, only one in four priorities was shared between homeless respondents and the policy.

Alignment of Homeless Priorities for Q1 and the Regional Continuum of Care Council Action Plan

Next, I continued to assess the alignment of policy priorities with responses to Q1 by comparing homeless survey responses for Q1 with the Regional Continuum of Care Council Exhibit 1 Action Plan (RCC Action Plan). Table 21 reports the data for this comparison. The pattern in Table 21 is similar to the pattern described in the discussion of Table 19.

Table #21

Comparison of Self-Determined Priorities Q1 with Regional Continuum of Care Plan

Policy Priorities	Priority for Solving Homelessness	Regional Continuum of Care Policy	Is the Service an Evidence-Based Practice?
Housing			
Affordable Housing / Housing First	2	3	Yes
Emergency Shelter			No
Transitional Housing		2	Yes *
Housing Plus (Permanent Supportive		1	Yes
Employment / Job			
Employment*	1	4	No
Job Training			
Mainstream Resources			
Case Management			Yes
Financial Aid			No
Food / Food Stamps	3		No
Health			
Other			
Prevention/ Outreach			Yes
Data			
Transportation	4		No

* Income from employment is a goal.

This section describes the statistical testing of Question 1 and the RCCC Action Plan. Gamma and Kendall's tau-b testing of the priority order of homeless survey respondents' priorities for services needed to end homelessness as compared with the priorities established in the Regional Continuum of Care Action Plan show a significant (0.00) positive association between the two rankings on affordable housing, with a gamma value of (1.00). A second variable, employment, also yields a significant positive relationship (gamma = 1.0; approx. sig = 0.0). No other variables appear as shared priorities between the two data sources.

Observations from Table 21 show that the top four responses from homeless survey respondents and Regional Continuum of Care (RCCC) policy priorities find commonality in affordable housing. In this instance, however, permanent supportive housing ranks above affordable housing in policy, and transitional housing is noted as an effective intervention based on outcomes data (EBP).

The RCCC and survey respondents share a focus on employment. While the self-determined survey responses identify a job as the top need, the RCCC sets goals for income from employment as the fourth priority need. Despite the difference in rank order, both include employment in the top four priorities, resulting in agreement in two of the four. It may be important to note that the RCCC policy-setting process also includes input from persons who are homeless or formerly homeless, which may influence this outcome.

Alignment of Homeless Priorities for Q1 and the Plan to

End Chronic Homelessness

The next policy I assess is the Plan to End Chronic Homelessness (PTECH). Table 22 reports the data for this comparison and follows the pattern established for each of the comparisons above.

Table # 22

Comparison of Self-Determined Priorities Q1 with Plan to End Chronic Homelessness

Policy Priorities	Priority For Solving Homelessness	Plan To End Chronic Homelessness	Is The Service An Evidence-Based Practice?
Housing			
Affordable Housing / Housing First	2	1	Yes
Emergency Shelter			No
Transitional Housing			No
Housing Plus (Permanent Supportive		2*	Yes
Employment / Job Training			
Employment / Job Training*	1		No
Mainstream Resources			
Case Management			Yes
Financial Aid			No
Food / Food Stamps	3		No
Health And Education			
Other			
Prevention/ Outreach		3	Yes
Data		4	
Transportation	4		No

* *Note:* PTECH Lists linkage to employment preparation as a potential component of PSH.

This section describes the statistical testing of Question 1 and the Plan to End Chronic Homelessness. Gamma and Kendall's tau-b testing of the priority order of homeless survey respondents' priorities for services needed to end homelessness as compared with the priorities established in the Plan to End Chronic Homelessness also

show a significant (0.00) positive association between the two rankings on affordable housing, with a gamma value of (1.00). No other variables appear as shared priorities between the two data sources.

The pattern of agreement between homeless respondents and policy with respect to affordable housing is evidenced again in comparing survey responses with the Plan to End Chronic Homelessness (PTECH) and describes housing first/housing plus as critical tools. Permanent supportive housing is identified as the second priority by PTECH. The policy references a potential linkage with employment preparation as one possible component of the services that could be associated with permanent housing. It is interesting to note that this policy addresses the needs of homeless persons with diagnosed disabilities, which by definition imply that the individual is not capable of full employment. PTECH includes outreach, prevention, and data collection and analysis as priorities for addressing homelessness, which are not identified by homeless respondents. The agreement between PTECH and survey respondents continues the general pattern, with one in four of the top priorities in common.

Alignment of Homeless Priorities for Q1 and the HUD General Plan

The first national policy I assess for alignment with Q1 is the HUD General Plan (HUD Plan). Table 23 continues to follow the same pattern for reporting the comparative data.

Table # 23

Comparison of Self-Determined Priorities Q1 with HUD General Plan

Policy Priorities	Priority For Solving Homelessness	HUD Federal Plan Priority	Is The Service An Evidence-Based Practice?
Housing			
Affordable Housing / Housing First	2	1	Yes
Emergency Shelter			No
Transitional Housing			No
Housing Plus (Permanent Supportive		2	Yes
Employment / Job Training			
Employment/ Job Training	1		No
Mainstream Resources			
Case Management			Yes
Financial Aid			No
Food / Food Stamps	3		No
Health And Education		4	Yes
Other			
Prevention/ Outreach		3	Yes
Data			
Transportation	4		No

This section discusses the statistical testing of Question 1 and the HUD General Plan. Gamma and Kendall's tau-b testing of the priority order of homeless survey respondents' priorities for services needed to end homelessness as compared with the priorities established in the HUD Plan again show a significant (0.00) positive association between the two rankings on affordable housing, with a gamma value of (1.00). No other variables appear as shared priorities between the two data sources.

The U.S. Department of Housing and Urban Development (HUD) Plan is developed to meet the needs of low-income households, whether are not they are homeless. Like the Consolidated Plans of San Diego County and the State, the HUD plan includes goals and priorities established specifically for solving homelessness. Comparing the top four priorities between HUD and homeless survey respondents

indicates relative agreement about affordable housing. The HUD plan and PTECH share the priority for outreach and prevention, which is not shared by homeless respondents. The HUD plan, however, includes a different priority; health and education are in the top four priorities. The general pattern continues to be that one in four priorities is in agreement.

Alignment of Homeless Priorities for Q1 and the Interagency Council Plan

The Interagency Council on Homelessness (ICH), Opening Doors, is the second national policy and the final policy I assess for alignment with Q1. Table 24 reports the comparative data using the same structure as the other five comparisons.

This section discusses the statistical testing of Q1 and the Interagency Council on Homelessness Plan. Gamma and Kendall's tau-b testing of the priority order of homeless survey respondents' priorities for services needed to end homelessness as compared with the priorities established in the Interagency Council on Homelessness Opening Doors Plan show a significant (0.00) positive association between the two rankings on affordable housing, with a gamma value of (1.00). In this case, the level of rank order also agrees. As a result, the two policies can be said to be fully aligned on the second priority. Once again, employment also yields a significant positive relationship (gamma = 1.0; approx. sig = 0.0). No other variables appear as shared priorities between the two data sources.

Table # 24

Comparison of Self-Determined Priorities Q1 with Interagency Council on Homelessness

Policy Priorities	Priority For Solving Homelessness	Interagency Council Priority	Is Service An Evidence-Based Practice?
Housing			
Affordable Housing / Housing First	2	2	Yes
Emergency Shelter			No
Transitional Housing			No
Housing Plus (Permanent Supportive		2	Yes
Employment / Job			
Employment	1	3	No
Job Training			
Mainstream Resources			
Case Management			Yes
Financial Aid			No
Food / Food Stamps	3		No
Health		4	
Other			
Prevention/ Outreach			Yes
Data		1	
Transportation	4		No

∗ *Note:* Leadership and data/ knowledge are ranked #1

The Interagency Council on Homelessness Opening Doors Plan (ICH) is developed at the federal level to address homelessness across the nation. Review of ICH priorities in comparison with those of homeless respondents show that agreement on affordable housing continues. In this case, they are aligned as the second priority. ICH and homeless respondents' priorities for jobs/employment services are closer than in other policies, with ICH placing employment as the third priority goal. ICH shares the data and health priorities of other policies. These factors result in agreement on two of four priorities, including the homeless respondents' number one priority, jobs. ICH and the priorities of survey responses appear to have the most agreement for Question 1.

Self-Determined Service Priorities for Question 2

(Tables 25-30)

Another component of this modernization study examines the responses to the question “What services do you need most now?” This question addresses the current or most urgent needs identified by homeless respondents in comparison with the same six policies that influence services in the region where the respondents are found.

Self-Determined Service Priorities for Question 2 (Current Need)

Compared With Each Policy

The rank order in the service priorities tables changes when considering the responses to the more specific question about what the respondent needs most now. The findings from that comparison are represented in Tables 25 through 30. The most consistent priority shared by the self-determined preferences of homeless respondents and policy priorities is affordable housing. Homeless surveys include affordable housing in the top four responses for answering both questions. There are, however, rank-order differences in the other responses. In half of the cases, three of the top four service priorities are included in both the self-determined current priorities of homeless persons and the policy priorities.

When considering what they need most now to end their current homelessness, respondents most frequently identified affordable housing. Jobs or employment remains in the top four priorities; however, the third and fourth priorities of homeless respondents change substantially. Responses to the more generic question (Tables 25 through 30) show that food and transportation are the third and fourth most identified solutions. The

tables show that the third and fourth most frequently selected services become emergency shelter and transitional housing.

The results place three of the four priorities in the housing cluster, which creates greater alignment with policy priorities. At least 50% of the top four priorities in each of the policies is the housing cluster. The results are notable; when considering solutions to current homelessness, survey respondents and policy priorities largely agree that some type of housing or shelter is a priority. What remains relatively unchanged in the comparison is the disparity with the policy priority of permanent housing, and the number of respondents who did not select any form of housing or shelter as a solution. Permanent supportive housing, or housing plus, is the combination of affordable housing plus services. This intervention is touted as "the solution to homelessness" and is a priority in policies at each level. Local policy (PTECH, RCCC), the state Consolidated Plan, and federal policy (HUD, ICH) all identify this EBP as a priority. This evidence-based policy priority was not prioritized by survey respondents as either a solution to homelessness or as a current priority to solve their own homelessness. Only 54 survey respondents (14.7%) identified permanent supportive housing as a needed service, leaving it in the same position and ranked ninth. Another point of consistency is that, again, a substantive number of respondents (188 or 51.2%) did not select any form of housing or shelter as a needed service.

Alignment of Homeless Priorities for Q2 and the State Consolidated Plan

I continued to assess the hypothesis by comparing homeless survey responses for Q2 with each of the policies. The comparisons follow the same order and have the same table structure except that column 1 reports the data from survey question 2, which asks about what is needed most now (at the time of the survey). The comparison begins with the State of California Consolidated Plan (State Plan). Table 25 reports the data for this comparison and follows the table pattern described the section on the alignment with the County Plan shown in Table 19.

This section describes the statistical testing of Question 2 and the County Consolidated Plan. Testing of the order of homeless survey respondents' priorities for services they need most now as compared with the priorities established in the County of San Diego Consolidated Plan shows significant association on three variables in the housing category: affordable housing, emergency shelter, and transitional housing, each with a positive gamma value of (1.00) for affordable and transitional housing, and a predicted negative relationship on emergency shelter (-1.0). The remaining variables that appear in the two data sources (permanent supportive housing, employment, and health) are not shared and therefore cannot be in agreement; it can be inferred that the policies are not significantly aligned on these variables.

My initial review of the data in Table 25: *Comparison of Survey Responses to Services Needed Now with County of San Diego Consolidated Plan Priorities* shows greater alignment between the County Plan priorities and what homeless respondents

identified as what they most need currently. There is alignment of affordable housing as the number one priority and concurrence on two other priorities both associated with housing. Homeless respondents and policies share three of four priorities. The self-determined priorities established in response to Question 1 differ substantively from those established in Question 2. The significance of this difference in responses is discussed in the results section.

Table # 25

Comparison of Current Need Priorities Q2 with County of San Diego Consolidated Plan

Policy Priorities	Self Determined Priority For Solving Homelessness Q2	County Of San Diego Consolidated Plan Priority	Is The Service Presented as an Evidence-Based Practice?
Housing			
Affordable Housing / Housing First	1	1	Yes
Emergency Shelter	3	1*	No
Transitional Housing	4	3	No
Housing Plus (Permanent Supportive		2	Yes
Employment / Job			
Job/ Employment	2		No
Job Training			
Mainstream Resources			
Case Management			Yes
Financial Aid			No
Food / Food Stamps			No
Health		4	
Other			
Prevention/ Outreach			Yes
Data			
Transportation			No

* *Note:* Emergency shelter was prioritized through public comments and was funded in plan.

Alignment of Homeless Priorities for Q2 and the State Consolidated Plan

The comparison of homeless survey responses for Q2 with the State of California Consolidated Plan (State Plan) is reported in Table 26.

This section describes the statistical testing of Question 2 and the State Consolidated Plan. Testing of the order of homeless survey respondents' priorities for services they need most now as compared with the priorities established in the State Consolidated Plan repeats the significant positive association on three variables in the housing category: affordable housing, emergency shelter and transitional housing, each with a gamma value of (1.00). Concurrent review of the frequency data for the ranking level of housing variables with the gamma indicates that in addition to a predictable, positive association, both sources place emergency shelter at the same rank, leading to a conclusion of full alignment. Again, a significant positive association is not found for fourth variable in the housing category, permanent supportive housing, or for employment, case management, or prevention/outreach. Because these variables appear in at least one data source but are not shared between the sources, it is logical to conclude that the policies cannot be significantly aligned on these variables.

Table # 26

Comparison of Survey Responses to Services Needed Now Q2 with State Plan

Policy Priorities	Self Determined Priority For Solving Current Homelessness	State Consolidated Plan Priority	Is The Service Presented as an Evidence-Based Practice?
Housing			
Affordable Housing / Housing First	1	2	Yes
Emergency Shelter	3	3*	No
Transitional Housing	4	3*	No
Housing Plus (Permanent Supportive		1	Yes
Employment / Job			
Employment	2		No
Job Training			
Mainstream Resources			
Case Management		4	
Financial Aid			No
Food / Food Stamps			No
Health			
Other			
Prevention/ Outreach		4	Yes
Data			
Transportation			No

* *Note:* Emergency shelter and transitional housing are not separated in the policy.

Similar to Table 25, the review of Table 26 indicates greater alignment between the State Plan priorities and what homeless respondents identified as what they most need now. As noted in the discussion on Table 26, the State Plan clusters emergency shelter and transitional housing into a single service. If survey responses to Question 2 were collapsed in a similar fashion, a total of 153 respondents chose either emergency shelter or transitional housing (or both) as a priority, resulting in a frequency higher than found in responses to Question 1. This, however, would not change the priority order relative to affordable housing and jobs, nor does it alter the agreement relative to the policy

priorities. This comparison again shows agreement on three of four priorities and alignment on priority number 3, shelter.

Alignment of Homeless Priorities for Q2 and the Regional Continuum of Care Action Plan

The next comparison assesses the alignment of policy priorities with responses to Q2 with the Regional Continuum of Care Council Exhibit 1 Action Plan (RCC Action Plan). Table 27 reports the data for this comparison.

Table # 27

Comparison of Services Needed Now Q2 with Regional Continuum of Care Plan Priorities

Policy Priorities	Self Determined Priority For Solving Current Homelessness	Regional Continuum Of Care Policy	Is The Service Presented as an Evidence-Based Practice?
Housing			
Affordable Housing / Housing First	1	3	Yes
Emergency Shelter	3		No
Transitional Housing	4	2	No*
Housing Plus (Permanent Supportive		1	Yes
Employment / Job			
Employment*	2	4	No
Job Training			
Mainstream Resources			
Case Management			Yes
Financial Aid			No
Food / Food Stamps			No
Health			
Other			
Prevention/ Outreach			Yes
Data			
Transportation			No

This section describes the statistical testing of Question 2 and the Regional Continuum of Care Action Plan. Gamma and Kendall's tau-b testing of the priority order of homeless survey respondents' priorities for services they need most now as compared with the priorities established in the Regional Continuum of Care Action Plan show a significant (0.00) association on three variables: affordable housing, transitional housing, and employment. The gamma value for affordable housing and employment is positive (1.0) but is negative for transitional housing (-1.0), indicating that each of the three variables is a priority; affordable housing and employment are significantly in agreement, but there is not alignment on transitional housing. Emergency shelter and permanent supportive housing are not shared variables in the priorities lists and as a result are declared not aligned.

Table 27: *Comparison of Services Needed Now with Regional Continuum of Care Plan Priorities* compares the top four homeless services selected by survey respondents to Question 2, "What services do you need most now?" with the Regional Continuum of Care (RCCC) policy priorities. Although the two sources continue to find commonality in affordable housing, there are substantive shifts in the rank order of the variables resulting from homeless surveys. Comparison of Table 24 and the homeless survey responses to Question 2, "What do you need most now?" represented in Table 30 evidence higher priority in housing of any type. This shift creates agreement on three of four priorities between the self-determined priorities of homeless persons and the RCCC Plan, an increase from the two areas of agreement found for solving homelessness in general. The difference in frequency values between Q1 and Q2 on the two variables (emergency shelter and transitional housing) was analyzed using paired t-tests in SPSS.

The results show significant difference between the Question 1 and Question 2 responses for both variables.

Alignment of Homeless Priorities Q2 and the Plan to End Chronic Homelessness

In Table 28, I return to the assessment of the Plan to End Chronic Homelessness (PTECH), only in this case comparing the PTECH to responses to Q2. The results are reported in Table 28, which follows the pattern established for each of the comparisons above.

Table # 28

Comparison of Current Need Priorities Q2 with Plan to End Chronic Homelessness

Policy Priorities	Self Determined Priority For Solving Current Homelessness	Plan To End Chronic Homelessness Priority	Is The Service Presented as an Evidence-Based Practice?
Housing			
Affordable Housing / Housing First	1	1	Yes
Emergency Shelter	3		No
Transitional Housing	4		No
Housing Plus (Permanent Supportive		2	Yes
Employment / Job Training			
Employment / Job Training*	2		No
Mainstream Resources			
Case Management			Yes
Financial Aid			No
Food / Food Stamps			No
Health And Education			
Other			
Prevention/ Outreach		3	Yes
Data		4	
Transportation			No

- *Note:* PTECH lists linkages to employment preparation as a component of PSH.

This section describes the statistical testing of Question 2 and the Plan to End Chronic Homelessness. There are seven variables included in the homeless survey respondents' priorities for services they need most now and those found in the Plan to End Chronic homelessness. Statistical testing of the rank order of these variables yields only one significant relationship, affordable housing (gamma = 1.0; sig. 0.0), and noting the frequency ranking, there is full alignment as the first priority. No other variables are shared; as a result, it is concluded that there are substantive differences and priorities are not aligned on the majority of variables.

Comparing survey responses for Question 2 with the Plan to End Chronic Homelessness (PTECH) shows full alignment on the top priority, affordable housing. In this case, however, agreement between PTECH and survey respondents continues the general pattern found in the comparison of Question 1, with only one in four of the top priorities in common. Although this dissertation is not designed to explore the striking difference in this case compared with others, the temporal context of Question 2 in contrast with the long-term nature of chronic homelessness may be a factor. Question 2 focuses on immediate need, what is most needed *now*, while the PTECH addresses the needs of persons who have experienced extended periods of homelessness. The difference in context may influence the sense of needing any service "now."

Alignment of Homeless Priorities for Q2 and the HUD General Plan

Again, the first national policy I assess for alignment with Q2 is the HUD General Plan (HUD Plan). Table 29 continues to follow the same pattern for reporting the comparative data.

Table # 29

Comparison of Survey Responses Services Needed Now Q2 with HUD General Plan

Policy Priorities	Self Determined Priority For Solving Current Homelessness	HUD Federal Plan Priority	Is The Service Presented as an Evidence-Based Practice?
Housing			
Affordable Housing / Housing First	1	1	Yes
Emergency Shelter	3		No
Transitional Housing	4		No
Housing Plus (Permanent Supportive		2	Yes
Employment / Job Training			
Employment/ Job Training	2		No
Mainstream Resources			
Case Management			Yes
Financial Aid			No
Food / Food Stamps			No
Health (And Education)		4	Yes
Other			
Prevention/ Outreach		3	Yes
Data			
Transportation			No

This section describes the statistical testing of Question 2 and the HUD General Plan. There are also seven variables included in the homeless survey respondents' priorities for services they need most now and those found the national HUD General Plan. In this case, only two of the housing variables are prioritized in policy, but health and prevention/outreach are included. The results of statistical testing of the rank order of these variables are similar to the comparison with PTECH. Only one significant relationship is found; affordable housing with a gamma = 1.0; sig. 0.0 ranks first in both data sources. There is full alignment on the first priority, but no other variables are shared. The assessment is that there are substantive differences in priorities and little alignment.

As noted previously, the HUD General Plan at the federal level addresses the needs of a broader group of individuals and includes a priority for homeless prevention, health, and education. Comparison of survey respondents' priorities for what is needed most currently with the HUD Plan shows that the agreement on affordable housing becomes fully aligned as the top priority. Absent that change, despite the significant shift in the priorities of homeless persons, the balance of agreement is unchanged. Only one in four priorities is shared, maintaining the pattern from Question 1.

Alignment of Homeless Priorities for Q2 and the Interagency Council Plan

The Interagency Council on Homelessness (ICH), Opening Doors, is the final policy I assess for alignment with Q2. Table 30 follows the same pattern to report the data for the last individual policy comparison.

This section discusses the statistical testing of survey Question 2 and the Interagency Council Plan. Comparing the second national plan, the ICH Plan, with survey respondents' priorities for services they need most now again includes seven variables including all four housing and shelter options, employment, health, and data. Again, only two of the housing variables are prioritized in policy, affordable housing and permanent supportive housing. The results of statistical testing of the rank order of these variables finds two positive associations, affordable housing and employment, each with a gamma = 1.0; sig. 0.0. There is no agreement on the remaining five variables. As was noted in the discussion of the statistical analysis of EBP policy priorities in the methods section, data do not comprise a direct service and as a result are eliminated from further comparison.

Table # 30

Comparison of Current Need Priorities Q2 with Interagency Council on Homelessness

Policy Priorities	Self Determined Priority For Solving Current Homelessness	Interagency Council Plan	Is The Service Presented as an Evidence-Based Practice?
Housing			
Affordable Housing / Housing First	1	2	Yes
Emergency Shelter	3		No
Transitional Housing	4		No
Housing Plus (Permanent Supportive		2	Yes
Employment / Job			
Employment	2	3	No
Job Training			
Mainstream Resources			
Case Management			Yes
Financial Aid			No
Food / Food Stamps			No
Health		4	
Other			
Prevention/ Outreach			Yes
Data		1	
Transportation			No

* *Note:* Leadership and data knowledge are ranked #1 but are not services

Comparison of the self-determined responses to Question 2 with the ICH Federal Plan continues the pattern of general agreement on the priority for affordable housing. The comparison for ICH priorities and self-determined priorities of homeless respondents to Question 2 is similar to the repeated pattern revealed in Question 1; the two sources share only one in four priorities.

Summary of Self-Determined Service Priorities Compared with Individual Policies

The comparison of homeless individuals' responses to the two survey questions with each of the six policies evidenced notable patterns. There tends to be little agreement found between service priority responses for what is needed to solve homelessness (Question 1) and priorities found in individual policies, sometimes resulting in as many as nine variables being identified in the top four priorities. Responses to Question 2, what the persons needs most now, do not mirror the priorities of Question 1. The responses shift to include more housing and shelter options as priorities. This shift reduced the number of variables included by the two data sources from a maximum of nine to a maximum of seven. Somewhat higher levels of alignment are found between priorities identified by responses to Question 2 and individual policies. The most apparent agreement between the self-determined priorities of homeless survey respondents and policy priorities is affordable housing. Evidence showed that there was substantive and generally statistically significant agreement with respect to affordable housing as a priority in each comparison (12 cases, 6 each for Q1 and Q2). Homeless survey responses and policies agreed on the specific rank order of affordable housing in five instances. No pair of analyses matched across Q1 and Q2, meaning the instances where affordable housing was fully aligned with policies for Question 1 were not the same policies that aligned for Question 2. This information provides insight into the detailed alignment of the self-determined preferences of homeless persons relative to a particular policy. The next level of assessment evaluates the relationship of the self-

determined priorities of homeless persons with the priorities of policies when examined as a whole.

Service Priority Rankings Compared with Aggregate Policy Priorities

Tables 19-24 and 25-30 compared self-determined priorities of homeless persons with the priorities in each individual policy. My hypothesis testing also needed to address the self-determined priorities of homeless respondents with the policies as a whole, in aggregate. Tables 31 and 32 summarize the results of the comparison with the policy priorities in aggregate.

The data from the self-determination component of this study indicate a high percent of respondents (53%) prioritize affordable housing as a solution to homelessness. This result parallels the Housing First priority established in the evidence-based practice policies. When homeless persons are asked what the top interventions needed now for solving their own homelessness are, affordable housing drops to 45.7%, and an even smaller number identify housing plus (permanent supportive housing) as a priority. These results, however, retain agreement with the policy priorities seen in Tables 25-30. It is notable that 42% of respondents did not select any type of housing as a priority intervention for either question. This indicates that for a substantive portion of the homeless respondents, the EBP priority and the self-determined priority are not aligned, the result that was anticipated by the hypothesis. Data also reveal that gender significantly impacts the prioritization of housing. Despite greater access to housing, the data show a significant difference in the level of prioritization of housing by females in

comparison to males. Evidence-based practice priorities do not distinguish between genders.

While housing is a priority for 48.5% of respondents, an even higher portion of survey respondents (57.8%) identified a job as a priority service for resolving homelessness. Similar to the housing responses, the proportion of respondents who select jobs as what are needed most urgently to end their own homelessness drops in comparison to the priorities for ending homelessness in general (44.8% rather than 57.6%, respectively).

Self-Determined Service Priority Rankings Compared with Policy Priorities when Aggregated, Q1

Next, I compare the priorities of the six policies when considered in aggregate, compared with the service priorities of homeless survey respondents in aggregate but not clustered. Table 31: *Evidence-Based Policy vs. Self-Determined Priorities for Solving Homelessness Q1, Aggregated* compares the top four rank order priorities for solving homelessness as identified by the homeless survey respondents for Q1 with the top four evidence-based service priorities identified in policies.

Affordable housing is one of the top two ranking priorities identified by both policies and homeless persons. The remaining three priorities, however, differ. Homeless respondents chose jobs, food, and transportation more frequently than the other three ranking evidence-based priorities: permanent supportive housing, also referred to as housing plus; mainstream resources; and emergency shelter or transitional housing. In fact, survey respondents also selected job training and showers more frequently than the

first ranked evidence-based priority when services are examined individually and not in clusters.

Table 31

Evidence-Based Policy vs. Self-Determined Priorities for Solving Homelessness Q1, Aggregated

Priorities	Survey Determined Service Priorities for Solving Homelessness Q1 (%)	Evidence-Based Priorities in Policies (individual items – not clustered)
Priority 1	Job (57.8%)	Affordable Housing aka Housing First
Priority 2	Affordable Housing (53%)	Permanent Supportive; Housing Plus Services
Priority 3	Food (38.9%)	Emergency Shelter / Transitional Housing
Priority 4	Transportation (37.2%)	Outreach / Prevention

Table 32: *Comparison of Evidenced-Based vs. Self-Determined Priorities Q2 Services Needed Now, Aggregated* continues to explore the hypothesis by asking how homeless persons' service priorities in response to Question 2 compare with the policy priorities overall. This question gathered information about what homeless survey respondents felt was need most now, expressing current or urgent need. Table 32 is organized by listing the priorities in rank order with the percentage responses to Question 2 in column 2 and the service priorities expressed in policies in column 3. The services are examined individually in this table.

Self-Determined Service Priorities Rankings Compared

with Policy Priorities when Aggregated, Q2

Following the comparative analysis process used throughout my study, I next compare the priorities of the six policies when considered in aggregate, compared with the service priorities of homeless survey respondents in aggregate with services considered individually but not clustered. Table 31: *Evidence-Based Policy vs. Self-Determined Priorities for Solving Homelessness Q1, Aggregated* compares the top four rank order priorities for solving homelessness as identified by the homeless survey respondents for Q1 with the top four evidence-based service priorities identified in policies.

Table 32 shows the rank order comparison of the homeless survey respondents' self-determined priorities for solving their current homelessness with the policy service priorities. The table also notes which services are evidence-based practices (EBP). A comparison of alignment is readily seen in this table. Similar to the survey responses in Table 34, affordable housing is ranked as the top priority by homeless individuals and in policy. In this case, however, emergency shelter and transitional housing are found in the top-ranked priorities in both the self-determination data and policy. The survey data offer emergency and transitional housing as separate service needs, but these tended to be coupled as a single intervention in policy. Jobs remain in the top three priorities selected by homeless individuals, but in this case, jobs move into the second rank exchanges order with affordable housing. Employment (jobs) when separated from job training as an intervention does not rank in the top four interventions in the policies examined.

Table 32

Evidenced-Based vs. Self-Determined Priorities Q2 Services Needed Now, Aggregated

Priorities	Self-Determined Service Priorities for Solving Current Homelessness Q2 (%)	Service Priorities in Policies (individual items – not clustered)
Priority 1	Affordable Housing (46%) (EBP)	Affordable Housing; Housing First (EBP) 100%
Priority 2	Job (45.8%)	Permanent Supportive aka Housing Plus Services (EBP) (100%)
Priority 3	Emergency Shelter (40.8%)	Emergency Shelter / Transitional Housing
Priority 4	Transitional Housing (40.1%)	Outreach/ Prevention (EBP)

Considering the responses to Question 1 (Table 31) and Question 2 (Table 32) simultaneously shows that two items (food and transportation) selected for resolving homelessness in general are de-prioritized by homeless respondents when choosing services most needed now. When considering current need, other forms of housing or shelter take precedence. Assessing homeless persons' service priority for shelter leads to another observation.

Considering the data in Table 32 in context of the overall survey responses calls attention to the percentage of respondents who did not select the evidence-based practice priority as a self-determined priority at any level in the rank order. This is interpreted to mean that the respondents do not prioritize the service as a self-determined solution for their homelessness. The percentage of homeless respondents who did not select each of the evidence-based practices is another possible indicator of alignment. It is striking that more than half of the respondents did not select one or more of the top four EBP policy priorities. When considered collectively, nearly half did not select any form of housing or shelter as a solution. This finding is particularly striking when considering that all EBP

policy practices include one or more shelter or housing options as a solution to homelessness. Simple logic might presume that the solution to homelessness is to acquire some form of housing; however, 46.7% of homeless survey respondents did not select any form of housing or shelter as the solution for their own homelessness.

Clustered Priority Data

Table 33: *Comparison of Evidence-Based Practices vs. Self-Determined Priorities in Clusters* summarizes the cumulative study findings in the four clusters. The table includes priorities found in established homeless policies, homeless persons' priorities for ending homelessness as portrayed in the survey, and survey respondents' self-determined current priorities. Aggregate policy priorities, in this case, are determined by the percentage of policies that include the cluster as a priority.

The next step in continuing to follow the constant comparison process to assess whether the service priorities in policies align with the services selected by homeless persons themselves is to compare the rank order of the clustered service categories based on aggregate frequencies from the survey data and the policy data. Aggregate frequencies of the numeric data from the homeless surveys are compiled by identifying and tallying the number of cases in each of the individual items designated within a cluster and generating a percentage for that frequency. The aggregate policy data is somewhat more qualitative in nature, and the priority order can be analyzed in several ways. Services must be similarly associated in both cases in order to create service "clusters" and generate a basis for comparison. Priorities from both data sources include services designated as EBP and some that are not identified in that manner. The service clusters

Table 33

Comparison of Evidence-Based Practices vs. Self-Determined Priorities in Clusters

Service Cluster	% Survey Respondents Selecting Item to End Homelessness	% Respondents Selecting Item as Current Priority	% Homeless Policies Selecting as Priority
Housing or Shelter (any type)	58 %	49%	100%
Jobs, Job Training	61%	48.5%	33%
Mainstream Resources (financial aid, case management, health)	34.6%	23.2%	33% (67%)*
Other (prevention, data, transportation)* *	37.3%	33.2%	50%
Permanent Supportive Housing	24.2%	14.7%	100%
Food	39.0%	30.5%	0%
Transportation	37.3%	33.2%	0%

Notes: * see discussion of mainstream resources rank order in policies section;
** Transportation is the only service included in the 'other' cluster by survey respondents

were created in a manner to capture the priorities as identified, whether or not the service held the EBP designation, but to include at least one EBP in each cluster.

To parallel other aspects of the analysis completed, four priority clusters were created. Because some policy reports affecting the San Diego region collapse the various possible housing responses (emergency shelter, transitional housing, permanent supportive, affordable housing) into a single data element labeled "housing," the data were also clustered into housing category. Components belonging in the housing and shelter services cluster are somewhat apparent; affordable housing, permanent supportive housing, emergency shelter, and transitional housing are placed into this cluster. A second cluster, jobs, is also rather self-evident and contains the items employment (jobs)

and job training. The third cluster, mainstream resources, is less apparent. Mainstream resources may be described as foundational assistance programs supported through public or governmental support. Mainstream resources in homeless policy refers to resources that are available to any person who qualifies and are not restricted to homeless persons. Policies governing mainstream resources may, however, target specific efforts toward homelessness. Reviewing the policies reveals an interesting trend. Policies that are designed to address the needs of all persons in a community have different priorities for non-homeless persons. For example, economic development, including stimulating new jobs, is a priority in two policies, but jobs are not identified as a priority for homeless persons in those same policies. This component of my study clusters mainstream resources based on targeting within the selected policies. Case management, financial aid, food (generally provided in mainstream programs in the form of food stamps), and health services are included in the cluster. The fourth cluster, labeled "other," includes the items prioritized either by policy or by survey respondents, which are not logically part of one of the other three clusters. This final cluster includes prevention and outreach services, data, and transportation.

The clustered results increase the focus on job and job-related intervention reflected by homeless respondents in the separated variables. In the current case, it is clear that evidence-based policy priorities focus on various forms of housing intervention and support services largely without the job-related priorities identified by homeless respondents. This result is striking, particularly if considered in conjunction with the number of respondents who did not select any form of housing or shelter intervention. Given the social climate of self-reliance described in Chapter One, the results for housing

and job-related clusters raise the question of whether homeless persons' self-determined preference toward job-related services over housing rests in the underlying principles of self-reliance, independence, and individuality. Do homeless persons prefer job-related intervention because they can achieve both housing and greater independence at the same time? This hypothesis could be tested with additional research.

Alignment of the Rank Order for Self-Determined Priorities and Policy Priorities

The final phase of data assessment provides statistical analysis of the foundational question, "Do the self-determined priorities of homeless persons in San Diego align with the priorities established in policies, particularly evidence-based practices?" The assessment relies on the statistical analysis of the comparative rank order of the clustered priorities.

Table 34

Rank Order Priorities of Variable Clusters for Q1, Q2, and Policies

Service Cluster	% Survey Respondents Selecting Item to End Homelessness Q1	% Respondents Selecting Item as Current Priority Q2	% Homeless Policies Selecting as Priority
Housing or Shelter	2	1	1
Jobs / Employment	1	2	4
Mainstream Resources	4	4	3
Other	3	3	2

Rank Order of Priority Clusters for

Survey Responses and Policies

Using the data from Table 36 to generate the rank order for the top four priority clusters generates Table 37, which shows the rank order of the priorities in the clusters for each of the data sources (policy, and survey responses to questions 1 and 2).

The data in Table 34 display the apparent lack of alignment among the priority data sources: Question 1, Question 2, and policies; no row is consistent. There is apparent alignment between self-determined priorities for Q1 and Q2 in two clusters, mainstream resources and other, as well as alignment between Q2 and Policy priorities.

Returning to gamma and Kendall's tau-b to test associations between ordinal variables provides the values needed to statistically assess the alignment. The measures of alignment across all three priority orders are recorded in Table 35.

Table 35

Statistical Analysis of Hypothesis: Rank Order Alignment of Policy, Q1, and Q2

Cluster	Test*	Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Housing Cluster	Kendall's tau-b	.000	.577	.000	1.00
	Gamma	.000	.707	.000	1.00
Employment Cluster	Kendall's tau-b	-.333	.544	-.612	.540
	Gamma	-.333	.544	-.612	.540
Mainstream	Kendall's tau-b	.816	.167	2.449	.014
Resources	Gamma	1.00	.000	2.449	.014
Other	Kendall's tau-b	.333	.544	.612	.540
	Gamma	.333	.544	.612	.540

Notes: a. Not assuming the null hypothesis; b. Using the asymptotic standard error assuming the null hypothesis; c. *Ordinal by Ordinal variables

This section describes the statistical analysis of rank order survey Q1, Q2, and policy. Statistical analysis of the rank order of the priorities supports what was apparent in the content analysis. There is a lack of positive alignment for the employment cluster, with gamma values at -.333. This result for employment would be anticipated from the content of Table 35 and prior testing. Given the statistical analysis of the housing variable in other aspects of my study, however, the finding for housing is less expected, which also lacks a positive association (gamma = 0.0). Testing of alignment between Q1 and Q2 and individual policies evidenced the strongest alignment with at least one housing variable, affordable housing. Recognizing that the housing category also contains permanent supportive housing, which holds less agreement, makes this data more understandable. Collapsing the distinct housing choices into a cluster mutes both relationships. Remembering that gamma is calculated on untied pairs and that a 0.0 value indicates an equal number of matched and unmatched pairs lends understanding to the results for the housing cluster; there is alignment between policy and Q2 but not Q1. The mainstream resources and other clusters have positive, more predictable association due to the alignment between Q1 and Q2.

While it is recognized that the self-determined priorities of homeless persons differ between the two survey questions, the challenge to statistically test the alignment between the self-determined preferences of homeless persons and EBP remains. This association is tested using an average score between Q1 and Q2 in comparison with the policy priority rank. Table 36: *Testing of Rank Order Alignment: Self-Determination with Policy: Gamma, Kendall's Tau-b* summarizes the results of that testing.

Table 36

Testing of Rank Order Alignment: Self-Determination with Policy: Gamma, Kendall's Tau-b

Cluster	Test*	Value	Asymp. Std. Error[a]
Housing Cluster	Kendall's tau-b	1.00	.000
	Gamma	1.00	.000
Employment Cluster	Kendall's tau-b	-1.00	.000
	Gamma	-1.00	.000
Mainstream Resources	Kendall's tau-b	1.00	.000
	Gamma	1.00	.000
Other	Kendall's tau-b	1.00	.000
	Gamma	1.00	.000

This section describes the statistical testing of the hypothesis: rank order alignment of service priority clusters for self-determination and policy. Table 36: *Testing of Rank Order Alignment: Self-Determination with Policy: Gamma, Kendall's Tau* captures the overall results of comparing alignment between the self-determined priorities of homeless persons with policy priorities in the four clusters. This table represents the general results for testing the hypothesis when looking at the services in clusters. An ordinal analysis is used. Only one cluster, employment, evidences a significant negative relationship (gamma -1.0). This is the component in which the self-determined priorities of homeless persons and policy do not align. This result is not surprising given tests conducted throughout this study. It is important, however, to note that employment was not presented as an evidence-based practice in the homeless policy literature or the policies themselves. Discussion of the hypothesis testing in light of the results of the various evaluations conducted during this study is warranted.

Results: Hypothesis Testing

This section describes the results in relationship to the hypothesis that the evidence-based policy priorities and the self-determined priorities of homeless persons would not align. After an initial overview of results, this section describes the alignment between specific priorities of homeless persons and the priorities found in policies. Particular attention is given to housing, jobs, and priorities, which are not labeled as evidence-based practices.

Looking at the service priority data, the hypothesis that evidence-based policy priorities and the self-determined priorities of homeless persons would not align is not clearly proven for the San Diego region. The data, however, evidences distinct patterns worth consideration. The policies are largely consistent with each other in the priorities for the services labeled as evidence-based practices (EBP). The EBPs identified in the policies focus on affordable housing (housing first), housing plus (permanent supportive housing), mainstream resources, and outreach/prevention. Non-EBP efforts prioritized in policies tended to focus on data, leadership or collaboration, or system change rather than specific services. The self-determined priorities identified by homeless persons include both EBP and services that are not labeled as EBP. Homeless respondents chose jobs and job training over housing or shelter services and identified food and transportation as strong needs. Food and transportation were not identified as EBP, nor were they prioritized in the policies reviewed.

Affordable housing and/or housing plus (permanent supportive housing) appear as a high priority in 100% of the policies examined. Affordable housing was selected by approximately half of the homeless respondents, but less than 30% selected permanent

supportive housing. Housing plus services (permanent supportive housing) are an evidence-based (EBP) policy referred to as the "quintessential solution" (Berrick, 2008, p. 783) to homelessness. Though housing plus was identified as the number one or two priority in *all* policies governing services in the San Diego region, it was not a solution prioritized by homeless persons for either solving homelessness in general or solving their own homelessness. Less than 25% of respondents chose permanent supportive housing as a solution to homelessness, and only 14.7% of respondents identified this as a current priority.

Two-thirds of the policies and 40% of homeless persons view transitional housing as a priority, which is not identified as an evidence-based practice. In fact, in policies that address the need to change the current homeless response system, transitional housing is identified as a part of the system needing transformation (Berrick, 2008, p. 783). When disaggregated by gender, there is significant correlation between females and preference for transitional housing that is not seen in the priorities for male respondents.

When all housing and shelter option are aggregated into a cluster, the cluster is top priority for both policy and homeless respondents. It has been noted that a substantive number of respondents did not identify housing of any type as a primary intervention. When clustered, the second-level priorities, however, do not align. Policies prioritize mainstream resources, outreach, and prevention, while the self-determined preferences of homeless persons focus on the job and job training cluster.

These patterns indicate that housing first and housing plus as the premier evidence-based practices do not fully align with the self-determined preferences of homeless persons. It is the unexpected finding that many homeless persons do not

prioritize any type of shelter or housing that is striking and fosters new questions for investigation. I found that some services that are not referred to as "evidence-based practices" are prioritized by homeless persons. For example, jobs and job training are services identified by homeless respondents that are not reflected as priority in most policies. The number of respondents choosing some form of housing, jobs, food, or transportation results in those services being rated as the highest self-determined priorities of homeless persons. When the data are clustered into categories such as "housing or shelter" or "job-related," the priorities change in level of frequency and rank but remain the top two services selected by homeless persons.

Some policies also include priorities for non-homeless populations. It is interesting that policies for non-homeless persons reference economic development, including jobs. Although two policies prioritize economic development (including jobs) for the general community, they do not include employment in addressing the priorities for homeless persons. One policy that includes a reference to referrals for employment preparation for homeless persons is the Plan to End Chronic Homelessness. To be considered chronically homeless, an individual must be certified as disabled. The inclusion of employment as a goal for chronic homeless persons is somewhat ironic.

The priorities found in homeless survey responses as well as those found in policy include both EBP and services not labeled as EBP. Responses to what the person needs most now shift priorities toward housing and tend to create greater agreement between the self-determined priorities and policy priorities. Table 18 indicates the differences in response between Question 1 and Question 2 are significant, except for transportation. This is interpreted to mean a service may be viewed as important to solving homelessness

in general but that other needs are identified as more urgent at the time of the survey. A similar observation can be made in reviewing policies, such as Consolidated Plans, that include both long-term priorities and annual action plans.

In summary, there are observable differences in priority between responses to the two survey questions and between the survey questions and policies. The significance of the differences between questions in the survey are validated by quantitative statistical methods, and the substantive differences between policies are identified though qualitative methods (the constant comparison component of grounded theory), assigned numeric values based on observations, and evaluated in rank order comparison with homeless priorities using a comparative measure of differences. While the comparative differences between policies and self-determined priorities shift when assessing homeless responses to what is needed most now, there are consistent patterns throughout the assessment. The most consistent features of comparison are the general agreement on affordable housing, minimal agreement on employment, and substantive disagreement on the need for permanent supportive housing. Although survey respondents identified food and transportation as priorities for ending homelessness, no policy included food or transportation as a priority. The relevance of these findings is discussed in Chapter Five.

CHAPTER FIVE

RELEVANCE OF THIS STUDY, POLICY IMPLICATIONS, DISSEMINATION

This chapter discusses the importance of this dissertation and summarizes the implications of this study's findings for influencing policy. Professional social work has an obligation to ensure that social work practice honors the self-determination of clients. In this case, social work should aim to ensure that services include the self-determined priorities of homeless persons for resolving homelessness. The chapter begins with a discussion of the relevance of the findings of my study, then addresses the ethical and policy implications of the results and concludes with plans for dissemination of the results.

Relevance of Study Findings

This section describes the relevance of this study with respect to the results beyond hypothesis testing. The first section provides a summary and highlights from the findings, including comments on the current social context.

Homelessness is an issue of social, moral and economic interest in modern society. The importance of the results of point-in-time data to modern policy is evidenced by the federal mandate for local communities to conduct counts at least biennially in order to receive federal funds under the McKinney-Vento *Supportive Housing Program*. Policy makers, community stakeholders, and other decision-makers have cited point-in-time (PITC) reports as evidence in their determinations. On the federal level, PITC data is used in assessing the extent of a community's need for assistance. Comparison of annual

PITC data is used to identify trends and changes in characteristics of the homeless population and to track progress in ending homelessness. Quantitative analysis of the self-determined service preferences of homeless persons surveyed during the *Sharing the San Diego Story* (*SSDS*) point-in-time count and qualitative evaluation of the evidence-based practices (EBP) prioritized in homeless policies affecting the San Diego region reveal notable results.

Although this study found similar service priorities for resolving homelessness in both modern homeless policy and the responses of homeless persons themselves, my study also reveals some interesting and substantive differences. Some differences were anticipated, such as the lack of exact alignment of the self-determined priorities of homeless persons with policy priorities. Other differences, however, were not predicted but are logical in retrospect. An example of unanticipated results is the significant difference between the services homeless respondents identify as needed to end homelessness (Q1) and the services those same respondents identify as needed now to end their homelessness (Q2). The outcome of responses to Q2 in comparison with Q1 shifts the self-determined priorities of homeless persons toward any type of shelter, with the notable exception of permanent supportive housing. The data suggest that affordable housing is a policy priority that is also identified by homeless persons themselves. Policy, however, prioritizes permanent supportive housing, and most homeless persons do not. There is consistency in this pattern; survey respondents did not prioritize permanent supportive housing in response to either question. I conclude that homeless individuals who participated in the survey would not agree with the literature that claims permanent supportive housing is the quintessential solution to homelessness.

A striking and unanticipated outcome is that 42% of homeless respondents did not identify any form of housing as needed to end homelessness, while 100% of policies chose housing, particularly affordable housing or permanent supportive housing, as the number one solution. This outcome is contrary to common logic, as the one characteristic common to all survey respondents is their lack of housing or shelter. The sample was exclusive to unsheltered homeless persons. Logic would presume that a common need of this group would be housing or shelter of some sort. The results challenge that presumption.

Another area of substantive difference is the priority on jobs or job training. The historical development of social policy and professional social work responses to the needy, described in the Introduction to this study, made it clear that both work and social relationships were hallmarks of caring for the needy. Times of economic distress often pressed the informal social mechanisms of care toward formal policies tied to mandating and providing both work and housing. The responses to homelessness in recent economic crises in the U.S., however, seem to focus on housing, leaving the challenges of employment largely to the individual. Homeless survey respondents prioritized jobs or job training, which seems more reflective of systems of care aligned with social policy from bygone eras. Survey responses also indicate that tying housing to services, in permanent supportive housing, is not preferred. In comparison, it appears that homeless respondents desire opportunities for work and housing. Social work advocates for this to be at the client's own choice rather than the proscribed work and housing of the formal systems of the past. The privilege of choosing both work and housing, supported by members of the surrounding community, are features of early forms of care and reflective

of the principle of self-determination that was championed during the early phases of the development of professional social work.

The American social norms that value work and independence may contribute to homeless respondents' identification of needs and may also be components of the underlying assumptions in the policy priorities. The norm asserts that individuals who work should be able to be independent; therefore, if individuals are dependent, they must not be able or willing to work. This may contribute to a homeless individual's declaration that employment is the solution to homelessness and the policy assumption that work is not a solution for homeless people.

Other findings reveal that the self-determined priorities of homeless persons differ significantly by gender, employment outweighs other income supports such as public income maintenance (a.k.a. welfare), and jobs are commensurate with housing options in priority when collapsed into clusters.

Professional Ethics and Policy Implications

This section explores the ethical and policy implications underlying the dissertation findings, including challenges to stereotypes and implications for decision-making in professional social work. Questions about targeting EBP to subgroups among homeless persons are joined by substantive questions. Of particular interest are questions concerning housing and employment.

My study's findings raise additional research questions relative to the ethics and effectiveness of establishing policies based on client self-determination vs. evidenced-based practice. If nearly one-half of unsheltered homeless do not see housing as a need

but do see employment as important, should social policies designed to address homelessness continue to prioritize housing? One stereotype of homeless persons is that they want to be homeless. While more than 20 years of experience with homeless persons in San Diego inspires me to challenge this stereotype, the evidence in this study might be viewed as confirmation, because many respondents did not express a need for housing.

On the other hand, the comparison of the self-determined priorities of homeless respondents with the social policy designed to address the needs of long-term homeless persons (PTECH) seems to confirm the opposite. Unsheltered homeless persons' priorities for what they need most now prioritized housing in any form except permanent supportive (housing plus). While affordable housing tended to be a priority shared by homeless respondents and policy, the policy priority for permanent housing is clearly not shared, so perhaps consideration should be given to increasing policy focus on affordable housing and reducing efforts for permanent supportive housing. Study results combined with social work principles warrant additional exploration to ensure that resources are used effectively to address the needs of homeless persons in a manner that is determined by those homeless persons.

If professional social workers want to follow the modern ethic of care identified in Chapter Two, policy may need to be developed to offer additional targeting of particular EBP to homeless subgroups based on the preferences of persons in those subgroups. For example, survey data could be analyzed to assess priority differences for veterans, elderly, first-time homeless, youth on their own, or victims of domestic violence. Reconsideration of policy preferences may be warranted given the self-determined preference of females for affordable and transitional housing or the evidence-

based policy preference for using housing-first or housing plus interventions (and not transitional) in general, and particularly for single adult males.

In this section, I want to address employment. This study reveals that a significant number of homeless survey respondents chose employment (jobs) or job training as a priority for solving homelessness. It is striking that social policies include employment as a priority for people who are not homeless but not as a priority for people who are homeless. Theories of social change link modern society to industry and economic influences. Social policy tends to guard the economy and advancement of selected populations. This raises an ethical controversy. The social dynamic becomes: 1) participation in industry and economic growth (i.e. employment) are factors associated with power and success in the modern society, 2) homeless persons desire participation in these elements of society, 3) elements of industry and growth are prioritized for non-homeless persons, 4) homeless persons face both philosophical and tangible barriers to participation (i.e., viewed as lazy and do not want to work, or are not given services and supports to foster employment), so then it can be surmised that, 5) society is creating conditions that bar homeless persons from successful participation in modern society, rendering them less powerful and automatically subject to being assessed as failures by modern standards. If the goal is to solve homelessness in modern society, homeless persons' desire to fully participate in core aspects of society, including employment, must be honored. Without voice and without access to the elements of society that generate power and authority, homeless persons are relegated to a marginal social position with little hope to contributing to the solution of their own homelessness.

A second issue related to employment comes from the realization that society has changed, becoming more modern and even more focused on individual responsibility and economic success. As social policy changed, it uncoupled the provision of the combination of housing and employment for people who were residents in public institutions such as mental hospitals, prisons, or the military. These policy changes were made in the interest of social justice, but the separation of housing and employment in public institutions means that people who were dependent on public resources no longer automatically receive both. The housing-first model fits this example. It provides publicly supported but independent housing, but does not guarantee employment or income. Many survey respondents identified jobs as the solution to their homelessness. Perhaps homeless policy should consider methods that could guarantee housing and employment yet still preserve the rights of the individual.

During my study, I noted that policies that clearly include input from general public and homeless service consumers evidenced more agreement in priorities with the self-determined priorities of homeless survey respondents. HUD national policies for 2012-13 have initiated a “CoC Checkup” to assess the performance of organizations responsible for federal Homeless Assistance Funds (formerly called SHP). The performance evaluation specifically includes participation of homeless consumers in the decision-making process. This initiative could give homeless persons a powerful mechanism for voicing their preferences and as a result move local homeless policy into closer alignment.

Dissemination of Study Results

This section describes potential mechanisms for dissemination of the results of this study, including but not limited to formal publication, education of policy-makers, and official input into public policy development.

While formal publication is, perhaps, the main focus for academia, the direct influence of data and research on policy-setting may also be seen as important. The potential impact of this study will likely be seen first in local policy-making. The findings of this dissertation will be disseminated in arenas including policy-makers, researchers, homeless service providers, and homeless consumers. Recognizing the points of agreement as well as the distinctions between the self-determined needs of homeless persons and evidenced-based practices provides a foundation for shaping policies that honor both.

Sharing the findings of my study with policy-makers could influence the action plans of homeless policies throughout the San Diego region. The homeless response system for the San Diego region provides regular access to policy-makers with direct input to multiple policy and decision-making bodies in San Diego through a number of venues. The County Department of Housing and Community Development invites expert opinion and technical assistance to the primary homeless planning and decision-making body (the Regional Continuum of Care Council). The San Diego Grantmakers' Keys to Housing Steering Committee has established a regular meeting to gather community input. The county's multi-department Environmental Scan that forecasts conditions and sets priorities meets annually. Multiple organizations and planning groups such as the Plan to End Chronic Homelessness, the Regional Task Force on the Homeless, the

Corporation for Supportive Housing Advisory Council, and the Southern California CoC Leadership Roundtable each allow for presentation of community-based research results. Members of the RCCC and PTECH Boards use local data to help shape action plans and funding priorities set by these bodies. I am formally involved with each of these planning organizations as either a member or a consultant, which gives me multiple opportunities to share the findings of this study.

Even before completion, the information I gained during my study began influencing decisions. A new initiative called the Keys to Housing, sponsored by philanthropists who are members of the Homelessness Working Group of San Diego Grantmakers, is guided by an Advisory Council of 16 elected officials from various jurisdictions throughout the San Diego region. I have met with this group on multiple occasions during my study, and the Keys plan (called the Keys Toolbox) reflects some of the lessons learned in this study, including the importance of employment. Another method of disseminating study results is through policy makers. I recently carried a message about the importance of employment for persons recovering from homelessness to the policy staff for Congressman Bob Filner. Homeless persons also have been given a new opportunity through the passage on the HEARTH Act interim rules. The interim federal rules, announced in July 2012, require communities to include currently homeless persons on their local decision-making boards. Failure to meet this requirement could mean the loss of federal homeless assistance to the community. This action provides a clear opportunity for homeless persons to provide input into policies and service plans.

The County Department of Housing and Community Development and City Councils solicit public input and expert testimony on issues related to housing and

homelessness as part of the public Consolidated Planning process. As evidenced in the current study, public input can influence what services are prioritized and funded. As a member of the public, I can attend and provide input in the process. Also, as a consultant to the city and county on issues regarding homelessness, I provide insight to these organizations through their internal methods. These venues offer additional opportunities to disseminate study results and give voice to the preferences of unsheltered homeless persons in the public arena. Results could be shared with the organizers of *Street Prose*, a newspaper created by and for homeless individuals.

Examining the data analysis challenges and results with the RADAR and the Regional Task Force on the Homeless could shape the survey design for future point in time counts that occur each January. Changes to the survey could ensure an opportunity for the preferences of homeless persons to be recorded in priority order and give unsheltered homeless a regular means to voice their opinions.

Dissemination of my study results through these arenas and my advocacy for the integration of the self-determined priorities of homeless persons may provide the strongest link between social research and social policy at the local level.

Publication

Although the findings of the study are mixed with respect to the original hypotheses, the principal institutions involved in the original *SSDS* study, Point Loma Nazarene University, the Institute for Public Health of San Diego State University, and the Regional Task Force on the Homeless provide a platform for continued study and publication. The RTFH is contracted by governmental agencies to publish annual reports

profiling homelessness in the region to inform the public decision-making process. I envision that the results of the dissertation would be included in one of these publications.

As a result of the combination of factors described above, the findings will help to inform policy-makers in the San Diego region. Another venue for publication is the U.S. Department of Housing and Urban Development *Research and Results* or *Evidence Matters* reports issued by the Office of Policy, Development, and Research.

The relationship between Christian principles and professional social work is of particular interest to the *Journal of Social Work and Christianity*. The relationship of modern professional practices and historic foundations for social work has been an issue of interest to *The Social Work Journal: a Journal of the NASW*. It is anticipated that articles exploring factors described in this study will be submitted for publication to these journals as primary targets.

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APPENDIX A

SHARING THE SAN DIEGO STORY PROJECT SURVEY

Pre – Screening

A. Are you homeless? □ Yes □ No

B. Did you sleep on the street last night? □ Yes □ No

C. Are you aged 18 or over? □ Yes □ No

D. Surveyor: Consent explained, understood and obtained? □ Yes, signed □ Yes, waived □ No

E. Participant: Completed this survey in the recent past? □ Yes □ No

Interviewer Name: Location of Interview (city and suburb):

Today's Date: / / Time: am/pm

Personal Details

1. Born in the USA? □ Yes □ No

2. Date of birth & Age? / / Age:

3. Your gender? □ Male □ Female
□ Transgender: Female to Male □ Transgender: Male to Female

4. Did you serve in the military? □ Yes □ No If yes,
□ WW II □ Desert Storm
□ Korean War □ Current Gulf
□ Vietnam Other:_____

5a. Your racial background? *(Check all that apply)*

□ White
□ Black or African American
□ Something else (specific):
□ Asian or Pacific Islander
□ American Indian or Alaskan Native

5b. Are you of Hispanic origin? □ Yes □ No

Living Situation

6a. Where did you sleep last night? *(choose one)*

□ Abandoned Building
□ Building Under Construction
□ Car
□ Public Building (Bus, Library, Bar, etc)
□ Outside (Street, Park, or Other Open Space)
□ Industry Building
□ Storm System
□ Rural Area
□ Garage
□ Other (specify):

6b. Surveyor: *describe location (use landmarks if possible):*

6c. How long did you stay there?

□ 1 day - 7 days
□ 8 days - 4 weeks
□ 1-6 months
□ 6-12 months
□ 1-2 years
□ > 2 years

6d. If you spent the night in a different location, where:

7. Why didn't you stay in an emergency shelter, safe house, or transitional shelter last night? *(choose one)*

□ Turned away – full
□ Turned away – inappropriate
□ Couldn't get one
□ Didn't know about them
□ Did not want to (specify)
□ Other (specify):

8. Where do you usually sleep? (choose ONE)

□ Abandoned Building
□ Building Under Construction
□ Car
□ Drop-in Center
□ Emergency shelter
□ Friends
□ Garage
□ Industry Building
□ Jail
□ Motel
□ Outside (Street, Park, or Other Open Space)
□ Own House / Apartment
□ Public Building (Bus, Library, Bar, etc)
□ Relative Home
□ Rural Area
□ Storm System
□ Other (specify):

9. Nights, if any, in past year spent in jail/prison?

10. Homeless for a year or longer this time? □ Yes □ No

11. Homeless four or more times in past 3 years? □ Yes □ No

12. The longest single time you have ever been homeless
    - □ 1 day – 4 weeks
    - □ 1-2 years
    - □ 1-6 months
    - □ >2 years
    - □ 6-12 months
    - □ Other

13. Why do you live in the San Diego area? (√ if yes)

Community	□
Free Food Distribution	□
Friends/Family	□
Jobs	□
Recycling Access	□
Safety	□
School	□
Service Access	□
Weather Comfort	□
Other (specify):	

14. How long have you lived in SD area? Years:_____

15. Were you homeless when you moved here? □ Yes □ No

16. Where did you live before San Diego □ Not in USA
    In USA: City_____State_____

Marital Information

17. Marital status?
    - □ Never Married
    - □ Married
    - □ Widowed
    - □ Separated
    - □ Divorced

18. Currently on the street as a single person or part of a couple?
    - □ Single ('not married', separated, divorced, widowed)
    - □ Couple or Married

19. Any children under 18 that stayed with you last night? □ Yes □ No
    If Yes, their ages?
    ____, ____, ____, ____, ____

Employment / Education / Health

20. Are you working □ Yes □ No If yes…
    Average number of hours work per week:_____
    Number of current jobs?_____

21. A farm worker or day laborer? □ Yes □ No

22. Sources of income in the last 6-months? (√ if yes)

No income	□
Alimony	□
Child Support	□
Paid Work / Job	□
TANF	□
Education Based / School Related	□
Family/Friends	□
General Relief	□
Social Security Benefits	□
Social Security Disability Income	□
Supplemental Security Income	□
Unemployment	□
Cal Works	□
Recycling	□
Veterans' Disabilities Benefits	□
Workers Comp	□
Other (specify):	

23. Current monthly income: $

24. Receive food stamps or other vouchers? □ Yes □ No

Education and Health

25. Highest level of education completed? *(choose ONE)*

Less than high school (some HS -no diploma)	□
Finished High school or GED	□
Some college or a 2-year Degree	□
Finished 4-year Degree	□
Advanced Degree	□
Other (specify):	□

26. Do you think you have, or been diagnosed as having (√ if yes):

A serious long-lasting medical or physical condition	□
A serious mental illness	□
Alcohol or drug abuse/addiction	□
A developmental disability	□
Other Disability	□

27a. What is your HIV status? *(choose ONE)*
    - □ Positive
    - □ Negative
    - □ Unknown
    - □ Decline

27b. When was your last HIV test? *(choose ONE)*
    - □ Within the last six months
    - □ Within the last year

□ Within the last 5 years □ Never
□ Unknown (I've had one, I don't remember when)

28. Any current substance use? □ Yes □ No *If yes…*

Street Drug	□ Yes	□ No	____ X per week
Alcohol	□ Yes	□ No	____ X per week
Prescription Drugs (non medical need)	□ Yes	□ No	____ X per week
Other	□ Yes	□ No	____ X per week

Services

29. Services you accessed in last 6 months? (√ if yes)

AA / NA	□
Case Management	□
Drug Treatment / Detox	□
Domestic Violence Services	□
Education	□
Employment	□
Ex-Offender Services	□
Food	□
Foster Care	□
HIV Services	□
Medical Services	□
Mental Health Counseling	□
Psychiatrist	□
Referrals / Info.	□
Transitional Housing	□
Childcare / Fam. Serv	□
Dental Services	□
Emergency Shelter	□
Job Training	□
Legal Services	□
Relocation Services	□
Transportation	□

Other (specify):

30. Where do you get Healthcare? (√ if yes)

Shelter	□
Health Clinic	□
Urgent Care	□
Emergency Room/Hospital	□
Don't Receive Health Care	□

31. How many times in the past 12 months have you used the Emergency Room for any treatment?

32. What services do you need to stop being homeless? (check if yes)		**33. Services you need most now?**
□	Affordable Housing	□
□	Emergency Shelter	□
□	Transitional Housing	□
□	Employment / Job	□
□	Job Training	□
□	Childcare / Family Services	□
□	Foster Care	□
□	Drug Treatment / Detox	□
□	Medical Services	□
□	HIV Services	□
□	Dental Services	□
□	Mental Health Services	□
□	Domestic Violence Services	□
□	Ex-Offender Services	□
□	Legal Services	□
□	Relocation Services	□
□	Case Management	□
□	Referrals / Info	□
□	Help for aid (SSI, etc)	□
□	Food	□
□	Transportation	□
□	Shower facilities	□
□	Public toilets	□
□	Mail services	□
□	Laundry services	□
	Anything else? Other (specify)	

34. If you haven't used some of these services, why not?

Other (SD=San Diego)

35. Did you become homeless as a result of domestic violence? □ Yes □ No

36. Since homeless in SD, been a victim of (√ if yes)

Assault	□
Kidnapping	□
Police harassment	□
Sexual assault	□
Rape	□
Robbery	□
Arson	□
Domestic violence / partner abuse	□

Surveyor Comments:

APPENDIX B

STATISTICAL TABLES

Policy Statistics
Frequency Data

		Affordable	Emergency Shelter	Transitional Housing	Employment	Food	Transportation	Permanent Supportive	Data	Outreach / Prevention	Health & Education
N	Including	6	2	3	2	0	0	6	2	3	2
	Not found in	0	4	3	4	6	6	0	4	3	4
Mean		1.67	2.00	2.67	3.50			1.67	2.50	3.33	4.00
Median		1.50	2.00	3.00	3.50			2.00	2.50	3.00	4.00
Std. Deviation		.816	1.414	.577	.707			.516	2.121	.577	.000
Variance		.667	2.000	.333	.500			.267	4.500	.333	.000
Highest Ranking		1	1	2	3			1	1	3	4
Lowest Ranking		3	3	3	4			2	4	4	4

Descriptive Statistics

	N	Minimum	Maximum	Sum	Mean	Std. Deviation	Variance
Food	0						
Transportation	0						
Affordable	6	1	3	10	1.67	.816	.667
Permanent Supportive	6	1	2	10	1.67	.516	.267
Emergency Shelter	2	1	3	4	2.00	1.414	2.000
Data	2	1	4	5	2.50	2.121	4.500
Transitional Housing	3	2	3	8	2.67	.577	.333
Outreach / Prevention	3	3	4	10	3.33	.577	.333
Employment	2	3	4	7	3.50	.707	.500
Health & Education	2	4	4	8	4.00	.000	.000

Statistical Measures of Frequency and Order of Policy Variables: Gamma, Kendall's Tau-b

Variable	Test*	Value	Asymp. Std. Error[a]	Approx. T[b]	Approx. Sig.
Affordable Housing	Kendall's tau-b	.234	.415	.548	.584
	Gamma	.273	.472	.548	.584
Emergency Shelter	Kendall's tau-b	-.775	.149	-2.598	.009
	Gamma	-1.000	.000	-2.598	.009
Transitional Housing	Kendall's tau-b	-.389	.346	-1.137	.255
	Gamma	-.455	.413	-1.137	.255
Permanent Supportive	Kendall's tau-b	.000	.516	.000	1.000
	Gamma	.000	.707	.000	1.000
Employment	Kendall's tau-b	.602	.234	1.917	.055
	Gamma	.778	.249	1.917	.055
Prevention Outreach	Kendall's tau-b	-.389	.357	-1.035	.301
	Gamma	-.455	.398	-1.035	.301
Health	Kendall's tau-b	-.258	.422	-.612	.540
	Gamma	-.333	.544	-.612	.540
Data	Kendall's tau-b	.430	.320	1.201	.230
	Gamma	.556	.387	1.201	.230

Notes: a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

* Ordinal by Ordinal variables

		n	Percent	Cumulative Percent
Affordable Housing	First	3	50.0	50.0
	Second	2	33.3	83.3
	Third	1	16.7	100.0
Emergency Shelter	First	1	16.7	50.0
	Third	1	16.7	100.0
	Not found	4	66.7	
Transitional Housing	Second	1	16.7	33.3
	Third	2	33.3	100.0
	Not Found	3	50.0	
Employment	Third	1	16.7	50.0
	Fourth	1	16.7	100.0
	Not Found	4	66.7	
Permanent Supportive	First	2	33.3	33.3
	Second	4	66.7	100.0
Data	First	1	16.7	50.0
	Fourth	1	16.7	100.0
	Not Found	4	66.7	
Outreach Prevention	Third	2	33.3	66.7
	Fourth	1	16.7	100.0
	Not Found	3	50.0	
Health / Education	Fourth	2	33.3	100.0

Food	Not Found	4	66.7
Transportation	Not Found	6	100.0
	Not Found	6	100.0

[i] Consultation with Dale Glaser, Glaser Statistical Consultants, March 2012. (Electronic communication).

[ii] Consultations with statisticians: Mary Conklin, PhD, Sociologist, Point Loma Nazarene University, February 23 and March 27, 2012; Sherry Patheal, PhD, Institute for Public Health, San Diego State University, February 2012 (electronic communication); G.L. Forward, Communications, Point Loma Nazarene University.

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