

**Empowering Change: Addressing Homelessness, Unemployment, and Substance Abuse  
Among Women in Hamilton County**

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## Abstract

This program proposal is aimed at providing short-term solutions to improve the well-being of homeless women who are experiencing substance abuse and joblessness in the Chattanooga area. The background review assessed the current information on the population of interest and the impact of their situations on them personally as well as on others. Current programs were also investigated regarding their ability to assist the population and find where services are lacking. The program, which mission is to use effective intervention for addressing the identified need for substance abuse treatment, supported employment, and transitional or permanent supportive housing for women experiencing homelessness, substance abuse issues, and joblessness, focuses on assisting these women in regaining their footing and also to empower them to thrive in their lives moving forward is based on a thorough needs assessment process that includes an evaluation of stakeholders and a SWOT analysis. A research study that involved surveys and focus groups on the population to be served by the program, concluded that there was a large need in the Chattanooga area for said services. Though there are a variety of resources in the area to assist with these individual issues, there is not currently a comprehensive and all-in-house program. Should homelessness, joblessness, and substance abuse issues in the Chattanooga area not be addressed, there are huge implications for the women facing these issues, including detrimental effects to their physical health, mental health, and safety, and to the community as well. The combination of homelessness and substance abuse has been found to cost American taxpayers hundreds of trillions of dollars (National Alliance to End Homelessness, 2017; Recovery Centers of America, 2020). Implementing this program will improve the lives of not only these women who deserve a brighter future but will aim to be more cost-effective for the American people as well.

## **Background of the Problem**

### **Social Problem**

The social problem being addressed is homeless women in Hamilton County who are experiencing joblessness and substance abuse. Therefore, the specific issues being examined are homeless women, homelessness in Hamilton County, joblessness rates in Hamilton County, and substance abuse and homelessness.

### **Homelessness Rates Nationally and Locally**

Recent studies have released homelessness rates nationally by state for a single night. Nationally, a point-in-time count for a single night in 2022 revealed that 421,392 individuals in the United States were experiencing homelessness (Sousa et al., 2022). Approximately thirty percent of these individuals were women (Sousa et al., 2022). Despite more males being homeless, the number of homeless women increased by 6% from 2020 to 2022, in comparison to only 1% for men (Sousa et al., 2022). In a single night in Tennessee, 58% of Tennessee's total homeless population were unsheltered (Sousa et al., 2022). Tennessee had one of the highest rates of unsheltered individuals experiencing chronic homelessness in America at 76.2% of the state's total individual chronic homelessness population (Sousa et al., 2022). In Southeastern Tennessee, out of the 2,637 individuals who were homeless, 95.2% were unsheltered (Sousa et al., 2022). Currently, the homeless population in Chattanooga is around 4,000 individuals each year with over 1,000 being in Hamilton County (chattfoundation, n.d).

### **Homelessness and Substance Abuse**

Homelessness and substance abuse are often associated with one another. Researchers argue whether a substance abuse disorder causes homelessness, or if substance abuse is a response to cope with homelessness. Regardless, substance use is a growing concern in America,

especially for homeless women. In a study conducted with 78 homeless women with both alcohol and drug use disorders, it was discovered that they were more likely to use tranquilizers (41.56%), sedatives (38.96%), cocaine (58.44%), stimulants (41.33%), and PCP, hallucinogens, and inhalants (29.87%) in comparison to women with alcohol use disorder and women with drug use disorder who had used within the past year (Upshur et al., 2018). Without shelter and proper treatment, homeless women with substance disorders are at risk for serious health consequences. Homeless women experiencing substance dependency need resources to preserve their health.

As of January 23, 2023, the Chattanooga Regional Homeless Coalition (2023) has seen 81 adult clients with substance use disorders in Hamilton County, Tennessee. In 2010, alcohol abuse cost Tennessee \$4.47 billion due to severe decreased productivity in the workplace, healthcare expenses, and crimes related to alcohol. According to data from 2016, 21% of adults in Hamilton County reported binge drinking or excessive drinking (“Picture of Our Health”, n.d.) Overall, the nation is experiencing a fentanyl crisis, but in Tennessee, drug overdose deaths increased from 5% in 2013 to 22% in 2017. In 2017, there were a total of 85 overdoses leading to death, 19 of which were from the use of fentanyl, and 60 involved opiates (*Data Dashboard*, n.d.-b). Emergency rooms are also seeing a significant increase in overdoses. In 2016, the number of nonfatal overdoses was 584, with 133 being nonfatal opioid overdoses (*Data Dashboard*, n.d.-b). With these statistics in mind, the proposal will focus on homeless women experiencing substance abuse and unemployment.

### **Homeless Costs in the United States**

Homelessness not only impacts the unhoused individual but also the entire country. One way housed Americans are affected by homelessness is economically. One chronically homeless individual costs one U.S. taxpayer approximately \$35,578 every year (National Alliance to End

Homelessness, 2017). If Congress invested in permanent supportive housing programs, this cost would decrease by 49.5% (National Alliance to End Homelessness, 2017). Permanent supportive housing programs are supported and encouraged by advocates to end homelessness, and Hamilton County has begun to make this shift as well.

### **Substance Abuse Costs on the United States**

Concerning homelessness, substance abuse has its own economic impact on America. Nationally, the economic cost of substance abuse disorder as recently as 2019 was \$3.73 trillion (Recovery Centers of America, 2020). This cost represented \$118.5 billion in the healthcare sector and \$97.9 billion in the criminal justice sector (Recovery Centers of America, 2020). As substance abuse disorder requires medical assistance and is victimized by law enforcement, these costs are not surprising. However, this only contributes to the already large economic impact of substance abuse on the United States.

### **Female Homelessness**

As a whole, 7.4% of Tennessee's population are unemployed women. This ranks Tennessee as 26 out of 50 for homeless females in the nation (Chattanooga Regional Homeless Coalition, 2023). In 2022, 38.3% of individuals who were homeless were women (Statista, 2023). One of the leading causes of homelessness in women is domestic violence, as many women who eventually do leave their abusive partner do not have any share of the money that they may have had during the relationship. They leave with nothing (Debois, 2022).

Many women also face specific struggles while homeless such as mental illness, the possibility of taking care of children, and pregnancy if applicable (Debois, 2022). As of 2021, women make up 57.38% of the population in shelters. In other locations such as transitional housing, only 16% of females participate and up to 25.9% are unsheltered (USC, 2021).

## **The Population**

The target population demographics consist of individual homeless women of various ethnic, racial, and socioeconomic backgrounds with a history of addiction who are in Hamilton County. The population is dispersed throughout this area, but is primarily located around 11th Street in Downtown Chattanooga.

### ***Causes of Homelessness in the Population***

There is often a relationship between homelessness and substance abuse. The Chattanooga Interagency Council on Homelessness found in 2021 that of the researched homeless population, 22% reported alcohol abuse, 4% drug abuse, and 3% both drug and alcohol abuse (Kaplan et al., 2022). A secondary thematic analysis also investigated homelessness and substance abuse and found that even homeless women who did not have substance abuse issues still faced the stigma of people assuming because they were homeless that they had substance abuse issues. Despite all attempts to avoid such a stigma by avoiding substance users, and trying to make a positive image for themselves, they still suffered from the stigma. This stigma can also affect homeless women when it comes to seeking out social and medical services (Thomas & Menih, 2022).

A study from Australia looked specifically at the implications and consequences of homelessness on women. This study was included in this review because it is very specific to the program being designed and no similar research in the United States has been released. Despite being from Australia, this study is still relevant to the implications that homelessness has on women in the United States as well as in many other areas of the world. Box and colleagues discovered many different issues of homelessness that affect women. Some of the implications discovered that women sleeping rough from homelessness were at a “higher risk of poorer

physical and mental health outcomes and higher levels violence and exploitation on the streets.” (Box et al., 2022). The researchers also noted that homeless women may have a more difficult time accessing medical and social services, and women are more likely to feel unsafe and experience intimidation or harassment when accessing homelessness services (Box et al., 2022).

### **Current Service Programs**

Chattanooga, Tennessee specifically has created many agencies and programs to address homelessness. Most of these agencies are downtown in the form of shelters. Mayor Tim Kelly also announced his plan to turn the previous Airport Inn into a permanent supportive housing solution last year. Current programs that assist the homeless community in Hamilton County, TN include the AIM Center, Habitat for Humanity Chattanooga, Family Promise of Greater Chattanooga, Chatt Foundation, United Way, the Salvation Army, and the Chattanooga Housing Authority (Chattanooga Regional Homeless Coalition, 2023).

For families with children, Hamilton County Schools with their Families in Transitioning Program offers help to families who do not have a permanent or fixed place to stay (hcde, 2023). Despite the seeming prevalence of these programs in Hamilton County, agencies are overwhelmed with the need for accessible and affordable housing. For example, the Chattanooga Housing Authority has already closed its Section 8 voucher waiting list for 2023, and public housing is majority filled (Chattanooga Regional Homeless Coalition, 2023).

Looking at the agencies in the Chattanooga area, many organizations aid in helping the homeless and other specific populations. The AIM Center allows for safe housing for those with severe mental illness (AIM Center Clubhouse, n.d.). Habitat for Humanity helps local organizations organize shelters and buildings for homeless individuals and families (Habitat for Humanity of Greater Chattanooga Area, n.d.). Family Promise of Greater Chattanooga offers

overnight housing, food, and hospitality for families in need (Fprefresh, 2023). United Way works with other nonprofit organizations such as the Chattanooga Housing Authority and Family Promise of Greater Chattanooga to aid in homelessness funding and other disaster projects if necessary.

### **Target need**

The primary targeted need will be housing for the homeless population of women in Hamilton County. The secondary specific targeted need will be treatment for substance abuse for the population who will be receiving housing through this program. With this need, the proposal will include details to collaborate with the Salvation Army for shelter space for women who are experiencing homelessness and substance abuse, funding and steps to establish a team to provide residential substance abuse treatment, a supported employment program, and finding permanent supportive housing for participants in the program.

### **The Uniqueness of the Program**

The proposed program is unique because it provides a comprehensive intervention for homelessness, substance abuse, and unemployment. The program will provide inpatient substance abuse treatment while targeting the issue of homelessness and unemployment by guiding women successfully into a transitional housing program along with offering employment services as they are engaged in and completing substance abuse treatment. This program will instill hope and build a healthy foundation for women in Hamilton County, Tennessee to become active members of their community. According to the scan of the environment of Hamilton County, no known shelters currently provide these types of services under the umbrella of a homeless shelter. Therefore, this proposed program could be very beneficial to the community of Hamilton County, Tennessee.



## Literature Review and Evidence-Based Practices

### Social Problem

In their investigation of the complex problem of homelessness among adults, Chamberlain and Johnson (2013) identified and classified five separate vectors that ultimately contribute to homelessness. Pathways like this include homelessness, broken families, drug misuse, mental health issues, and coming of age. The variables contributing to different homelessness durations along these routes are also investigated. Notably, those whose homelessness was precipitated by a housing issue or a family breakup had shorter bouts of homelessness because they were less likely to integrate into the homeless community and embrace it as a way of life. However, people on the drug addiction or youth-to-adult transition routes often interact with members of the homeless subculture, making it more difficult for them to overcome their homelessness permanently. Long-term homelessness is a reality for those who pursue a mental health treatment route, but this is not condoned in the research. These results highlight the intricate web of variables contributing to homelessness (Chamberlain and Johnson, 2013).

### *Substance Abuse & Homelessness*

Substance abuse disorders can occur among a variety of individuals, but they tend to increase in the homeless population as there is limited treatment offered in homeless shelters. According to recent research published by American Addiction Centers (2023), there is a strong correlation between homelessness and drug usage. This statement highlights the fact that individuals struggling with homelessness and addiction frequently have a hard time obtaining the treatment they need. Substance misuse often occurs among the homeless population as a coping mechanism against the hardships of being homeless. At the same time, substance abuse is a

factor in the foreclosure of many American houses. Many people who are homeless also face the effects of several mental health diagnoses. Individuals experiencing homelessness who have drug use problems do not know where to turn for assistance, and many can not afford the treatment. The article's data shows that substance abuse is particularly common among the homeless, underscoring the need for comprehensive assistance and intervention programs (American Addiction Centers, 2023).

Lee et al. (2017) studied how homelessness affects people's mental health, drug misuse, and suicidal thoughts and actions. There is a strong correlation between anxiety and suicidal thoughts and between substance misuse and suicidal ideation. According to their results, in order to lower suicide rates among the homeless, the research emphasizes the need for screening for mental health and drug misuse concerns and offering appropriate treatment options inside homeless shelters (Lee et al., 2017).

Observing 156 adults who had substance abuse issues as well as anxiety, the increase in suicidal ideation was more than their counterparts who were only receiving treatment for drug abuse. The researchers emphasized that case managers should be aware of and offer treatment for co-occurring mental illness and drug abuse disorders. With both mental illness and drug abuse disorders, there was a significant increase in suicidality (Lee et al., 2017).

Many who develop a substance use disorder do so when they are at their most vulnerable. Turning to drugs or alcohol is one way the homeless cope with the stress of the world. A study done before and after the COVID-19 pandemic found that drug and alcohol use was at an all-time high among the homeless population (Scarlett et al., 2022). Despite the lack of data from the United States, a study pooled from France gave insight into the relationship between homeless shelters and substance abuse. The study concluded that out of the 1,564 participants

pulled from various shelters around France, 530 participants were on the line of being diagnosed with a substance use disorder (Scarlett et al., 2022). The researchers found this to be an all-time high compared to only 319 participants the year before in the spring of 2019. The numbers are still significant and what Scarlett et al. (2022) also found was a strong correlation between depression and substance abuse.

One unique study by Kelleher (2013) examined the homeless population using libraries as a place to stay in central Michigan. Kelleher (2013) interviewed the population and found that most of the individuals using the libraries were homeless due to losing their homes, and the library was a safe place for them. They could use the computers and read to pass the time. One issue that Kelleher (2013) found with individuals using the libraries was that many of them were drug dependent and unable to get into a shelter due to their drug abuse (Kelleher, 2013). Due to the drug abuse, many of the families that were denied transitional housing did not feel safe staying in the libraries for very long. This study showed the negative effects of not having different types of shelters and how the large homeless population manages the unpredictability of housing (Kelleher, 2013).

Along with substance abuse in the homeless population, the prevalence of substance use disorders (SUD) among women who are homeless and visit Health Care for the Homeless clinics for primary care is investigated in depth by Upshur et al. (2017). Their research shows alarmingly high rates, with alcohol use disorders being four times more common and drug use disorders being twelve times more common than the overall female population (Upshur et al., 2017). The results highlight the critical importance of substance use disorder (SUD) and mental health care for women experiencing homelessness and emphasize the need for better screening,

payment, professional training, and de-stigmatization to reduce health inequities among this group.

Miniguide from the European Monitoring Centre for Drugs and Drug Addiction (2023) focused on health and social responses to drug issues among homeless persons. It is a component of a bigger series that discusses how homelessness and substance abuse are related and what factors should be considered while formulating solutions. This resource analyzed the current options and their efficacy in the European setting. The article highlighted the relevance of treating drug use concerns among homeless people in Europe. Possible topics include effective methods and policy implications for helping addicts living on the streets and also highlight the urgent need for extensive assistance programs and initiatives in the United States and Europe to deal with the intertwined problems of homelessness and drug misuse.

### ***Homelessness In Women***

Women who are in danger of homelessness are the focus of Rizzo et al.'s (2022) research on why they are underrepresented in addiction treatment facilities. According to the study's findings, women's reluctance to seek addiction treatment stems mostly from concerns about shame, stigma, and legal and social implications, such as participation with child protective services. The research also delved into the logistical and practical issues that prevent women experiencing homelessness from actively seeking treatment. The qualitative study conducted by the authors included the perspectives of physicians, care providers, and women who have experienced both addiction and homelessness. Their results highlighted the complexities of barriers to addiction treatment that women at risk of homelessness encounter. The findings of this study have important implications for physicians, service providers, and future research

aimed at expanding and increasing this population's access to addiction treatment (Rizzo et al., 2022).

According to a study by Bassuk and Beardslee (2014), homeless moms had alarmingly high rates of severe depressive illness. This research highlighted the negative effects of parental depression on the health of homeless children. This paper argued that this under-recognized public health risk necessitates preventative and rehabilitative treatments tailored to low-income and homeless moms. To lessen the impact that mother depression has on homeless families, the authors proposed an interdisciplinary strategy that prioritizes trauma-informed services, culturally competent parenting support, and child-centered environments.

The complicated link between spousal abuse and female homelessness is explored by Tutty et al. (2013). The authors interviewed 62 battered women in Canada to show how partner violence leads to homelessness for many of them, even when they try to find safety in shelters. The report emphasized the need of comprehensive support networks for women experiencing homelessness and abuse and underscores the urgent need for legislative changes to address these concerns.

Slesnick and Erdem (2013) looked at the effectiveness of combined treatment of homeless mothers struggling with substance abuse that are caring for their young children. The study found that the mothers who received rental assistance along with supportive services such as substance abuse treatment and regular case management increased their housing stability and provided recovery from using substances. The study showed a decrease in substance use once women were stably housed along with supportive services.

Mental health can also affect homeless mothers specifically as they have a strong desire to protect their family (Bassuk & Beardslee, 2014). Depression is strongly correlated with

mothers in shelter due to the stress of not being able to care for their family as they would have liked as well as being unable to care for their children. This depression can make it more difficult for a woman to get out of homelessness as well as receive treatment (Bassak & Beardslee, 2014).

### ***Mental Illness in the Homeless Population***

The research by Bassuk and Beardslee (2014) brings attention to an underrecognized public health issue: maternal depression among the homeless population. According to the findings, the prevalence of major depressive illness among homeless moms is much higher than in the general population. Homelessness makes it difficult for these women, yet they still have to provide for and care for their children. Researchers found that homeless children were more likely to have mothers who were depressed. The authors advocate for a systemic strategy, recommending that preventative and rehabilitative programs for low-income and homeless women and their children be adapted and evaluated. The proposed recommendations emphasized providing trauma-informed care, providing parents with culturally appropriate assistance, and designing environments with the needs of children in mind. The findings of this study highlighted the need to address maternal depression among the homeless population and highlight the need for specific assistance programs.

The government Collaborative Initiative on Chronic Homelessness (CICH) program provides comprehensive housing and healthcare services, and Mares and Rosenheck (2011) examined the treatment results of individuals receiving these services. The individuals in this research are compared to chronically homeless people who are getting the standard level of care in their area. According to the findings, CICH clients had better housing results than those who did not receive the program's services, which included rigorous case management, healthcare, and treatment for mental health and drug misuse. There were no statistically significant

differences between the two groups in terms of drug use, community integration, or health status, although CICH clients reported increased utilization of healthcare services such as outpatient visits for medical, mental health, and substance abuse treatment. While the results showed that increased access to housing and healthcare has a good effect on long-term stability for the homeless, they also imply that drug abuse and health status remain difficult concerns to address for this population (Mares & Rosenheck, 2011).

Neale et al. (2022) research shed light on the complex relationship between drug abuse and homelessness. The study, which was conducted during the COVID-19 epidemic, observed how homeless people's usage of tobacco, alcohol, and illegal narcotics changed over time. As part of the United Kingdom's policy reaction to the epidemic, 34 people staying in hotels in London were interviewed over the phone for this research.

The results showed that individuals engage in a wide range of drug use behaviors, exhibiting a spectrum of the severity of issues. The elements that influence changes in drug use are also identified, including individual, social, and environmental influences. The findings of this study highlighted the need to address drug use dynamics among the homeless within the framework of homelessness policy and practice and offer insight into the complexity of this problem (Neale et al., 2022).

## **Evidence-Based Practices**

### **Housing First Model**

Housing First is a homeless housing solution program that has existed since 1992 (Padgett et al., 2016). The National Alliance to End Homelessness mentions that Housing First aims to provide permanent housing for the homeless but “...does not require people experiencing homelessness to address all of their problems including behavioral health problems, or to

graduate through a series of services programs before they can access housing”. It continues to say that they offer supportive services to homeless individuals using the program, but that participation is not required (2022).

A study from Canada on homeless women who had mental health issues, including substance abuse issues, being housed with Housing First showed that a high percentage, which was 75%, remained stably housed at a 24-month follow-up. However, despite being stably housed, this study did not show improvement regarding the individual impact on health and social outcomes, more than likely due to the lack of required treatments and services (O’Campo et al., 2023).

### **Permanent Supportive Housing**

The National Alliance to End Homelessness (2016) states that Permanent Supportive Housing is “...affordable housing assistance with voluntary support services to address the needs of chronically homeless people.” A study by Dickson-Gomez et al. (2021) examined the different models of Permanent Supportive Housing and found little evidence that these models lead to improving mental health and substance abuse outcomes.

### **Evidence-Based Practice for Substance Abuse**

Research shows incentives as being an option to motivate those experiencing substance abuse to discontinue their usage. A study from 2003, which still has relevance because there is no recent research that could be found on incentives, examined voucher programs as incentives for managing cocaine dependence. With a voucher program, the patients receive vouchers that they can use for retail items if they meet therapeutic targets, such as passing drug screenings showing they have been abstaining from substances. This article mentioned that a study conducted by the University of Vermont showed a high retention rate and abstinence when



implementing the voucher program with counseling, compared to those just being treated with counseling alone. The article mentioned that other studies yielded similar results (Higgins et al., 2003).

### **Pay For Performance Programs**

A study by Shepherd et al. (2006) focused on a “pay for performance” model of incentives but in this case for the counselors within substance abuse programs. In their controlled study, counselors were incentivized by their patients' attendance in twelve counseling sessions. The probability of the patients completing five sessions was 59% compared to 33% when the counselors were not incentivized. The study also showed that when they were incentivized with \$100 instead of \$50, client retention also improved (Shepherd et al., 2006).

### **Substance Abuse and Employment Treatment Programs**

Supported employment programs were initially designed for individuals with severe mental health disorders to find competitive employment (IPS Employment Center, n.d.). Individual Placement and Support (IPS) is an evidence-based version of supported employment whose principles include competitive employment, systematic job development, rapid job search, integrated services, benefits planning, zero exclusion, time-unlimited support, and worker preferences (IPS Employment Center, n.d.). IPS and supported employment studies have expanded to consider their effectiveness among individuals with substance abuse disorders. Lones et al. (2017) explored IPS for methadone maintenance therapy patients during a 12-month randomized clinical trial where 45 patients receiving treatment for moderate to severe opioid use disorder were placed in an IPS program or on a 6-month waitlist in Portland, Oregon. Results revealed that within 6 months, participants of the running IPS program were 11.0 times more likely to have a job and, within 12 months, were 2.6 times more likely to have employment than

the waitlisted group (Lones et al., 2017). The waitlisted group had one individual employed within 6 months and 5 individuals employed at month 12 (Lones et al., 2017). While this study offered insight into the benefits of combining supported employment with substance abuse treatment, it was only a pilot study and will need to be repeated and expanded upon in larger studies to determine its effectiveness.

Another evidence-based model of supported employment is Integrated Dual Disorder Treatment (IDDT), which combines substance abuse and mental health services to assist clients with comorbid disorders (Center for Evidence-Based Practices, n.d.). Beimers et al. (2010) studied 113 patients enrolled in IDDT programs in Ohio and collected data regarding their demographic and socioeconomic status, mental health and substance use, overall life functioning, work history and interest, and unemployment service use for twelve months. The researchers found that over 69% of clients with a substance abuse disorder became employed; over 85% of employed clients had used supported employment services for 30 minutes for one month or more (Beimers et al., 2010). This statistic provided promising support for evidence-based supported employment programs. Unfortunately, the researchers also documented that 43.4% of patients were employed for two months or less (Beimers et al., 2010). Further research is needed to determine the potential causes of this change and solutions for employment maintenance.

Moreover, other study outcomes do not support using supported employment programs with unemployed individuals experiencing substance abuse. Another study by Frounfelker et al. (2011) explored enrollment in supported employment among clients with comorbid disorders. Utilizing SPSS, Frounfelker et al. (2011) compared demographic and clinical information and employment services engagement between clients at a psychiatric rehabilitation center in Chicago who use substances and those who do not. The 595 clients with a co-occurring

substance use disorder were more likely to be homeless at admission and 52% less likely to be engaged in supported employment despite high interest (Frounfelker et al., 2011). If the client was homeless at admission, they were 79% less likely to be engaged in supported employment (Frounfelker et al., 2011). Although the researchers offered potential explanations for the lack of enrollment in supported employment by clients with substance use disorder, further research is needed to determine the cause.

The information gleaned from the literature review will be considered in planning what the proposed program should include and which routes should be taken to accomplish the goal of helping clients with their homelessness, substance abuse issues, and joblessness. As an example, in beginning research and finding articles stating that Housing First was the evidence-based way to end homelessness, it seemed probable that the proposed program focus might need to change. However, after researching that various homeless programs were unsuccessful in improving substance abuse issues, it was confirmed that the original proposed program plan was appropriate. This is just one example of how to incorporate the research learnings in properly planning and implementing the proposed program.

### **Problem Statement**

The literature provides helpful insights into current programs in Hamilton County that assist the homeless population through rapid rehousing services, shelter, and referrals to other resources. Studies conducted within and outside of the United States highlight the complex relationship between homelessness, mental health disorders, and substance abuse, the relationship between homelessness and maternal depression, and the effectiveness of supportive housing, voucher programs, pay incentives, and supported employment programs. The researchers offer recommendations for improving intervention limitations through case

management, healthcare, trauma-informed mental health services, substance abuse treatment in combination with other services, and reducing stigma about receiving services. Although the literature review identifies established programs in Hamilton County and treatment programs around the world, these programs do not fulfill every need of the homeless individual experiencing a substance abuse disorder and unemployment. Additionally, study participants are majority male, and some studies are outdated or not based within the United States. The proposed program is crucial for the exploration of integrated care for homeless women experiencing substance dependency and joblessness.

### **Needs Assessment Research Plan**

#### **Need for the Program**

The population sample of interest is women who are experiencing homelessness, substance abuse, and unemployment living in or accessing services through the shelter at the Salvation Army in Hamilton County, Tennessee.

The inclusion criteria will be as follows:

- Women aged 18 and older, currently homeless and utilizing the Salvation Army Shelter.
- Self-reported substance abuse issues or a documented history of substance abuse.
- Unemployed or underemployed, with an emphasis on those actively seeking employment.

The exclusion criteria will be as follows:

- Men, as the primary focus is on homeless women
- Individuals under the age of 18, as they have distinct needs and may require a different approach.
- Homeless women not using the Salvation Army shelter's services, as they may not be representative of the population of interest.

- Women who are not experiencing substance abuse and are employed but utilizing the Salvation Army for shelter.

Researchers will begin by identifying potential data sources and service providers in Hamilton County that work with homeless women and individuals experiencing substance abuse. These may include shelters, local nonprofits, outreach programs, and addiction treatment centers. Utilizing providers in Hamilton County will ensure the population applies to the proposal and has gained knowledge of the need in the particular area of interest.

Researchers will collaborate with the Salvation Army to recruit participants, explain the study's purpose, and obtain their consent to participate. The Salvation Army has experience with homeless individuals so utilizing and partnering with them allows for a better overall participant pool that will specifically meet the criteria. Participants can be recruited through in-person meetings at the Salvation Army or a location of the potential participants' choosing.

The sampling method will be to obtain a representative sample by employing stratified random sampling to ensure each subgroup is represented in the overall population. The population of interest will be divided into strata based on criteria such as age, substance use severity, and duration of homelessness. This ensures that the sample encompasses individuals from various subgroups.

Researchers will establish a partnership with the Salvation Army to facilitate participant recruitment. Their staff can help inform potential participants about the study's purpose and the importance of their input. Researchers will also obtain informed consent from each participant. Participants will be provided with clear and comprehensive information about the study's purpose, procedures, and data use to ensure voluntary participation. After securing informed consent, participants will be stratified based on the determined criteria. Each stratum will be

randomly sampled to ensure representation from various subgroups. For data collection, researchers will employ a combination of surveys and interviews to collect data on the participants' needs, experiences, and preferences concerning substance use, homelessness, and permanent supportive housing. For data analysis, researchers will conduct a descriptive analysis of the collected data to identify common needs, patterns, and areas where supportive services can be improved.

In pursuit of a comprehensive understanding of the needs and experiences of women in Hamilton County, the researchers recognize the valuable role that agency records from community organizations play in shedding light on these critical aspects of their lives. This collaborative effort entails engaging with a network of significantly essential agencies, including Volunteer Behavioral Health, Helen Ross McNabb Center, Chattanooga Housing Authority, Chatt Foundation, Homeless Health Care Center, Chattanooga Homeless Coalition, and the local American Job Center. These organizations are essential in providing insights into the various challenges and opportunities faced by women in our community. In addition to looking at agency records, data collection methods will encompass surveys and interviews, ensuring a well-rounded and in-depth exploration of the realities and needs of women in Hamilton County.

Data may be available through the agency records of Hamilton County housing, substance abuse treatment centers, and supported employment programs. Agencies may include Volunteer Behavioral Health, Helen Ross McNabb Center, Chattanooga Housing Authority, Chatt Foundation, Homeless Health Care Center, Chattanooga Homeless Coalition, and the local American Job Center, among others. These agencies could provide insights into the needs, experiences, and realities of women in Hamilton County. Other data collection methods will also include a survey and focus groups.

### **Statement of Purpose**

The purpose of this study is to identify the need for substance abuse treatment, supported employment, and transitional housing or permanent supportive housing for women experiencing homelessness and substance abuse who utilize the Salvation Army Shelter.

An effective intervention for addressing the identified need for substance abuse treatment supported employment, and transitional or permanent supportive housing for women experiencing homelessness and substance abuse at the Salvation Army Shelter could involve offering on-site substance abuse treatment services within the shelter facility or through partnerships with local treatment providers. This can help remove barriers to accessing treatment. With on-site treatment services, we can establish a supportive employment program or collaborate with local employment agencies to provide job readiness training, resume building, job placement assistance, and ongoing support for women seeking employment.

In addition to on-site residential substance abuse treatment and supported employment, transitional housing units could be created within or near the Salvation Army Shelter. These units could serve as a bridge to more permanent housing solutions and provide a stable environment for women in recovery. Collaboration with local housing authorities or organizations specializing in permanent supportive housing (PSH) could secure housing options for women who may require ongoing support due to their substance use history and homelessness. Once treatment is underway, and a housing plan or goal is established, case management and wrap-around services could be provided. Dedicated case managers or social workers could be employed to provide ongoing support, coordinate services, and help women navigate the complexities of recovery, employment, and housing.

### **Research Questions**

- What are the intervention needs for substance abuse for women experiencing homelessness who utilize the Salvation Army Shelter?
- What are the intervention needs for homelessness for women experiencing homelessness who utilize the Salvation Army Shelter?
- What are the intervention needs for supported employment for women experiencing homelessness who utilize the Salvation Army Shelter?

### **Statement of What We Hope Results Will Show**

For the research question, “What are the intervention needs for substance abuse for women experiencing homelessness who utilize the Salvation Army Shelter?”, research shows incentives as being an option to motivate those experiencing substance abuse to discontinue their use in addition to counseling (Higgins et al., 2003). Research also concludes that paying for performance models of incentives for counselors might motivate them to invest in their client's recovery (Shepherd et al., 2006). Considering this information from the review of available literature, the researchers hypothesize that results will show a need for substance abuse treatment among women experiencing homelessness. The researchers hope that this will help in deciding what types of interventions and support services are needed to address this group of women's substance abuse issues effectively.

For the research question, “What are the intervention needs for homelessness for women experiencing homelessness who utilize the Salvation Army Shelter?”, research shows that programs, such as Housing First programs, aim to provide permanent housing for the homeless but do not require substance abuse treatment, so they are effective in housing the homeless but not for substance abuse treatment. Permanent Supportive Housing programs are another housing



program that is effective in both stable housing and substance abuse treatment and recovery. Considering the information from the review of available literature, the researchers hypothesize that the results will show a need for housing programs among women experiencing homelessness. The researchers hope that the results will reveal the specific challenges these women face in finding stable housing, accessing necessary social services, and addressing their substance abuse issues at the same time.

For the research question, “What are the intervention needs for supported employment for women experiencing homelessness who utilize the Salvation Army Shelter?”, research shows that there are several evidence-based models, such as the Individual Placement and Support (IPS) (IPS Employment Center, n.d.) and the Integrated Dual Disorder Treatment (IDDT) (Beimers et al., 2010). Considering the information from the review of available literature, the researchers hypothesize that the research will reveal the employment-related needs of women facing homelessness. The researchers hope the results will help show the barriers this population faces in finding stable employment. The researchers also hope the research will help determine what types of support and job training programs would best assist these women in gaining independence.

### **Research Hypotheses**

- There are no specific unique issues related to intervention needs for substance abuse issues for women experiencing homelessness who utilize the Salvation Army Shelter.
- There are no specific unique issues related to intervention needs for homelessness for women experiencing homelessness who utilize the Salvation Army Shelter.

- There are no specific unique issues related to intervention needs for supported employment for women experiencing homelessness who utilize the Salvation Army Shelter.

### **Alternate hypothesis (H<sub>1</sub>)**

- There are specific unique issues related to intervention needs for substance abuse issues for women experiencing homelessness who utilize the Salvation Army Shelter.
- There are specific unique issues related to intervention needs for homelessness for women experiencing homelessness who utilize the Salvation Army Shelter.
- There are specific unique issues related to intervention needs for supported employment for women experiencing homelessness who utilize the Salvation Army Shelter.

### **Research Variables**

1. IV: Women experiencing homelessness

DV: Intervention needs for substance abuse

CV: Age, treatment history, socioeconomic status, length of homelessness

EV: Availability of substance abuse treatments in the area, presence of other shelters or services, cultural or social factors that might affect substance abuse needs

2. IV: Women experiencing homelessness

DV: Intervention needs for homelessness

CV: Age, socioeconomic status, length of homelessness, availability of other shelter options

EV: Availability of other types of homeless shelters besides the Salvation Army Shelter, the quality of services provided by the Salvation Army Shelter, and the presence of other social support systems or government programs for homeless women

3. IV: Women experiencing homelessness

DV: Intervention needs for supported employment programs

CV: Age, duration of homelessness, prior history of substance abuse treatment, or the availability of supportive employment programs at the shelter

EV: Effectiveness of the supportive employment programs, the availability of substance abuse treatment services in the area, the overall socioeconomic conditions of the women experiencing both homelessness and substance abuse and the presence of other social support systems

## **Methodology**

### **Mixed Method**

The quantitative portion of this study will be conducted using a needs assessment survey, which allows researchers to elicit information regarding the needs and opinions of community members while offering participants a method of data collection through which they may feel more comfortable sharing private information and which contributes to community building by encouraging group and community support after needs have been shared and identified (The Community Toolbox, n.d.-b). Qualitative data will be collected through focus groups, as recommended if researchers intend to introduce a program, as focus groups contribute to community building by providing the space for multiple community members to share their opinions and needs (The Community Toolbox, n.d.-a).

### **Population and Sampling**

The population sample of interest is women experiencing homelessness, substance abuse, and unemployment living or accessing the shelter at the Salvation Army in Hamilton County, Tennessee.

The inclusion criteria will be:

- Women aged 18 and older, currently homeless and utilizing the Salvation Army Shelter.
- Self-reported substance abuse issues or a documented history of substance abuse.
- Unemployed or underemployed, with an emphasis on those actively seeking employment.

The exclusion criteria will be:

- Men, as the primary focus is on homeless women
- Individuals under the age of 18, as they have distinct needs and may require a different approach.
- Homeless women not using the Salvation Army shelter's services, as they may not be representative of the population of interest.
- Women who are not experiencing substance abuse and are employed but utilizing the Salvation Army for shelter.

Researchers will begin by identifying potential data sources and service providers in Hamilton County that work with homeless women and individuals experiencing substance abuse. These may include shelters, local nonprofits, outreach programs, and addiction treatment centers. Using providers in Hamilton County will ensure the population applies to the proposal and has gained knowledge of the need in the particular area of interest.

Researchers will collaborate with the Salvation Army to recruit participants, explain the study's purpose, and obtain their consent to participate. The Salvation Army has experience with homeless individuals so utilizing and partnering with them allows for a better overall participant pool that will specifically meet the criteria. Participants can be recruited through in-person meetings at the Salvation Army or a location of the potential participants' choosing.

The sampling method will be to obtain a representative sample by employing stratified random sampling to ensure each subgroup is represented in the overall population. The population of interest will be divided into strata based on criteria such as age, substance use severity, and duration of homelessness. This ensures that the sample encompasses individuals from various subgroups.

Researchers will establish a partnership with the Salvation Army to facilitate participant recruitment. Their staff can help inform potential participants about the study's purpose and the importance of their input. Researchers will also obtain informed consent from each participant. Researchers will provide clear and comprehensive information about the study's purpose, procedures, and data use to ensure voluntary participation. After securing informed consent, participants will be stratified based on the determined criteria. Each stratum will be randomly sampled to ensure representation from various subgroups. For data collection, researchers will employ a combination of surveys and interviews to collect data on the participants' needs, experiences, and preferences concerning substance use, homelessness, and permanent supportive housing. For data analysis, researchers will conduct a descriptive analysis of the collected data to identify common needs, patterns, and areas where supportive services can be improved.

### **Data Collection and Analysis Plan**

Quantitative data will be collected using a non-random convenience sample of at least 30 female residents 18 years or older at the Salvation Army Shelter. A 10-minute paper survey will be distributed to participants. Participants will be recruited by posting fliers inside the Salvation Army Shelter and around public areas outside the shelter. The survey will include questions about demographics, housing, substance abuse treatment, and employment needs. A consent

form will be at the beginning of the survey with information regarding potential risks, benefits, and voluntary participation. No compensation will be offered for participation.

At the end of the survey, participants will be asked if they would like to participate in a focus group. The principal investigators will provide participants with their contact information, and investigators will also attempt contact through the Salvation Army Shelter. The participants will be asked to complete another consent form before the focus group meeting. To collect qualitative data, the study will utilize a convenience sample. Analysts will select a sample size of five to ten participants from the qualitative group to participate in a 30-45 minute in-person focus group. Data will be collected through a structured interview format. The interview for the focus group will include questions about housing, substance abuse treatment, and employment needs. The focus group meeting will be audio recorded, and data regarding participants' responses will be transcribed using an online transcribing application. The principal investigators may also write notes during the focus group for use in data collection and meetings to minimize researcher bias. These methods will allow analysts to collect and analyze data from personal experiences regarding housing, substance abuse treatment, and employment needs among female residents at the Salvation Army Shelter. It will also provide data for potential future analysis.

The surveys will be distributed as paper copies, and the data collected will be converted into an electronic format. The principal investigators will protect participant data and information by keeping data on password-protected computers in password-protected files. The principal investigators will use codes for participants' names and delete all identifiable information. The principal investigators will keep the data for one year from the end of data collection so that authors may seek publication or further data analysis. Analysts will use IBM

SPSS Statistics (Version 28) for quantitative data analysis. Data will be analyzed using descriptive statistical analysis.

Quantitative data from a paper survey will be analyzed using descriptive statistics in IBM SPSS Statistics (Version 28). The dependent variable for each research question (i.e. intervention needs for substance abuse, homelessness, and supported employment) will be assessed using univariate analysis. Through descriptive statistics, the analysts will find the distribution, or frequency, of each intervention need, the central tendency, or mean, median, and mode, of each intervention need, and the measures of variability, such as the range, standard deviation, variance, and interquartile range, for each intervention. The univariate analysis results will be displayed in tables. Once the univariate analysis has been run, the analysts will run multivariate descriptive statistics to understand the potential relationships between intervention needs for substance abuse, homelessness, and supported employment among homeless women who utilize the Salvation Army shelter. The analysts will use a scatter plot to showcase the relationship between variables.

For qualitative data analysis, researchers will use Taguette v. 1.4.1 (Rampin et al., 2021) to manage and store focus group interview transcripts. The data will be analyzed inductively and with a grounded theory approach, utilizing simultaneous data collection and analysis, first and second-level coding, memos, and constant comparisons (Tie et al, 2019). Data analysis will begin after the first focus group data is collected and will co-occur with the following focus group interviews. First and second-level coding will be utilized. In first-level or open coding, codes are used to label ideas relevant to the research question and the overall characteristics and context of the interviewees. In second-level coding, categories are created from the codes and connections between categories. Analysts will compare data and their codes to monitor themes,

patterns, and exceptions. The analysts will also write memos to define codes and categories, theoretical ideas, preliminary and ongoing conclusions, study operational notes, and emotional reactions. The researchers will begin with their first group interviews and develop individual codebooks based on their findings. After this is completed, the researchers will collaborate to synthesize codes, create a collective codebook for the rest of the interviews, and share code updates.

### **Ethical Considerations**

The principal investigators recognize that individuals experiencing substance dependency and poverty are vulnerable and at-risk groups. By reading and signing the consent form, participants will express their understanding regarding voluntary participation and the right to withdraw at any time. The principal investigators will protect participant data and information by keeping data on password-protected computers in password-protected files. The principal investigators will also use codes for participants' names and delete all identifiable information to protect anonymity.

There is the potential for psychological risk when inquiring about homelessness, joblessness, and substance use. Discussing these topics may provoke a negative emotional response from participants. The principal investigators will use a strengths-based perspective and trauma-informed language in their focus groups. Following the focus group meetings, participants will be given contact information for mental health professionals. Despite the psychological risk, the principal investigators believe that research will benefit participants, as it will provide an opportunity to share their experiences and bring awareness to the housing, substance abuse treatment, and employment needs of women in Hamilton County, Tennessee. Bringing attention to these needs can encourage support, change, and further research.



## **Program Proposal**

### **Program Goals and Objectives**

#### ***Stakeholder Analysis***

These stakeholders are necessary to the mental health and substance abuse support network in Chattanooga. They provide a broad spectrum of services, ensuring individuals can access the required care and resources. Collaboration between these organizations and with local government and other community partners is essential in addressing the population's diverse needs and promoting overall well-being.

Homeless women with substance abuse issues and joblessness are main stakeholders because they are the population that is being served in this program. Their main interests and motivations are receiving help for their homelessness, substance abuse issues, and joblessness. They expect that they will get help and be able to improve their lives and their futures. They fear that they will not be able to keep with the program (keep abusing substances, etc.) or that they won't succeed when they are done with the program. They are critical in both the potential impact of the program as well as the program's success. Researchers recommend using their individual and group input on what they want to see in our program. This will be the researchers' responsibility when initially meeting with them and interacting with them throughout the process.

Residents of Chattanooga are another stakeholder. These are the residents of the surrounding community where the proposed services will be given to our population. Their main interest is making sure that they and their families are safe in the community that they live in and that their neighborhoods do not encounter crime and homes don't depreciate in value. Their expectations and fears are generally a negative outlook. They expect that the program location

will create problems in their neighborhood when it comes to crime and reputation. A smaller population of residents are enthusiastic about the program and how it may help people. They are low on the potential impact of the proposed program but high in the program's success because they may complain, but they will not impact the success of the program unless the complaints are taken to the local government and they succeed. The researchers will aim to involve them in the planning process and Amy Mejias will be implementing this as she is in charge of resident relations.

Program staff is another main stakeholder. These are the staff and volunteers that will be serving the impacted population. Their main interest is that they can feel good helping the population and making a difference in the world. They expect that they will be able to make a big impact in people's lives and hope that the program will thrive and grow. They fear that the program may not be successful because of design or that external issues may cause problems, such as lack of funding. Program staff is critical in the program's potential impact and success. There are no recommendations for program staff as they will be involved in each step of the program already.

Donors are also a major stakeholder. The donors are those who have invested either money or goods into the proposed program. Their main interest is that their money and goods are used in an impactful and proper way. They expect that their donations will be used in a way that will be impactful and make the program thrive and they fear that the program will fail and that they will lose the money and goods that they invested. They are critical in the program's potential impact and success. Amy Mejias will be the donor liaison in this project and will keep them informed each step.

The government of Chattanooga is a major stakeholder as they will determine when and if the proposed program is approved to be run. They will also be one of the main stakeholders that will fund most of the program and have individuals on the board. The government determines what the homeless population needs in Chattanooga and how to address the crisis through their city council meetings. Reaching the government can be done by emailing city council members, attending council meetings, and reaching out to a government representative willing to be on board of the program.

Another stakeholder that can impact the new program through experience is the Chattanooga Regional Homeless Coalition. This organization aims to lead and strengthen other homeless organizations. To have them as a stakeholder will be beneficial as they aim to prevent and aid in the homeless population around Chattanooga. To reach them, researchers will have a leadership team meeting weekly with other coalition staff to receive guidance and leadership.

Community resources are another major stakeholder. These include the Chattanooga Police Department (CPD) and organizations like the Chatt Foundation and Homeless Healthcare Center. While CPD is the only resource with high power, these community resources all share a high interest in the homeless population. The CPD is concerned with public safety and crime reduction in Chattanooga, but officers are critical in providing regulations for loitering to protect clients in the program and Salvation Army staff while also easing the minds of citizens who may be concerned about the growing number of homeless persons arriving for services. The Chatt Foundation's staff and volunteers are dedicated to improving the lives of homeless individuals through various resources, such as food, clothing, shelter, and counseling. Considering their scope of services and the organization's longevity, the Chatt Foundation may have helpful insights and recommendations for the program proposal.

Homeless Healthcare staff abide by the Chatt Foundation's mission while offering unique services, such as intensive outpatient substance abuse treatment. Homeless Healthcare's importance to the proposed program is high, as the healthcare professionals may have insights, recommendations, and referrals to resources for substance dependency intervention. Kaitlyn Deaux will be in charge of sending informative emails to each of these community resources while inviting them to join in collaborative meetings.

### ***SWOT Analysis***

#### **Program Strengths.**

The proposed program has many strengths. One main strength is the support from many of the community's long-time existing programs regarding homelessness. The proposed program is also supported by the Salvation Army, where it will be implemented, by providing shelter space for the population being served. There is also an extensive list of people and organizations that have signed up to be donors to support the proposed program, as well as several volunteers, and a strong staff that brings with them both passion and experience from many areas such as experience with non-profits, grant writing, experience and training working directly with vulnerable populations. They have all graduated from Southern Adventist University's MSW program, which is said to be the best in the country, so their experience is quite extensive.

#### **Weaknesses.**

When looking at potential weaknesses in the program, the problems of lack of leadership and experience as well as funds may cause the program to have potential problems at the start of the program and in the future. Obtaining a building that stays up to code could also be a potential weakness as the staff may not have the business experience needed to ensure it is up to standard. Obtaining a board of directors could be an issue as it takes time to get a strong board up and

running. To be successful, however, a professional board is needed to help make decisions and put in the public's input. Still, in the start this could be a weakness as it takes commitment from everyone to get a professional start.

Some weaknesses are also overreliance on grants and donations for funding, which may create financial instability, impacting the program's long-term sustainability. Another potential weakness is high staff turnover and burnout, which are common issues in social services, potentially affecting program continuity and service quality. Limited availability of residential treatment beds, employment opportunities, and affordable housing options may restrict the number of clients served, which could be seen as a weakness.

### **Opportunities.**

The proposed program's opportunities and strengths are the established reputation of the Salvation Army's longstanding presence and positive reputation within the community that enhances program credibility and access to potential clients. Comprehensive services provided by Community Based Agencies such as Volunteer Behavioral Health, Helen Ross McNabb, Erlanger Behavioral Health, and Parkridge Valley offer a range of integrated services, including substance abuse treatment, employment assistance, and housing support, provide a holistic approach to addressing the multifaceted needs of clients. This approach can be seen as a strength as it can guide what works and what does not. Having strong partnerships with local healthcare providers, government agencies, and non-profit organizations offers opportunities for resource sharing and coordinated care can be viewed as a strength in our program's opportunities.

Some demographic factors, economic factors, political and legal factors, sociological factors, environmental factors, and cultural factors could be adapting to demographic shifts, such as changes in the age, gender, or ethnic composition of the population, can help the program

better meet the evolving needs of the community. An improving local economy may increase demand for employment assistance and housing services, creating growth opportunities for the program. Advocating for favorable policies and legislation related to substance abuse treatment and affordable housing can enhance program effectiveness and sustainability.

### **Threats.**

The main threat to the program proposal is the existence of similar resources not far from the Salvation Army Shelter. Stakeholders who could offer potential insights and recommendations for the proposed program can do so based on their own experience with providing interventions for homelessness, joblessness, and substance dependency. Competing with a new service that targets all three of these needs may result in the decline of clients seeking out alternative resources. While these organizations all share a common mission to support the homeless population, losing clients could impact opportunities and pay for staff. Another potential threat would be Chattanooga residents and certain politicians. As stated, some Chattanooga residents may be concerned about home value and homeless individuals populating in certain areas for services as they may relate to increased crime. Chattanooga residents and certain politicians with these fears may oppose the proposed program. Regarding criminal activity, individuals who routinely sold drugs in the area around the Salvation Army Shelter may be offended by heightened policing to thwart loitering. Despite CPD involvement, increased policing may result in more crime and conflict in the area as previous drug spots are overtaken.

Some other threats include funding uncertainties, such as fluctuations in grant funding, economic downturns, or changes in philanthropic priorities, which can pose a significant threat to program stability. Competition with other organizations and programs may offer similar services, leading to competition for clients and resources. Regulatory changes, such as

modifications in healthcare or housing regulations, can impact program operations and compliance. Societal stigma and stigma associated with substance abuse and housing instability can affect community perceptions, client engagement, and outreach efforts. Environmental challenges such as natural disasters or public health crises, like the COVID-19 pandemic, can disrupt program operations and service delivery.

Despite competition with community resources, inviting these organizations to program development meetings provides an opportunity for sharing insights and recommendations and networking. The proposed program will not be able to assist every homeless individual immediately, and some individuals may have needs that cannot be met within the program. Collaborating with community resources builds awareness of other available supports. Working with the Chattanooga Police Department is also a valuable collaboration, as they can communicate with concerned politicians and citizens of Chattanooga while creating regulations against loitering around the Salvation Army Shelter. Using the strength of community connections can show the program directors' reputability in the community which can hopefully be used to eventually win over even the toughest critics. The strength of the list of donors can be used to keep the program going and thriving and hopefully enlist more donors in the future as they hear about the program from current donors. Finally, the strength of the program staff can be used to confidently guide the program through anything that it may encounter, negative or positive, so that it may continue even stronger in the future.

These weaknesses can be prevented through being consistent with program planning and listening to the leadership from other organizations. Keeping the public informed will also help the organization flow better and let others know what the program is doing. With the possibility of funding as a weakness, being aware of what is needed for funds from the beginning and

making smart financial choices are two ways to stop the funds from lacking later in the project. To maintain a board of directors, utilizing the Chattanooga Regional Homeless Coalition can help employ leaders who are willing to be involved in the project who can later be utilized as board members who are dedicated to the project's future.

This program is an opportunity to strengthen collaboration and coordinate with Community-Based Service Providers, as they are knowledgeable of what they have found that works and what does not. They are also aware of programs and projects that are needed within the community to battle substance abuse and provide support for women who are experiencing homelessness, substance abuse, and unemployment. High staff turnover and burnout are some of the weaknesses, but there is an opportunity to implement and establish a self-care model for staff to utilize, creating a balanced work and home lifestyle. One threat to defend against is to bring each valued partner that has similar programs and services into collaboration and have effective communication so as to learn their valuable insights into how they manage and support their current programs and services that are similar. Coordination with these partners might also discourage feeling threatened by a new competitor.

### **Evaluation Plan**

With their consent, the principal investigators will track the progress of study participants from the survey and focus groups who participated in the program. Study participants who voluntarily quit the program prior to discharge and study participants who complete the program and discharge will be contacted to complete an evaluation survey. Questions will include participants' perceptions of the program and current housing stability, substance abuse recovery stage, employment status, and overall well-being. The survey will be distributed in paper format by Salvation Army employees and collected by the principal investigators.



Anticipated intermediate outcomes and an objective statement will help monitor program success. The principal investigators will collaborate with the LCSWs and case managers to track program participants' progress. These professionals will be in charge of documenting their clients' current housing situation, substance abuse recovery stage, and employment status. Within 3 months of starting the program, 30% of clients will have met with their case managers, have solidified a recovery plan with their substance abuse counselor and peer support specialist, and have identified at least one job opportunity. Within 6 months, this percentage should increase to at least 60%. Among the 25 program participants, 10 will actively engage with care providers for all three program aspects (housing, substance abuse treatment, employment), and 75% will complete the program and be discharged from residential treatment with permanent supportive housing and have an income to support their needs. It will lead to an increase in self-sufficient behaviors and skills and a decrease in homelessness, substance abuse, and unemployment rates among women in Hamilton County.

### **Proposed Program Resources**

#### ***Human Resources and Support Staff***

A dynamic team of staff and volunteers for the program are anticipated to provide residential substance abuse treatment, housing, and employment support for homeless women in partnership with the Salvation Army homeless shelter in Chattanooga, TN.

- The program will require a team consisting of two full-time licensed clinical social workers (LCSWs) who will lead the program, specializing in substance abuse treatment, mental health, and therapy. Two certified substance abuse counselors who will provide individual counseling and facilitate groups, a case manager, and a supported employment

specialist will also be available. Over time, additional staff members may be hired as the program expands.

- Certified Peer Support Specialists will engage individuals with lived experience who have overcome similar challenges. They will offer advocacy, guidance, and lived experience for support to program participants. The number of Certified Peer Support Specialists will depend on the availability of qualified individuals.
- To provide additional support and resources, volunteers from the community will be engaged. It is anticipated that 5-10 dedicated volunteers can offer mentorship, job search assistance, and other support services. Volunteers will be carefully screened and trained to ensure they can work effectively with the target population.
- Contracted Medicated Assistance Treatment (MAT) Provider.
- Researchers will collaborate and coordinate with local Community Based Mental Health Centers for individuals with a dual diagnosis for medication management.

The program will operate five days a week, Monday through Friday, from 9:00 AM to 5:00 PM, providing 40 hours of intervention each week.

For residential substance abuse treatment, individual sessions will be once a week, and group therapy sessions will be scheduled five days a week, with each individual session lasting approximately one hour, and group sessions lasting between 2 to 3 hours. Each participant will begin individual therapy sessions, group therapy, and housing and employment support as soon as they are enrolled in our program and complete biopsychosocial and substance abuse assessments. The total hours of intervention will vary according to participants' requirements and individualized recovery plan.

Housing and employment support services will be ongoing, with clients receiving assistance based on their needs, ranging from a few hours a week to several hours a day. Researchers will work with the Salvation Army on coverage for overnight staff to include supervision for women in our program during nighttime hours.

Researchers will contract with a Medicated Assisted Treatment (MAT) Clinic to provide services for individuals if the licensed and certified professionals believe MAT would benefit the progress of the individual or individuals served. This will be a case-by-case decision. MAT may only be beneficial for some program participants. Researchers will also coordinate and collaborate with local Community-Based Mental Health Providers for individuals with a dual diagnosis for medication management.

### ***Training for Volunteers/Staff***

Orientation and Program Overview (2 days): All staff, including licensed professionals, Certified Peer Support Specialists, and volunteers, will attend a comprehensive orientation to understand the program's mission, values, and goals.

- Crisis Intervention and De-escalation (2 days): Training on handling difficult situations, providing emotional support, and ensuring clients' safety.
- Substance Abuse and Trauma-Informed Care (4 days): Staff and volunteers will receive training on recognizing signs of substance abuse, understanding trauma, and providing appropriate care.
- Housing and Employment Services (3 days): Specific training for those involved in helping clients find suitable housing and employment, covering resume building, job search, and housing assistance strategies so they can assist the Supported Employment Specialist and Case Manager.

- Cultural Competency and Diversity (2 days): Recognizing and respecting cultural differences and tailoring interventions accordingly.
- Boundaries and Ethics (2 days): Ensuring all staff and volunteers maintain professional boundaries and adhere to ethical guidelines.
- Ongoing Monthly Workshops (1 day/month): Continuous training and skill development through monthly workshops addressing emerging issues and best practices in social work.

Training sessions will be ongoing and tailored to staff and volunteers' specific roles and responsibilities. Regular refreshers will follow the initial training to ensure all team members are current with evidence-based practices and approaches.

The residential substance abuse treatment program for homeless women focused on empowering individuals with permanent supportive housing and employment opportunities requires a variety of material resources to ensure its success. These resources incorporate various elements designed to create a safe, supportive, and productive environment for recovery and rehabilitation.

An essential resource is a suitable facility with dormitory-style living arrangements to accommodate program participants. This facility should offer a safe and comfortable environment for women during their recovery journey. Ensuring that the facility is secure, hygienic, and well-maintained is essential. Researchers have coordinated with the Salvation Army regarding these needs and they have agreed to allow the use of half of the women's shelter for program needs.

Dedicated therapeutic spaces within the facility are essential to provide effective therapy, group counseling, and individual sessions. These spaces should be equipped with comfortable seating, audiovisual presentation equipment, and a calming ambiance conducive to healing. We

will also need materials and workbooks such as Seeking Safety, Relapse Prevention Plans, and Moral Reconciliation Therapy workbooks for each woman participating in our program. The program's curriculum, educational materials, and therapy resources are vital to guide participants toward recovery and self-sufficiency. These resources should be comprehensive, up-to-date, and tailored to the unique needs of homeless women experiencing substance abuse and unemployment.

Educational and vocational resources to facilitate job training and skill development are also needed. Program participants would require access to educational materials, computers, and a curriculum tailored to meet their needs. These resources will help equip women with the knowledge and skills necessary for future employment.

Access to transportation, such as vans or buses, is vital for participants to attend employment opportunities and external support services. Reliable transportation ensures women can access job interviews, training, and supportive housing placements.

A well-equipped kitchen and dining area are necessary for providing nutritious meals. Proper nutrition is a fundamental aspect of physical and emotional well-being during recovery.

Recreational equipment to encourage physical activity and recreation, having sports and fitness equipment, as well as outdoor spaces, is essential. These resources support the physical and mental well-being of program participants.

Collectively, these material resources provide the foundation for the proposed program, ensuring that homeless women have access to the support, education, and infrastructure needed to overcome substance abuse, secure permanent housing, and pursue stable employment.

### ***Proposed Sustainability Plan***

The sustainability of our homeless shelter program depends on being proactive and continuing stakeholder engagement. We hope that our program not only continues but thrives by adapting to the needs of homeless women struggling with substance abuse and unemployment. To ensure the sustainability of our program, we will establish a strong network of partnerships with local businesses, governmental agencies, and non-profit organizations, continuing to grow new employment opportunities for the women that we serve as well as grow our network of support services that we can offer and refer them to. Regular evaluation and receiving feedback from program participants will guide improvements, ensuring the program remains responsive and effective. Fundraising initiatives, grant applications, and community outreach efforts will be an important part of continuing to secure financial stability.

### **Limitations**

There are a number of limitations that could hinder the fluency of the program and its success. Access to resources, including budget and financial support, available office spaces for program staff and rooms for participants, and availability of skilled personnel are potential barriers. As previously stated, overreliance on grants and donations for funding or competition with other service providers may result in financial instability. Although the Salvation Army has graciously offered its space for the proposed program, this will impact its ability to serve its own clients apart from the program, and even eligible program participants may be turned away due to lack of room. Program staff has been determined, but issues such as high staff turnover and burnout could create gaps in services on top of the potential limited availability of employment opportunities and affordable housing options. Psychological risk among participants in the study portion of the program as well as pushback from CPD and community members are also

concerns. Fortunately, strategies to lessen the impact and prevalence of these limitations have already been considered and documented in this proposal plan.

### **Conclusion**

The proposed program seeks to address the needs of homeless women in Chattanooga who are experiencing substance abuse as well as joblessness. The needs assessment process, including stakeholder evaluation and SWOT analysis, examines the necessity for interventions including substance abuse treatment, supported employment, and supportive housing. The research which involved surveys and focus groups, emphasized the need for these services in the Chattanooga area. Despite existing resources targeting the individual aspects of homelessness, joblessness, and substance abuse issues, there is a lack of comprehensive programs that can address all of these needs together.

Failure to tackle homelessness, joblessness, and substance abuse among women not only risks harm to both their physical and mental well-being but also causes risks to the community, particularly when it comes to the taxpayers' cost of these social issues. Therefore, implementation of this program isn't will not only benefit the lives of women seeking a better future but also prove to be a more cost-effective approach for society in the long term.

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## Appendix A

Project Title: Homelessness, Substance Abuse and Joblessness in Women

Date: 11/5/23

Group Members: Connie Bradshaw, Kaitlyn Deaux, Madison Griswold, Amy Mejias

Stakeholder	Characteristics	Main Interest	Fears and expectations	Potential impact	Priority	Recommendations	Responsibility
<i>Identity of individual or group/s.</i>	<i>What sort of person or group are they?</i>	<i>What are their main interests and/or motivations?</i>	<i>What is their potential reaction to the project? What do they expect from the project?</i>	<i>How important is their impact on the project? (low, med, high, critical)</i>	<i>Rank the importance of the stakeholder to the success of the project (critical, high, med, low).</i>	<i>Implications for your project planning. (e.g. keep informed, involve in planning, etc.)</i>	<i>Who in your cohort will implement the recommendations?</i>
Chattanooga Police Department (CPD)	Five hundred sworn officers who oversee the Chattanooga city limits with specific focus on the 305 involved in neighborhood policing and the 3 in Community and Department Services	Public safety concerns and crime reduction in the city of Chattanooga related to homelessness and substance dependency	<b>Fears:</b> The project might result in individuals with needs loitering outside of the shelter for services. This might result in concerns from the public regarding crime and safety. <b>Expectations:</b> Individuals who do not qualify for the program will be given other resources in the area.	Critical	High - CPD will need to be aware of the project and provide regulations for loitering outside of the shelter.	Keep CPD informed of progress and actively involve in planning and implementation of the project	Team will maintain communication with CPD through email.  Involvement will take place through a series of group meetings. Kaitlyn will be in charge of communicating with appointed persons within the CPD to organize meetings.



Salvation Army Shelter	Casework Services workers	Meeting the needs of homeless individuals without discrimination	<p><b>Fears:</b> The project may exhaust resources at the Salvation Army Shelter depending on how many individuals need assistance.</p> <p><b>Expectations:</b> Individuals will be given clear information regarding eligibility for the program, what the program will offer, and client expectations. Individuals will be considered without discrimination.</p>	Critical	Critical - The Salvation Army Shelter is where this program will be taking place. The Casework Services providers will be crucial in organizing how and where the program will occur.	Keep Salvation Army Shelter informed of progress and actively involve in planning and implementation of the project	<p>Team will maintain communication with the Salvation Army Shelter through email and phone calls.</p> <p>Involvement will take place through a series of group meetings and continued collaboration as the project continues. Kaitlyn will be in charge of communicating with appointed persons within the Salvation Army Center staff to organize meetings and discuss project mechanics.</p>
Homeless Healthcare Center	Healthcare professionals	Improving the health and wellness outcomes for homeless individuals	<p><b>Fears:</b> If the program is successful, it may decrease clients coming for their intensive outpatient substance abuse</p>	Medium	High - Professionals in the intensive outpatient substance abuse treatment program may have insights and recommendatio	Keep Homeless Healthcare Center informed of progress and invite to meetings	<p>Team will provide updates on project progress through email.</p> <p>Kaitlyn will be in charge of communicating with appointed persons within Homeless Healthcare Center to</p>

			<p>treatment services.</p> <p><b>Expectations:</b> Individuals not eligible for the project will be provided with alternative resources, including Homeless Healthcare Center.</p>		<p>ns for the substance intervention portion of the project. They may also have connections to additional resources.</p>		<p>offer invitations for group meetings and to network on the topic of substance abuse treatment.</p>
Chatt Foundation	Staff and volunteers	Improving the lives of homeless individuals by providing shelter, clothing, counseling, and food services	<p><b>Fears:</b> If the program is successful, it may decrease clients coming for their services.</p> <p><b>Expectations:</b> Individuals not eligible for the project will be provided with alternative resources, including Chatt Foundation.</p>	Medium	Medium - The Chatt Foundation may have insights and recommendations for the project.	Keep Chatt Foundation informed of progress and invite to meetings	<p>Team will provide updates on project progress through email.</p> <p>Kaitlyn will be in charge of communicating with appointed persons within Chatt Foundation to offer invitations for group meetings and to network.</p>
Homeless women with substance abuse issues and joblessness	These are our population that we are serving.	Receiving help for their homelessness, substance abuse issues,	<p><b>Expectations:</b> That they will get help and be able to improve their lives and their futures.</p>	<b>Critical</b> - They are those we are serving	<b>Critical</b> - They are those we are serving	Use their individual and group input on what they would like to see in our program.	All of our group will when we talk to them individually or in the focus groups.

		and joblessness.	<b>Fears:</b> That they won't be able to keep with the program (keep abusing substances, etc.) or that they won't succeed when they are done with the program.				
Residents of Chattanooga	These are the residents of the surrounding community in which our services will be given to our population.	Making sure that they and their families are safe in the community that they live in and that their neighborhoods don't "go downhill" and homes don't depreciate in value.	<b>Expectations/ Fears:</b> In general, their expectations and fears are a negative outlook. They expect that the program location will cause problems in their neighborhood when it comes to crime and reputation particularly. A smaller population of residents are enthusiastic about the program and	<b>Low</b>	<b>High-</b> They may complain but they will not impact the success of the program unless the complaints are taken to the local government and they succeed.	Involve in the planning process.	Amy Mejias will be in charge of resident relations.

			how it may help people.				
Program Staff	These are the staff and volunteers that belong to our organization that will be serving our population.	That they are able to feel good helping our population and make a difference in the world.	<p><b>Expectations:</b> That they will be able to make a big impact in people's lives and hopes are that the program will thrive and grow.</p> <p><b>Fears:</b> If the program doesn't work out because of design or that outside issues may cause problems such as not receiving enough funding.</p>	<b>Critical</b>	<b>Critical</b> - We will need our dedicated staff in order to thrive and be successful.	N/A- They will already be involved in each step.	We all will be involved with the program staff aspect.

Donors	These are those that have invested either money or goods into our program.	That their money and goods are used in an impactful and proper way.	<p><b>Expectations:</b> That their donations will be used in a way that will be impactful and make the program thrive.</p> <p><b>Fears:</b> That the program will fail and that they will be out the money and goods that they invested.</p>	<b>Critical</b>	<b>Critical-</b> We will need the support of money and goods to be able to succeed.	Keep informed.	Amy Mejias will be the donor liaison in this project.
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Government of Chattanooga	Individuals that can make decisions and decide if the homeless shelter is right for the Chattanooga community	Interests can include safety and external interest from the public	Fears can include that the program will cost too much and require more demand than they intimated . They may expect to just sit back and watch it run, but the government will have to be involved in the planning process more than they hope for.	Critical	Critical- as the government is needed for funding and leadership	Involve in planning and keep informed	Madison Griswold will be the liaison between the government officials, board of directors and the project itself.
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Chattanooga Regional Homeless Coalition	They are an organization that helps other homeless organizations run their programs with additional leadership and resources	Their interests and motivations are to help out another homeless organizations succeed and be an opportunity for referrals for their own organization	Fears can include not being able to give the leadership that the project may need and well as offer support to employees and members	High	High-The Chattanooga Regional Homeless Coalition offers leadership and experience within the various homeless shelters in the city. They have high importance as they have experience and leaders to help with the success of the project.	Involve in planning process	All will be involved in the leadership process with help from the Coalition
Community Based Mental Health and Substance Abuse Agencies	Community-based mental health and substance abuse agencies are typically nonprofit organizations or government-funded agencies that provide a wide range of mental health and substance abuse services to individuals and communities within a specific geographic	Community-based mental health and substance abuse agencies are primarily motivated by a commitment to improving the mental health and well-being of	Reactions should be positive and supportive to the project.  They probably would expect success and see it as a support and relief from their overwhelming amount of	High	High-Community based Mental Health Agencies offer support, collaboration, and coordination with other programs and projects that are aimed at their own target populations that they serve.	Involve in planning	All will be involved in collaboration and communication with Community Based service providers.

<p>area. These agencies are focused on addressing the mental health and substance abuse needs of their local communities and are often closely connected to the communities they serve. They may offer services such as therapy, counseling, addiction treatment, crisis intervention, and support for individuals and families dealing with mental health and substance use issues. The specific structure and focus of these agencies can vary. Still, they are generally rooted in the community and dedicated to improving the mental health and well-being of their clients.</p>	<p>individuals and communities. Their primary interests and motivations are providing accessible care, promoting recovery, preventing and treating mental health and substance abuse issues, reducing stigma, community well-being, collaboration and coordination with other community organizations, government agencies, healthcare providers, and stakeholders, education and awareness,</p>	<p>people who utilize community based services for mental health and substance abuse.</p>				
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		and advocating.					

## Appendix B

### Stakeholder Power-Interest Grid

 **Template**  
**Power/Interest Grid for Stakeholder Prioritization** 



## Appendix C

### Logic Model

# Project Planning Form / Logic Model

**Program Title:** "New Horizons Empowerment Program: Rebuilding Lives with Purpose"

**Team Members:** Amy Mejias, Kaitlyn Deaux, Madison Griswold, and Connie Bradshaw

**Statement of Problem:** Homeless women struggling with substance abuse, homelessness, and unemployment face a set of challenges that significantly impact their well-being and stability. The addition of homelessness, substance abuse, and unemployment creates a vulnerable population that may lack the mental well-being to make proper decisions. The lack of stable housing creates difficulties in overcoming substance abuse issues and finding steady employment. With appropriate interventions that aid in substance abuse recovery and supportive employment, there can be a more significant impact on homeless women with these struggles as there is support from all areas that the women may need.

Inputs	Outputs		Outcomes (Impact)		
	Activities	Participants	Short Term	Medium Term	Long Term
Homeless Women experiencing unemployment and substance dependency	Participate in the shelter program; programs to complete can include substance abuse		Learning tools and participating in CBT in individual and group therapy to maintain	Continued sobriety, working on goals on recovery plan, is working, and working on	Recovery in process, finds employment, and has permanent supportive housing established. Clients will be able to find their own housing, have a full time job and/or finish treatment for substance abuse. Among the 25 program participants, 10 will actively engage with care

	<p>treatment with individual therapy sessions and group therapy, job training, finding permanent supportive housing, and overall health and wellness</p>		<p>sobriety, working with case managers on goals, working with supported employment specialists to find a job, working with case managers on housing applications and where they can apply according to criminal history, past evictions, etc. Within 3 months of starting the program, 30% of clients will have met with their case managers, have solidified a recovery plan with their substance abuse counselor and peer support specialist, and have</p>	<p>housing if this isn't established at this point. Within 6 months of starting the program, 60% of clients will have met with their case managers, have solidified a recovery plan with their substance abuse counselor and peer support specialist, and have identified at least one job opportunity.</p>	<p>providers for all three program aspects (housing, substance abuse treatment, employment), and 75% will complete the program and be discharged from residential treatment with permanent supportive housing and have an income to support their needs.</p>
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			identified at least one job opportunity.		
LCSWs	Integrate mental health into program; interprofessional collaboration with case managers to monitor clients' progress, needs, and offer referrals	Clients at the shelter that want/need therapeutic interventions	Assist clients with developing substance abuse and mental health treatment goals. short-term objectives, and identifying potential interventions . Assist with finding housing resources for women in the program.	Utilizing appropriate therapeutic interventions and resources to assist clients in reaching their goals	Successfully accomplish clients' treatment goals; clients will have gained skills to maintain accomplished goals on their own
Salvation Army	Hosting clients and networking with partner agencies	Clients, Partner agencies	Assists the shelter with guidance from staff as well as clients during the programs. Can source out to other organizations if needed	Continue guidance when questions may arise from staff but take a step back and let the shelter continue work on it's own	Takes full step back from shelter but continues to resource participants from Salvation Army when necessary. The salvation
Certified Substance Abuse Counselors	Create and conduct	Homeless	Assists clients with	Continue to work with	Successfully help clients maintain sobriety with substance abuse and

	substance abuse treatment plans with clients	s women with substance abuse	substance abuse by providing individual and facilitate group therapy, creating individual treatment plans, including housing, and substance abuse interventions	clients from beginning to mid stages of treatment and identify barriers to finish treatment if appropriate	monitor for potential relapse. The clients will have completed the substance abuse program and be able to identify what led to the abuse and possible future triggers they may run into to avoid the abuse again
Case Manager	Interprofessional collaboration with LCSWs to monitor clients' progress, needs, and offer referrals	Clients in the shelter	Assist clients in developing a plan to reach housing needs, relapse prevention plans, and employment goals	Monitor clients' progress in housing, substance abuse treatment, and employment program and identify other appropriate resources for clients to achieve their goals	Successfully accomplish clients' housing, substance abuse treatment, and employment goals; clients will have identified supports and resources to utilize following program completion as needed
Supported Employment Specialist	Create and conduct employment plans with clients	Clients who are seeking employment	Help clients with resumes, job searching, possible trade school options, and goals for	Support client when they maintain a job and encourage healthy boundaries to keep the job	The clients will successfully maintain a job and complete training. Client will keep long term career goals and identify any barriers that may be encountered in the future that may prohibit job security

			their future employment		
Certified Peer Support Specialist	Collaborate with substance abuse counselors to assist clients in following treatment plans, provide emotional support, and advocate for participants in the program.	Clients and staff	Encourage, advocate, and support clients through the program. Assist staff with leadership	Help clients maintain the program's aspect and keep maintaining their goals. Help and answer questions that staff may have regarding a client who may be struggling	The clients will have completed each program aspect to the best of their ability. They have learned how to help each other reach their goals and the clients will be able to lean on or ask for help from the peer support specialist or another safe individual in their future should they need it.
Volunteers	Assist clients and staff with daily running of the program. Help with odd jobs and cleaning of the shelter when there is an issue that has been neglected due to short staffing	Program staff	Help staff with miscellaneous tasks that may need attending to at the shelter, volunteers that come regularly can work on creating relationships with the clients.	Continue to maintain upkeep of the facility, and contact staff and/or clients with any concerns of questions	Maintain a volunteer organization that may come on a weekly to biweekly basis that Successfully creates relationships to support staff and clients through the program.
Medicated Assisted Treatment (MAT)	To assist with the use of medications in combination	Clients with opioid	Treat clients who need medication assisted treatment	Support clients with medicated assisted treatment in	Help clients become medication management stable long term with the help of counseling staff. Continue to monitor patients every 6 months for continued use of the same

	<p>with counseling and behavioral therapies, which is effective in the treatment of opioid use disorders (OUD) and can help some people to sustain recovery.</p>	<p>dependence</p>	<p>and to assist with reducing cravings.</p>	<p>combination with counseling to reduce the dependence of opiates.</p>	<p>prescription medication and modify it if necessary.</p>
<p>Community Based Mental Health Agency</p>	<p>Integrate mental health into program</p>	<p>Shelter staff</p>	<p>Serve as a resource for client referrals regarding additional mental health needs that cannot be addressed by LCSW staff such as prescribing mental health medications.</p>	<p>Educate and train staff on trauma-informed care</p>	<p>Create a trauma-informed atmosphere for clients</p>



**Appendix D**  
**Survey Guide**

Demographic:

How old are you?

- a. 18-25
- b. 25-50
- c. 50+

What is your ethnicity?

- a. White
- b. African American
- c. Hispanic
- d. Asian
- e. Pacific Islander
- f. Indonesian
- g. Other (specify)

What is your religious or spirituality background?

- a. Christianity
- b. Catholicism
- c. Judaism
- d. Islam
- e. Hinduism
- f. Buddhism
- g. Paganism
- h. Agnosticism
- i. Atheism
- j. Other (specify)

Are you single, married, or other?

- a. Single
- b. Married
- c. Married then divorced
- d. Separated
- e. Other (specify)

Do you have any children with you in the shelter?

- a. Yes
- b. No

What is your sexual orientation?

- a. Heterosexual
- b. Homosexual
- c. Bisexual
- d. Pansexual
- e. Asexual
- f. Other (specify)

Experience with Homelessness:

Have you lived in a shelter before?

- a. Yes
- b. No

How long have you been homeless?

- a. Less than a month
- b. 1-6 months
- c. 1 year
- d. More than 1 year

Have you tried to stay in a shelter in the past and were unable to do so?

- a. Yes
- b. No

Do you want resources to find stable housing?

- a. Yes
- b. No
- c. Unsure

What do you need to get out of homelessness? Select all that apply.

- a. Section 8/affordable housing
- b. Employment to afford rent
- c. Other (specify)

Employment History:

Have you held down a job for more than 6 months before?

- a. Yes
- b. No

What led to your unemployment?

- a. Poverty
- b. Eviction
- c. Lack of educational attainment
- d. Lack of skills/experience
- e. Medical issues
- f. Mental health issues
- g. Transportation needs
- h. Have never worked
- i. Other (specify)

Is having a job important to you?

- a. Yes
- b. No
- c. Unsure

Are you interested in a work program?

- a. Yes
- b. No
- c. Unsure

What do you need to enter employment? Select all that apply.

- a. Employment services/resources
- b. Housing
- c. Transportation
- d. Mental health treatment
- e. Substance use treatment
- f. Other (specify)

Substance Use History:

Are you currently using any alcohol or drugs?

- a. Yes
- b. No

How long have you been using alcohol or drugs?

- a. 6 months or less
- b. 1-5 years

- c. More than 5 years

How often do you use alcohol or drugs?

- a. Once or twice a month
- b. Once a week
- c. Every day

Have you ever been in treatment for substance dependency?

- a. Yes
- b. No

Are you wanting/willing to get help for substance dependency?

- a. Yes
- b. No
- c. Unsure

What do you need to receive help for your substance dependency? Select all that apply.

- a. Substance use treatment
- b. Mental health treatment
- c. Housing
- d. Employment
- e. Other (specify)

Shelter Experience:

How likely are you to engage in the shelter service of job training?

- a. Very likely
- b. Likely
- c. Somewhat Likely
- d. Unsure
- e. Somewhat Unlikely
- f. Unlikely
- g. Very unlikely

How would you rate your experience in the shelter, with 10 being the best shelter experience you have had so far and 1 being the worst?

1 2 3 4 5 6 7 8 9 10

How would you rate your current mental health, with 10 being zero poor mental health symptoms present and 1 being so many poor mental health symptoms that you feel the need to seek professional help?

1 2 3 5 6 7 8 9 10

## Appendix E

### Team CITI Training Certificates



Completion Date 22-Sep-2022  
 Expiration Date N/A  
 Record ID 51682167

This is to certify that:

**Kaitlyn Deaux**

Has completed the following CITI Program course:

**Responsible Conduct of Research**  
 (Curriculum Group)  
**Responsible Conduct of Research**  
 (Course Learner Group)  
**1 - RCR**  
 (Stage)

Under requirements set by:

**Southern Adventist University**

Not valid for renewal of  
 certification through CME.

**CITI**

Collaborative Institutional Training Initiative

101 NE 3rd Avenue, Suite 320  
 Fort Lauderdale, FL 33301 US  
[www.citiprogram.org](http://www.citiprogram.org)

Verify at [www.citiprogram.org/verify/?wf71f4072-b451-4c23-ad8d-a14c44b38da3-51682167](http://www.citiprogram.org/verify/?wf71f4072-b451-4c23-ad8d-a14c44b38da3-51682167)



Completion Date 27-Sep-2023  
 Expiration Date N/A  
 Record ID 58248800

This is to certify that:

**Connie Bradshaw**

Has completed the following CITI Program course:

**Responsible Conduct of Research**  
 (Curriculum Group)  
**Responsible Conduct of Research**  
 (Course Learner Group)  
**1 - RCR**  
 (Stage)

Under requirements set by:

**Southern Adventist University**

Not valid for renewal of  
 certification through CME.

**CITI**

Collaborative Institutional Training Initiative

101 NE 3rd Avenue, Suite 320  
 Fort Lauderdale, FL 33301 US  
[www.citiprogram.org](http://www.citiprogram.org)

Verify at [www.citiprogram.org/verify/?w071a2e8a-8382-4475-9237-996584480dfe-58248800](http://www.citiprogram.org/verify/?w071a2e8a-8382-4475-9237-996584480dfe-58248800)



Completion Date 14-Feb-2022  
 Expiration Date N/A  
 Record ID 47327948

This is to certify that:

**Amy Mejias**

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

**Responsible Conduct of Research**

(Curriculum Group)

**Responsible Conduct of Research**

(Course Learner Group)

**1 - RCR**

(Stage)

Under requirements set by:

**Southern Adventist University**

**CITI**  
 Collaborative Institutional Training Initiative

Verify at [www.citiprogram.org/verify/?w270ec496-4c53-4c4e-90f5-27ca44419123-47327948](http://www.citiprogram.org/verify/?w270ec496-4c53-4c4e-90f5-27ca44419123-47327948)



Completion Date 14-Sep-2023  
 Expiration Date N/A  
 Record ID 58123822

This is to certify that:

**Madison Griswold**

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

**Responsible Conduct of Research**

(Curriculum Group)

**Responsible Conduct of Research**

(Course Learner Group)

**1 - RCR**

(Stage)

Under requirements set by:

**Southern Adventist University**

**CITI**  
 Collaborative Institutional Training Initiative

101 NE 3rd Avenue, Suite 320  
 Fort Lauderdale, FL 33301 US  
[www.citiprogram.org](http://www.citiprogram.org)

Verify at [www.citiprogram.org/verify/?w2a153173-667d-40f5-8a89-d08223eafd6b-58123822](http://www.citiprogram.org/verify/?w2a153173-667d-40f5-8a89-d08223eafd6b-58123822)

## Appendix F

### Informed Consent Form - Individual

#### INFORMED CONSENT FORM

Researchers: Connie Bradshaw, Kaitlyn Deaux, Madison Griswold, and Amy Mejias

We are Connie Bradshaw, Kaitlyn Deaux, Madison Griswold, and Amy Mejias. We are MSW students at Southern Adventist University. We are conducting a research study for our administrative program development class in the School of Social Work taught by Dr. Laura Racovita. We are asking if you would be interested in participating in this study which seeks to understand needs related to homelessness, joblessness, and substance abuse. Your participation will allow us to gain more knowledge on a topic with limited research.

Eligibility requirements for participation in this study:

- a. You are a woman age 18 or older.
- b. You are currently homeless and utilizing the Salvation Army Shelter.
- c. You have self-reported substance abuse issues or a documented history of substance abuse.
- d. You are unemployed or underemployed and are actively seeking employment.

**Content:** If you choose to participate, a 10-minute paper survey will be provided to you with questions regarding your demographics and personal experiences with homelessness, unemployment, and substance dependency. At the bottom of the survey, you will also be invited to participate in a 30-45 minute focus group with other participants. You will be required to complete another consent form to participate in the focus group.

**Risks and Benefits:** Answering questions about your personal experience with homelessness, unemployment, and substance dependency may result in feelings of anxiety, sadness, anger, embarrassment, and even guilt. We are providing the contact information for mental health professionals in Hamilton County, Tennessee, as needed. We believe that your participation in this study will provide you with a space to share your experiences with individuals in familiar situations and allow you to raise awareness about homelessness, employment, and substance use needs. As more individuals become aware of needs and barriers to fulfilling those needs, support and change are encouraged.

**Participation:** Participation in this study is voluntary, and you may withdraw at any time for any reason. There will be no repercussions or prejudice if you wish to withdraw.

**Compensation:** No compensation will be offered for participation in this study.

**Confidentiality:** All personal information including your name, address, contact information, or any other identifying information will remain confidential and will not be featured on any of the questionnaires or the final report. Researchers will protect data and information by keeping them



on password-protected computers in password-protected files. The results of this study will be available to the participant upon request of the primary researcher, Connie Bradshaw.

**Contact Information:** Any questions or concerns may be forwarded to the following individuals:

Connie Bradshaw, primary investigator: 423-618-2595, [conniebradshaw@southern.edu](mailto:conniebradshaw@southern.edu)

Robert Overstreet, Southern Adventist University IRB Chair: [robertoverstreet@southern.edu](mailto:robertoverstreet@southern.edu)

Dr. Laura Racovita, School of Social Work Professor: [racovita@southern.edu](mailto:racovita@southern.edu)

**AUTHORIZATION:** I have read and understand the nature of this research study. By signing this form, I confirm that I meet the eligibility requirements. I understand that by agreeing to participate in this study, I have not waived any legal or human right. I understand that my identity will remain confidential and that I can withdraw my consent at any time and for any reason. I also understand that if I have any questions or concerns, I can contact Connie Bradshaw, Robert Overstreet, or Dr. Laura Racovita.

Name of Participant (Please Print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix G

### Informed Consent Form - Focus Group

#### INFORMED CONSENT FORM - FOCUS GROUP

Researchers: Connie Bradshaw, Kaitlyn Deaux, Madison Griswold, and Amy Mejias

We are Connie Bradshaw, Kaitlyn Deaux, Madison Griswold, and Amy Mejias. We are MSW students at Southern Adventist University. We are conducting a research study for our administrative program development class in the School of Social Work taught by Dr. Laura Racovita. We are asking if you would be interested in participating in this study which seeks to understand needs related to homelessness, joblessness, and substance dependency. Your participation will allow us to gain more knowledge on a topic with limited research.

Eligibility requirements for participation in this study:

- a. You are a woman age 18 or older.
- b. You are currently homeless and utilizing the Salvation Army Shelter.
- c. You have self-reported substance abuse issues or a documented history of substance abuse.
- d. You are unemployed or underemployed and are actively seeking employment.

**Content:** If you choose to participate, you will be invited to a 30-45 minute focus group with other participants. Questions will be an extension of the survey with special interest in your experiences with homelessness, joblessness, and substance dependency.

**Risks and Benefits:** Answering questions about your personal experience with homelessness, unemployment, and substance dependency may result in feelings of anxiety, sadness, anger, embarrassment, and even guilt. We are providing the contact information for mental health professionals in Hamilton County, Tennessee, as needed. We believe that your participation in this study will provide you with a space to share your experiences with individuals in familiar situations and allow you to raise awareness about homelessness, employment, and substance use needs. As more individuals become aware of needs and barriers to fulfilling those needs, support and change are encouraged.

**Participation:** Participation in this study is voluntary, and you may withdraw at any time for any reason. There will be no repercussions or prejudice if you wish to withdraw.

**Compensation:** No compensation will be offered for participation in this study.

**Confidentiality:** All personal information including your name, address, contact information, or any other identifying information will remain confidential and will not be featured on any of the questionnaires or the final report. Researchers will protect data and information by keeping them on password-protected computers in password-protected files. While researchers will take steps to protect your personal data, we cannot ensure that other focus group participants will maintain

confidentiality. The results of this study will be available to the participant upon request of the primary researcher, Connie Bradshaw.

**Contact Information:** Any questions or concerns may be forwarded to the following individuals:

Connie Bradshaw, primary investigator: 423-618-2595, [conniebradshaw@southern.edu](mailto:conniebradshaw@southern.edu)

Robert Overstreet, Southern Adventist University IRB Chair: [robertoverstreet@southern.edu](mailto:robertoverstreet@southern.edu)

Dr. Laura Racovita, School of Social Work Professor: [racovita@southern.edu](mailto:racovita@southern.edu)

**AUTHORIZATION:** I have read and understand the nature of this research study. By signing this form, I confirm that I meet the eligibility requirements. I understand that by agreeing to participate in this study, I have not waived any legal or human right. I understand that my identity will remain confidential and that I can withdraw my consent at any time and for any reason. I also understand that if I have any questions or concerns, I can contact Connie Bradshaw, Robert Overstreet, or Dr. Laura Racovita.

Name of Participant (Please Print): \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher: \_\_\_\_\_ Date: \_\_\_\_\_

## Appendix H

### Focus Group Guide

Opening/Introductions: Good morning/afternoon/evening], My name is \_\_\_\_ [name]. Thank you for taking time to join our focus group. The purpose of this study is to understand experiences and needs regarding homelessness, joblessness, and substance dependency. I am interested in hearing about your unique experiences with these issues. This focus group should take about 30-45 minutes. I want to remind you that your participation is voluntary. You should have also completed a consent form prior to joining this focus group. While myself and my fellow researchers are taking steps to keep your personal information confidential, we cannot confirm that everyone in this room will respect confidentiality. If the conversations we have today trigger strong emotions for you, I can provide you with mental health resources. Do I have everyone's consent to record this focus group so that I can accurately represent what you all share today? Do any of you have any questions for me before we begin?

1. How did you hear about our study?  
**Probes:** What interests you about our study?  
 What are you hoping to learn about our study?
2. What are your thoughts on the current interventions for homelessness in Hamilton County?  
**Probes:** What could be improved?  
 What is currently helpful?
3. What are your thoughts on the current interventions for unemployment in Hamilton County?  
**Probes:** What could be improved?  
 What is currently helpful?
4. What are your thoughts on the current interventions for substance dependency in Hamilton County?  
**Probes:** What could be improved?  
 What is currently helpful?
5. Do you feel that your cultural background is included in these interventions?  
**Probes:** Why or why not?  
 What could be improved?
6. Do you feel that your religious and/or spiritual background is included in these interventions?  
**Probes:** Why or why not?  
 What could be improved?
7. What are your thoughts on a program that combines all three of these needs (e.g. homelessness, unemployment, and substance dependency)?  
**Probes:** What would make this program successful?

8. Do you have any additional needs related to homelessness, unemployment, and substance dependency that have gone unaddressed by Hamilton County?  
**Probes:** What would help address these needs?
9. Do you have any other recommendations or suggestions that you would like to share?
10. Would you like to share any other stories, experiences, or comments before we end our focus group?