Exploring a Typology of Homelessness in Hawai‘i Using a Mixed Methods Approach

A Dissertation Submitted to the Graduate Division of the University of Hawai‘i at Mānoa

in Partial Fulfillment of the Requirements for the Degree of

Doctor of Philosophy

In

Psychology

By

Kristen Gleason

MAY 2016

Dissertation Committee:

Charlene Baker, Chairperson
  Ashley Maynard
  John Barile
  Michael Salzman
  Jeanelle Sugimoto-Matsuda
Acknowledgements

I would like to thank my dissertation committee, Dr. John Barile, Dr. Ashley Maynard, Dr. Michael Salzman, Dr. Jeanelle Sugimoto-Matsuda, and especially my committee chair, Dr. Charlene Baker, for their guidance and support in completing this study. Dr. Baker provided continuing advice, encouragement, and feedback throughout the process and her help contributed much to the success of the study. Dr. John Barile also provided many hours of consultative support and was invaluable to the process of learning and applying a complicated and unfamiliar methodology. I am grateful to the undergraduate students who worked on this project, Ashley Ng, Dante Dolor, Agnes Ham, Jenny Park, Taylor Kanani Sole, Nichole Cruz, and Marissa Lee, for the many hours they spent transcribing and discussing the qualitative interviews, and to Erendira Aldana who was a wonderful partner in crime when it came to brainstorming and leading lab meetings for our students.

Furthermore, I would like to acknowledge the two Continuums of Care in the State of Hawai‘i: Partners in Care and Bridging the Gap, who through the Statewide Data Committee, in partnership with the State Homeless Programs Office, reviewed my request for use of data from the Hawai‘i State Homeless Management Information System. I am deeply grateful that they granted permission for use of their data and to Sarah Yuan and her staff at the Center on the Family for completing the initial filtering and processing of that data on their behalf.

I would also like to thank the Department of Psychology at the University of Hawai‘i for their generous provision of financial support via a Gartley Award, which made the data collection on Maui and the Big Island possible. Their generosity also enabled me to complete many rounds of data analysis that would otherwise have been unfeasible. I am, of course, deeply indebted to my participants for their knowledge and insight and humbled by their generosity in
giving their time so freely. Finally, I would like to thank my family for their love and support during the long and arduous process of graduate school. I am forever grateful that they patiently listened to all of my research woes though they likely had little interest in the content. I am especially grateful to my mother, Susan Gleason Mauer, who dropped everything to help me execute a major move while finishing this project. She has always been there to give instrumental support during similarly stressful moments and this is often not acknowledged. Thank you!
Abstract

Homelessness has become one of the largest and most intractable problems of modernity. The State of Hawai‘i, like many other areas in the United States, has large numbers of homeless individuals and families who seek support through the many shelters and services available in the state. This mixed methods study was interested in exploring if there is identifiable diversity in how individuals and families tend to move through Hawai‘i’s homeless service system over time.

First, homeless service providers (n = 9) and service users (n = 9) were interviewed about the factors they saw as having a significant impact on differing experiences of homelessness in the state. Participant interviews were thematically coded and identified a number of individual and family, program and organization, systemic, and community and societal level factors that can shape an individual’s homeless experience.

The data obtained in these interviews were then used to inform a quantitative examination of administrative service usage data from the Hawai‘i Homeless Management Information System. The sample consisted of all adults who had entered the service system for the first time in the fiscal year of 2010 (N = 4,655). These individuals were then tracked through the end of FY 2014, as they used emergency shelter, transitional shelter, and outreach services. A latent class growth analysis (LCGA) was conducted with this longitudinal data and identified four distinct patterns of service use: low service use (n = 3966, 85.2%); typical transitional service use (n = 452, 9.7%); atypical transitional use (n = 127, 2.7%), and potential chronic service use (n = 110, 2.4%). A series of multinomial logistic regression models were the used determine if select demographic, family, background, or health variables were associated with class membership. The distinct profiles for class membership are discussed.
This study took an explicitly participatory approach to analysis in that participants were re-contacted for a follow-up interview (service providers, n = 8; service users, n = 5) in which they consulted on preliminary results from both the quantitative and qualitative parts of the study. Their feedback was used to inform the final results.
## Table of Contents

Acknowledgements........................................................................................................... 3
Abstract .............................................................................................................................. 5
List of Tables ..................................................................................................................... 9
List of Figures ................................................................................................................... 11
Chapter 1. Introduction ..................................................................................................... 12
Chapter 2. Literature Review ......................................................................................... 16
   Definition and National Prevalence of Homelessness ................................................. 17
   Homelessness and Individual Well-being ..................................................................... 19
   Characteristics and Causes of Homelessness ............................................................... 21
   Homeless Policy ........................................................................................................... 25
   Typologies of Homelessness ....................................................................................... 29
   Homelessness in Hawai‘i .............................................................................................. 44
   The Present Study ....................................................................................................... 48
Chapter 3. Methods ......................................................................................................... 54
   Study Design .............................................................................................................. 54
   Stage 1: Initial Qualitative Data Collection ................................................................ 56
   Stage 2: Quantitative Analysis .................................................................................... 60
   Stage 3: Follow-up Qualitative Data Collection ......................................................... 64
Chapter 4. Results I: Qualitative Interviews ................................................................ 68
   Overview of Five Major Categories ........................................................................... 68
   Individual and Family Level Factors ......................................................................... 75
   Program and Organizational Factors ......................................................................... 124
   System Level Factors ................................................................................................. 139
   Community and Society Level Factors ...................................................................... 150
   Participant Feedback about HMIS Data Quality ......................................................... 162
Chapter 6. Results II: Latent Class Growth Analysis .................................................... 166
   Variables and Data Processing .................................................................................... 166
   Sample ......................................................................................................................... 171
   Longitudinal Analysis of Service Usage Data ............................................................. 188
   Participant Reactions to the LCGA Results ............................................................... 226
Chapter 7. Discussion ..................................................................................................... 230
   Research Question 1: Participant Explanations of Differing Homeless Experiences .... 231
   Research Question 2: Exploring Trajectories of Homeless Service Usage in Hawai‘i .... 237
   Research Question 3: Merging the Qualitative and Quantitative Results ................. 255
   Limitations .................................................................................................................. 257
   Future Directions ....................................................................................................... 260
   Conclusion ................................................................................................................... 272
References ......................................................................................................................... 274
Appendix A: Homeless Typology Literature ................................................................ 283
Appendix B: Sample Interview Questions for Service Providers, Stage 1 ...................... 286
<table>
<thead>
<tr>
<th>Appendix</th>
<th>Description</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix C</td>
<td>Sample Interview Questions for Service Users, Stage 1</td>
<td>287</td>
</tr>
<tr>
<td>Appendix D</td>
<td>Sample Consent Form for Service Providers, Stage 1</td>
<td>288</td>
</tr>
<tr>
<td>Appendix E</td>
<td>Sample Oral Consent Form for Service Users, Stage 1</td>
<td>290</td>
</tr>
<tr>
<td>Appendix F</td>
<td>Sample Consent Form for Service Providers, Stage 3</td>
<td>291</td>
</tr>
<tr>
<td>Appendix G</td>
<td>Sample Oral Consent Form for Service Users, Stage 3</td>
<td>293</td>
</tr>
</tbody>
</table>
List of Tables

Table 1. Number of Participants who Discussed Each Theme and Subtheme during the Stage 1 Interviews................................................................. 74
Table 2. Initial Interview Coverage of Demographic Subthemes........................................... 76
Table 3. Initial Interview Coverage of Background Experience Subthemes.............................. 94
Table 4. Initial Interview Coverage of Health Related Issues Subthemes................................ 103
Table 5. Initial Interview Coverage of Personal and Social Characteristics Subthemes.......... 113
Table 6. Initial Interview Coverage for Program and Organizational Level Themes............. 125
Table 7. Initial Interview Coverage of System Level Factors..................................................... 140
Table 8. Initial Interview Coverage for Community and Society Level Themes.................... 151
Table 9. Individual and Family Factors from Qualitative Results and Potential HMIS Data Points to Match. ................................................................. 168
Table 10. Age and Gender Breakdown of the 2010 HMIS Newcomer Adult Sample............. 172
Table 11. Breakdown of Those who Identified as Hispanic in the 2010 HMIS Newcomer Adult Sample............................................................................... 173
Table 12. Breakdown of the Primary Ethnic Identity of the 2010 HMIS Newcomer Adult Sample........................................................................... 174
Table 13. Citizen Status Breakdown of the 2010 HMIS Newcomer Adult Sample............... 174
Table 14. Length of Residence in Hawai‘i Breakdown of the 2010 HMIS Newcomer Adult Sample ................................................................................... 175
Table 15. Length of Residence in Hawai‘i Breakdown of the 2010 HMIS Newcomer Adult Sample................................................................................... 176
Table 16. Breakdown of Average Intake Group Size for the 2010 HMIS Newcomer Adult Sample............................................................................... 177
Table 17. Breakdown of Household Composition Status for the 2010 HMIS Newcomer Adult Sample............................................................................... 178
Table 18. Breakdown of History of Veteran Status, Criminal Justice Involvement, and Domestic Violence for the 2010 HMIS Newcomer Adult Sample............................................................................... 179
Table 19. Breakdown of Education and Employment at First Intake for the 2010 HMIS Newcomer Adult Sample............................................................................... 180
Table 20. Breakdown of Disability and Health Information for the 2010 HMIS Newcomer Adult Sample............................................................................... 181
Table 21. Breakdown of the Number of Emergency Shelter Intakes and Service Days for the 2010 HMIS Newcomer Adult Sample, FY 2010 to FY 2014........................................ 182
Table 22. Breakdown of the Number of Transitional Shelter Intakes and Service Days for the 2010 HMIS Newcomer Adult Sample, FY 2010 to FY 2014........................................ 184
Table 23. Breakdown of the Number of Outreach Intakes and Service Days for the 2010 HMIS Newcomer Adult Sample, FY 2010 to FY 2014........................................ 185
Table 24. Number of Rapid Rehousing and Homeless Prevention Service Intakes for the 2010 HMIS Newcomer Adult Sample, FY 2010 to FY 2014........................................ 187
Table 25. Number of Days of Service Use in Year 4 for the 2010 HMIS Newcomer Adult Sample............................................................................... 188
Table 26. Latent Growth Terms for the Single-Class, Parallel Emergency Shelter, Transitional Shelter, and Outreach Service Growth Curves, Month 1 to 36. ................................. 190
Table 27. Select Model Fit Criteria for Classes 1 through 6 .......................................................... 195
Table 28. Class Size Proportions and Latent Growth Terms for the Four-Class Parallel
Emergency Shelter, Transitional Shelter, and Outreach Service Growth Curves, Month 1 to
36 .................................................................................................................................................. 197
Table 29. Model 1 results: Odds ratios and associated 95% confidence intervals from a
multinomial logistic regression analysis associating demographic characteristics with
homeless trajectories 2-4 using the low service use trajectory (class 1) as the reference group.
.......................................................................................................................................................... 210
Table 30. Breakdown of Age and Gender: Number of Individuals in Each Class and the Total
Sample ............................................................................................................................................... 212
Table 31. Breakdown of Ethnicity: Number of Individuals in Each Class and the Total Sample.
.......................................................................................................................................................... 213
Table 32. Breakdown of Citizenship Status: Number of Individuals in Each Class and the Total
Sample ............................................................................................................................................... 215
Table 33. Breakdown of Length of Residence in Hawai‘i at First Intake to Services: Number of
Individuals in Each Class and the Total Sample ........................................................................... 216
Table 34. Breakdown of Geographic Area of First Intake to Services: Number of Individuals in
Each Class and the Total Sample ..................................................................................................... 217
Table 35. Model 2 results: Odds ratios and associated 95% confidence intervals from a
multinomial logistic regression analysis associating household composition characteristics
with homeless trajectories 2-4 using the low service use trajectory (class 1) as the reference
group ............................................................................................................................................... 217
Table 36. Breakdown of Average Group Size Across All Intakes: Number of Individuals in Each
Class and the Total Sample ............................................................................................................ 218
Table 37. Breakdown of Household type: Number of Individuals in Each Class and the Total
Sample ............................................................................................................................................... 219
Table 38. Model 3 results: Odds ratios and associated 95% confidence intervals from a
multinomial logistic regression analysis associating background experience characteristics
with homeless trajectories 2-4 using the low service use trajectory (class 1) as the reference
group ............................................................................................................................................... 220
Table 39. Number of Individuals with a History of Veteran Status, Criminal Justice Involvement,
and Domestic Violence for Each Class and the Total Sample ...................................................... 221
Table 40. Breakdown Employment and Education at Entry to Services: Number of Individuals in
Each Class and the Total Sample ..................................................................................................... 222
Table 41. Model 4 results: Odds ratios and associated 95% confidence intervals from a
multinomial logistic regression analysis associating health characteristics with homeless
trajectories 2-4 using the low service use trajectory (class 1) as the reference group .......... 223
Table 42. Number of Individuals Reporting Health and Disability Status for Each Class and for
the Total Sample ............................................................................................................................ 224
Table 43. Model 5: Regression Results Predicting Number of Days of Service Use in Year 4
(month 37-48) Based on Class Membership ............................................................................... 225
Table 44: Breakdown of Year 4 Service Use: Number of Individuals in Each Class and the Total
Sample ............................................................................................................................................... 226


**List of Figures**

Figure 1. Single-Class Growth Curve for Emergency Shelter Use from Entry into Services through 36 Months. ..................................................................................................................191
Figure 2. Single-Class Growth Curve for Transitional Shelter Use from Entry into Services through 36 Months. ..........................................................................................191
Figure 3. Single-Class Growth Curve for Outreach Service Use from Entry into Services through 36 Months. ...........................................................................................................198
Figure 1 Class 1 Growth Curve for Emergency Shelter Use from Entry into Services through 36 Months. ..................................................................................................................198
Figure 2 Class 1 Growth Curve for Transitional Shelter Use from Entry into Services through 36 Months. ..................................................................................................................199
Figure 3 Class 1 Growth Curve for Outreach Service Use from Entry into Services through 36 Months. ..................................................................................................................200
Figure 4 Class 2 Growth Curve for Emergency Shelter Use from Entry into Services through 36 Months. ..................................................................................................................201
Figure 5 Class 2 Growth Curve for Transitional Shelter Use from Entry into Services through 36 Months. ..................................................................................................................202
Figure 6 Class 2 Growth Curve for Outreach Service Use from Entry into Services through 36 Months. ..................................................................................................................203
Figure 7 Class 3 Growth Curve for Emergency Shelter Use from Entry into Services through 36 Months. ..................................................................................................................204
Figure 8 Class 3 Growth Curve for Transitional Shelter Use from Entry into Services through 36 Months. ..................................................................................................................204
Figure 9 Class 3 Growth Curve for Outreach Service Use from Entry into Services through 36 Months. ..................................................................................................................205
Figure 10 Class 4 Growth Curve for Emergency Shelter Use from Entry into Services through 36 Months. ..................................................................................................................206
Figure 11 Class 4 Growth Curve for Transitional Shelter Use from Entry into Services through 36 Months. ..................................................................................................................206
Figure 12 Class 4 Growth Curve for Outreach Service Use from Entry into Services through 36 Months. ..................................................................................................................206
Figure 13 Class 4 Growth Curve for Outreach Service Use from Entry into Services through 36 Months. ..................................................................................................................206
Figure 14. Summary of the Low Service Use Trajectory (Class 1): Emergency Shelter, Transitional Shelter, and Outreach Service Growth Curves, Entry to Month 36.* ..................239
Figure 15. Summary of the Typical Transitional Shelter Use Trajectory (Class 2): Emergency Shelter, Transitional Shelter, and Outreach Service Growth Curves, Entry to Month 36.* ........240
Figure 16. Summary of the Atypical Transitional Shelter Use Trajectory (Class 3): Emergency Shelter, Transitional Shelter, and Outreach Service Growth Curves, Entry to Month 36.* .241
Figure 17. Summary of the Potential Chronic Use Trajectory (Class 4): Emergency Shelter, Transitional Shelter, and Outreach Service Growth Curves, Entry to Month 36.* ........242
Chapter 1. Introduction

In many developed countries, homelessness has arisen in modern times as a prominent and difficult problem to address (Quigley & Raphael, 2001; Toro, Hobden, Durham, Oko-Riebau, & Bokszczanin, 2014). It has become a public health and humanitarian concern at both the national level and at the state level in Hawai‘i. The recent Homeless Service Utilization Report (2014) for Hawai‘i State, which tracks administrative data related to both shelter and outreach homeless service usage across the state, shows that the number of homeless individuals in Hawai‘i has steadily grown since 2007, when records were first systematically tracked using the current system (Yuan, Vo, & Gleason, 2014). At that time there were 11,070 homeless individuals receiving services per year. This number peaked in 2010 at 14,653, but has remained fairly high since, with 14,282 individuals receiving services in the last fiscal year (FY2014; Yuan et al., 2014). Additionally, the annual statewide point-in-time measurements, which estimate the number of sheltered and unsheltered homeless in the state on a specified single night, show that this number has also gradually increased from a total of 3,638 homeless individuals in 2009 to 4,712 homeless individuals in 2014. The numbers of both sheltered (from 2,445 to 3,079) and unsheltered (from 1,193 to 1,633) homeless individuals increased during this time (The State of Hawai‘i, Department of Human Services, Homeless Programs Office, 2014). Hawai‘i is not alone in facing sustained rates of homelessness despite efforts to address the problem. In fact, across the nation homelessness has been a fairly intractable issue, defying simple programmatic and policy solutions (Culhane, Metraux, & Byrne, 2011; Lee, Tyler, & Wright, 2010; Tompsett, Toro, Guzicki, Manrique, & Zatakia, 2006).

The complex and politically charged nature of homelessness in Hawai‘i makes social science research into the problem both critically necessary and complicated. It is important that
policy decisions related to homelessness be guided by empirical data. As important is the need to consider the problem from a systemic perspective. This study uses one such systemic approach to understanding homelessness in Hawai‘i, and is based on the premise that the diversity of individuals and families who become homeless in the state might require diverse service and policy solutions.

Understanding the diversity of the population, therefore, can help target programmatic solutions and better address a range of needs more effectively and efficiently (Jahiel & Babor, 2007). In fact, several research studies over the past two and a half decades have examined various homeless populations with the intent of describing diverse subpopulations by categorizing them into classes or types (e.g., Aubry, Klodawsky, & Coulombe, 2012; Bonin, Fournier, & Blais, 2009; Solarz & Bogat, 1990). However, few have explored this diversity as it relates to patterns of service use across time. One early study by Kuhn and Culhane (1998) is perhaps the most famous and applied typology of homelessness and does classify homeless individuals based on their shelter usage patterns. However, this study has faced several methodological criticisms (McAllister, Kuang, & Lennon, 2010; McAllister, Lennon, & Li Kuang, 2011) and was conducted using data from shelter systems (New York City and Philadelphia) that are historically, geographically, and socioculturally very different from the service system context in Hawai‘i.

Therefore, the present study explored a typology of homeless service usage patterns in the specific setting of Hawai‘i. It did so using a three stage participatory process. In first stage of the project select homeless service providers ($n = 9$) and service users ($n = 9$) were interviewed about the factors that they thought had significant impact on one’s ability to successfully exit homeless services and obtain stable housing. Participant interviews were then thematically
coded, identifying a number of factors that participants used to help explain the differing patterns of homeless service use that they had observed.

Building on this “on-the-ground” understanding of service usage patterns, the second stage of the project used administrative data from the Homeless Management Information System (HMIS) to explore differing trajectories of service use across time. This system is a large administrative database which maintains records for all federally funded homeless programs in the state. The sample consisted of all adults who had entered the service system for the first time in the fiscal year of 2010 ($N = 4,655$). These individuals were then tracked through the end of FY 2014 as they used emergency shelter, transitional shelter, and outreach services. Using this information, a three-curve parallel process latent class growth analysis was designed to group individuals and families into types based on how they used services from entry into the system to month 36.

A series of multinomial logistic regression models were then fit to examine what kinds of characteristics (e.g., ethnicity, gender, age, disabilities, etc) might be associated with class membership and based on these analyses rough profiles were designed to help identify which service users might be at risk of prolonged or problematic service usage patterns. As the ultimate goal of the homeless service system is that clients exit the system successfully and do not return, identifying patterns of return or extended usage can be very helpful toward understanding how to better reach that goal.

The intent of this project was to create a typology of service usage patterns among the state homeless population that is practically meaningful and useful. Thus, the final stage of the project involved follow-up focus groups and individual interviews with the original participants, both service providers ($n = 8$) and homeless individuals ($n = 5$). Preliminary results in the form
or themes from the first round of interviews and the initial latent classes were presented to participants so that they could provide feedback and give contextual perspective these results.
Chapter 2. Literature Review

In many developed countries, homelessness has arisen in modern times as a prominent and difficult problem to address (Quigley & Raphael, 2001; Toro et al., 2014). Beginning in the 1980’s homelessness as a growing problem in the U.S. became the focus of both public and research attention (Kuhn & Culhane, 1998; Lee et al., 2010; Quigley & Raphael, 2001; Quigley, Raphael, & Smolensky, 2001). The type and scale of homelessness that emerged during this time period is widely understood to be qualitatively different from previous forms of homelessness. Lee et al. (2010) described three pre-1980’s periods in U.S. history in which sociologists understood and investigated homelessness in different ways: the period of the "tramp" (1890's-1920's), the Great Depression (1930's), and the skid row period (1940's-1970's). They described the current period (1980's to present) as the “new homelessness” period.

Likewise, Kuhn and Culhane (1998), distinguish between historical patterns of homelessness in the U.S., discussing a change in homelessness in the 1970's and 1980's. Not only did the numbers of homeless rise during this period, but the characteristics of the population of homeless individuals as well as the potential mechanisms by which they became homeless, seemed to shift. In the “skid row” era, researchers characterized the homeless population as almost exclusively single and male and homelessness itself as a lifestyle adopted by those with alcohol problems and diminished social ties (MacKenzie & Chamberlain, 2003). The following period of “new homelessness” saw a drastic rise in the number of women, families, and minority groups who became homeless (Kuhn & Culhane, 1998; Lee et al., 2010; MacKenzie & Chamberlain, 2003). Kuhn and Culhane (1998) point to inflation, rising rents, decreases in the social safety net, and high unemployment during this time period as contributing to higher rates of homelessness. More recent research indicates that these trends of relatively high rates of
homelessness with larger portions of women, children, minorities, and families held strong through the 1990’s and early 2000’s (Link et al., 1994; Tompsett et al., 2006). The persistence of the problem despite an increase in research and policy attention is troubling and indicates an ongoing need to better understand and address this phenomenon.

**Definition and National Prevalence of Homelessness**

One key step in attempting to understand and address the problem of homelessness is to define it clearly. While it may seem intuitive to describe homelessness as all those without a home, there can be varying degrees of housing instability which may complicate the clarity of this definition (Lee et al., 2010). For example, single night occupancy hotels, abandoned buildings, residential treatment facilities, mobile home vehicles, and doubling up with friends and family may not meet some of the more literal definitions of homelessness, but are certainly precarious housing situations. Therefore, Lee et al. (2010) conceptualized the issue as one of "housing hardship" which "forms a continuum not easily dichotomized into homeless and non-homeless segments" (p. 3). However, they stress that any definition of homelessness or housing hardship must be understood in the context of extreme poverty. Whereas many individuals and families from all economic backgrounds may be un-housed for various reasons (flood, fire, etc.) at some point during the course of their lifetime, those with means are able to quickly regain residential stability. Those in extreme poverty are vulnerable to a more prolonged homeless experience (Lee et al., 2010).

In addition to a certain degree of ambiguity in defining homelessness itself, researchers have been challenged to accurately describe the prevalence, characteristics, and contributing factors to homelessness. Many prevalence estimates rely on cross-sectional point-in-time counts of homeless individuals living on the street or in shelters. However, Link et al. (1994) have
pointed to several concerns with these types of estimates: 1) they often miss the more hidden populations of homeless individuals who sleep in unknown and hard to find places; 2) individuals who are homeless may refuse to answer questions or may deny their homeless status, thus confounding survey findings; 3) most point-in-time estimates of homelessness tend to miss, and therefore underrepresent, those who experience short-term or episodic homelessness (and therefore, over-represent chronic homelessness); and 4) it is difficult to use counts taken in one area to estimate the homeless population in a different context. For example, often prevalence estimates are taken from large urban areas and assumptions are made to estimate a lower corresponding homeless population in nearby suburban and rural areas.

To address these shortcomings, Link et al. (1994) used random digit dialing to survey a nationally representative currently housed sample about whether they had experienced homelessness in the course of their lifetime and in the last 5-years. From these survey data they estimated lifetime and 5-year prevalence rates of homelessness that were much higher than previous point-in-time estimates. With a sample gathered in 1990, they found lifetime prevalence of homelessness to be 14% of the total U.S. population when defined broadly (i.e., including doubling up and other unstable housing) and 7.4% when defined narrowly (as “literal homelessness,” i.e., staying in shelters or public spaces). Using census data from the time, they estimated that as many as 13.5 million people in the U.S. had experienced literal homelessness in their lifetime (Link et al., 1994).

More recently, Tompsett et al. (2006) used a similar design with two representative national samples of random digit dialed households across two time points (1993/1994 and 2001) to estimate and compare the national prevalence of homelessness across time. They found that despite the strong economy in the late 1990s, there was no significant change in the 5-year or
lifetime prevalence of homelessness (both defined narrowly and defined broadly) across these time points. For example, the lifetime prevalence of literal homelessness was 8.1% in 1993/1994 and 6.2% in 2001 and the lifetime prevalence of broadly defined homelessness was 11.7% and 12.9%, respectively (Tompsett et al., 2006). Additionally, the rates of homelessness estimated in this study were very similar to those from 1990 reported by Link et al. (1994).

For Tompsett et al. (2006), it was somewhat surprising that even during the relatively strong economy of the mid- to late-1990’s, homelessness remained fairly constant across the three time points for which comparable data was available (1990 in Link et al, 1994; 1993/94 and 2001 in Tompsett et al., 2006). They proposed a possible explanation for this. Citing findings from the Current Population Surveys from 1994 and 2001, they highlighted the fact that although the number of people living below the poverty line decreased from 1994 to 2001, the percentage of the population experiencing extreme poverty, who are arguably the most vulnerable to becoming homeless, had changed very little. Additionally, the authors pointed to welfare reforms and cuts to other social safety nets during this time period as potential contributors to the consistent levels of homelessness in the face of widespread prosperity (Tompsett et al., 2006).

**Homelessness and Individual Well-being**

The high rates of homelessness reported by these studies are particularly concerning from a public health standpoint, given that homelessness has been associated with higher rates of health and mental health problems. For example, in a 2010 review of the literature, Lee et al. (2010) summarized the existing research indicating that for adults, homelessness has been associated with higher rates of chronic health conditions, such as HIV, tuberculosis, and seizures and that “chronic and infectious disease, traumatic injury, and homicide/suicide” are the leading causes of death among homeless individuals, who have much higher mortality rates than the
general public (Lee et al., 2010, p. 7). Additionally, for children homelessness has been associated with lower school performance and higher rates of emotional and behavior problems (Lee et al., 2010).

It can often be difficult to tease out whether health, mental health, and other negative outcomes occur as a consequence of homelessness or precede and contribute to the homeless episode. However, several studies attempting to examine this issue do seem to indicate that homelessness can take a toll on individual-level well-being. For example, Kertesz et al. (2005) examined the relationship between mental health-related quality of life, physical health-related quality of life, and housing status among a sample presenting for substance addiction management. They found that housing status interacted with time to produce a significant effect on mental health-related quality of life. That is, those with addictions who remained or became stably housed over the course of the study tended to have higher self-reported mental-health related quality of life than those who were not stably housed, regardless of their addiction level.

Additionally, Fischer, Shinn, Shrout, & Tsemberis (2008) used a longitudinal design and hierarchical linear modeling to assess the relationship between crime (violent and non-violent), mental health diagnosis, symptom severity, and housing status (street homelessness, shelter homelessness, and housed) over time. The authors separated types of crime into violent and non-violent because they supposed that many non-violent crimes committed by homeless individuals, such as shoplifting, trespassing, and loitering, could be considered subsistence-motivated crimes (i.e., to obtain shelter, food, etc., homeless individuals may engage in criminal activities).

Their findings are consistent with the hypothesis that those homeless staying in shelters would be less likely to engage in non-violent subsistence related crimes than those living on the street. They also found that sheltered homelessness and symptom severity were associated with
more violent crime, but that street homelessness was not. The authors explained these results by suggesting the possibility that shelter stays may increase contact with others in stressful and close-quarters, perhaps resulting in more tension, conflict, and/or hostility. Similar to the findings of Kertesz et al. (2005) discussed above, these results suggest a complicated relationship between crime and homelessness in which homelessness itself likely makes some contribution to higher rates of criminality in this population.

Since results indicated that the likelihood of committing a non-violent crime increases as homelessness increases, a strong argument can be made that homelessness encourages non-violent crime. Rather than thinking of homeless individuals as criminals, it may be more accurate to think of them as people struggling to get by whose engagement in non-violent illegal activities is driven by survival needs (Fischer et al., 2008, p. 262).

**Characteristics and Causes of Homelessness**

Given the complicated relationship between the potential causes and consequences of homelessness, a significant portion of the literature in this area has been devoted to analyzing the characteristics of and contributors to homelessness. Lee et al. (2010) described the current consensus model as conceptualizing homelessness as an interaction between macro, society-level factors and micro, individual-level vulnerabilities. The macro-level factor that has received the most consistent empirical support is the number of affordable housing units in a given area compared to the need for those units, which Lee et al. (2010) called “the housing squeeze explanation.” In this understanding of homelessness, the rates of homelessness are largely determined by the characteristics of the housing market while individual-level characteristics may factor into determining which households are most vulnerable to becoming homeless.

**Individual and family level characteristics.** In order to explore factors that may make families more vulnerable to homelessness, Shinn and colleagues have conducted a series of studies (Shinn et al., 1998; Shinn, Knickman, & Weitzman, 1991) using samples of shelter
seekers in New York City and a comparison group of families on public assistance to examine if there were sociodemographic differences between the housed poor and the shelter seekers. The authors sampled families on entrance to homeless shelters rather than those who were already homeless in order to avoid oversampling the chronically homeless and, to the extent possible, to avoid the potentially confounding effects of that homelessness can have on sociodemographic predictor variables.

Based on previous research, Shinn et al. (1998) explored four types of variables thought to predict shelter entry: persistent poverty, behavioral disorders, chaotic social networks, and “ties to the housing market.” These four sets of variables were explored as predictors for entering a shelter after being housed and as variables related to later housing stability upon follow-up. The authors found that both housing conditions prior to shelter entry and some individual level demographic variables did predict initial shelter entry. For example, maternal childhood abuse and disruption, maternal experience of domestic violence as an adult, younger age of parent, race (African American), pregnancy or having an infant, and low levels of education and work experience were all associated with higher rates of shelter entry for families. Interestingly, mental health and health problems were not associated with a greater tendency for families to present at a homeless shelter and substance abuse problems were only slightly more common among the shelter seekers (Shinn et al., 1998) than the comparison sample of families who received welfare benefits.

In a more recent study, Shinn, Greer, Bainbridge, Kwon, & Zuiderveen (2013) again found that factors such as mental health, substance abuse, medical, or criminal justice problems were not associated with a statistically significant increase in the likelihood of accessing shelter services for a population of families experiencing poverty. This later study found that risk factors
that were associated with a higher likelihood of families accessing shelter services included younger age, being pregnant or having a child under 2, eviction threat, recent housing instability, not having a lease, history of childhood adversity, involvement with child protective services, and having a past shelter history (Shinn et al., 2013).

In addition to examining factors that may predict shelter seeking, Shinn et al. (1998) also examined factors that predicted later housing stability for this group. They gathered follow-up data on their sample of shelter seeking families five years after the first wave of data collection. The authors found that the majority of families in the study who entered a homeless shelter in the first wave of data collection were stably housed five years later, indicating that for most “homelessness was a stage families passed through, and not a permanent state” (Shinn et al., 1998, p. 1654). When examining data related to the four classes of proposed homelessness predictors, the authors found that only whether or not families had received subsidized housing significantly predicted later housing stability.

Interestingly, Shinn et al. (1998) concluded that many of the individual-level characteristics associated with initial shelter entry could also indicate difficulties or inequality in the housing market rather than individual deficits as later housing stability was only consistently predicted by whether or not a family received subsidized housing. For example, they proposed that households headed by younger mothers may have more difficulty breaking in to New York City’s very tight housing market, contributing to a higher vulnerability for this group. Likewise, systematic discrimination in the housing market may make African American families more vulnerable to homelessness. Together these findings highlight some individual-level vulnerabilities to homelessness, but ultimately point to a need to examine and address systemic and structural factors that perpetuate the problem (Shinn et al., 1991, 1998, 2013).
A final disturbing finding is that housing characteristics that predicted homelessness were widespread in the welfare caseload. Thirteen percent of families on the welfare caseload in New York in 1988 did not have an apartment of their own but were doubled up with others. Almost half lived in overcrowded conditions, with more than 2 people per bedroom. Only 31% lived in subsidized housing…Under these conditions, our results suggest, family homelessness will endure (Shinn et al., 1998, p. 1656).

**Systemic predictors of homelessness.** In order to explore some of the more systemic and structural causes of homelessness, Quigley et al. (2001) examined how several contemporary social/structural changes might be linked to the drastic rise in the numbers of homeless individuals and families that occurred in the 1980's and continues through today. They explored related trends that have been pointed to as explanations for this increase, including the rise of the crack epidemic, the deinstitutionalization of the mentally ill, and economic/housing availability explanations. After reviewing these various systemic and structural explanations in light of available data they found that the crack epidemic post-dated the rise in homelessness, making it an unlikely explanatory candidate. They also described data showing that the deinstitutionalization of mental hospitals occurred concurrently with an increase in the numbers of mentally ill individuals in the prison system. Thus, they presented a convincing argument that individuals who may have once been housed in mental institutions were at least as likely to be later housed in the prison system as they were to be homeless, casting doubt on deinstitutionalization as a strong explanatory factor for the post-1980 increase in homelessness.

Instead, Quigley et al. (2001) used administrative and systems-level data from four different homeless service areas to explore the relationship between the local housing market and homelessness. They found that much of the variation in homeless rates across areas could be explained by features of the housing markets. When housing vacancy was low in an area, that area tended to experience more homelessness. Additionally, when housing costs were high
compared to median incomes (when there were high rent-to-income ratios), homelessness also tended to be high (Quigley et al., 2001).

The authors concluded that these findings are consistent with a theory of homelessness that states that when “abandonment quality” housing is costly, individuals in poverty may make the rational choice to be homeless rather than struggle to pay large amounts of their limited income to keep themselves housed in extremely low quality dwellings. In the context of Hawai‘i, where low-income housing is both expensive and limited, but where the weather is fairly mild, this trade-off of expensive abandonment quality housing for the ability to increase spending on other necessities (such as food) does seem like a fairly rational decision in circumstances that are dire. Quigley et al. (2001) also used the statistical model they derived from their data to explore how changes in the housing market could affect rates of homelessness. They found that even small changes, such “moderate” decreases in rental costs and increases in the number of affordable housing units, could result in substantial decreases in the homeless population in an area.

**Homeless Policy**

One significant event early in the period of “new homelessness” was the enactment of the first federal legislation designed to comprehensively address homelessness in the U.S., the Stuart B. McKinney Homeless Assistance Act (Lee et al., 2010), passed in 1987. As evidenced by this and later legislative policies, during this period of “new homelessness,” the issue became recognized for the first time as an important social welfare problem that needed to be addressed through concerted federal policy action. In the 1990’s the most prominent policy approach to addressing homelessness focused on a Continuum of Care (CoC) model, a system of coordination among homeless services and between homeless services and other systems that
was intended to minimize overlap and ensure effective services (Lee et al., 2010). Today many CoC’s include, among other services: 1) outreach services to connect with and serve those living on the “streets;” 2) temporary or emergency shelters for short-term stays; and 3) transitional shelters, which usually involve participation in services over a more extended period of time (e.g., Yuan, Vo, & Gleason, 2014). Tsemberis, Gulcur, and Nakae (2004) characterize this type of CoC system as often driven by a “housing readiness” approach, which encourages (and sometimes requires) clients to address substance abuse and mental health issues as a step towards eventual permanent housing.

As the body of research related to homelessness grows, there has been increasing awareness about both the negative effects of homelessness (e.g., Fischer et al., 2008; Kertesz et al., 2005) and about findings that suggest that few individual-level characteristics are associated with the likelihood of maintaining stable housing after a homeless episode (e.g., Shinn et al., 1998). Because of these findings, some authors, such as Culhane, Metraux, and Byrne (2011) and Tsemberis et al. (2004), have begun to challenge the assumptions of the “continuum of care” and “housing readiness” models of homeless services. These models maintain that many homeless individuals and families need long periods of service provision to get them prepared to transition into stable housing. Thus, transitional housing programs, for instance, allow up to two years of program centered shelter living before families eventually transition into independent housing. Tsemberis et al. (2004) maintain that “consumers experience the Continuum as a series of hurdles – specifically, ones that many of them are unable or unwilling to overcome. Consumers who are homeless regard housing as an immediate need, yet access to housing is not made available unless they first complete treatment” (p. 651). Tsemberis et al. (2004) and others (e.g., Nelson et al., 2012) have begun to advocate for a “housing first” model of homeless
services, in which housing is seen as a right and is provided without precondition of meeting other service or treatment requirements.

Culhane et al. (2011) have also stressed that in the absence of a clear plan for preventing homelessness there is a danger of institutionalizing the problem. Indeed, the need for more preventative plans and alternatives to the Continuum of Care model has been increasingly recognized in homeless policy efforts. Two major U.S. federal policies have in recent years signaled a shift in homeless policy, and have included a stronger prevention focus: the American Recovery and Reinvestment Act (ARRA) of 2009 and the reauthorization of the McKinney-Vento Act in 2009 (Culhane et al., 2011). The ARRA was aimed at mitigating the potential impact of the U.S. financial crisis on rising rates of homelessness by instituting a Homelessness Prevention and Rapid Re-housing Program (HPRP) to provide funding to both help maintain the housing of those who may be in danger of homelessness and to help re-house as rapidly as possible those who have lost housing. The reauthorization of the McKinney-Vento Act in 2009 also included more funding for prevention and re-housing programs. Culhane et al. (2011) describe these two policies as “a fundamental redirection in the nation's homelessness assistance polices, as the HPRP bypasses the shelter, transitional housing, and other traditional homeless services that have been the mainstay of assistance to the homeless for the past two decades” (Culhane et al., 2011, p. 296).

Culhane et al. (2011) conceptualized the need for homeless services as a continuum of various prevention levels. They described primary prevention of homelessness at both a macro- and system-level. At the macro-level they argued that examining the availability of affordable housing and policies related to eliminating poverty would ultimately be needed in order to prevent homelessness. On a homeless service system scale, they suggested that expanding
investment in housing subsidy programs and targeting assistance to families at risk of losing housing would be effective primary prevention strategies. In fact, following the new federal focus on prevention, several areas (including Hawai`i) now have these kinds of primary prevention programs designed to provide time-limited assistance to those who may be in danger of losing their housing (Shinn et al., 2013; Wong & Hillier, 2001; Yuan et al., 2014).

Strategies to quickly re-house those who have recently become homeless, federally referred to as Rapid Rehousing Programs, have also been widely adopted (Culhane et al., 2011; Yuan et al., 2014). Culhane et al. (2011) characterized these types of programs as further down the prevention continuum, crossing into secondary prevention, the level of prevention that intervenes in the early stages of a problem. The reasoning behind secondary prevention strategies is that intervening early is often more effective and efficient than attempts to intervene once a problem is entrenched. Finally, federal policy now places a strong emphasis on enacting more effective interventions targeted towards those who have been homeless for longer periods. Culhane et al. (2011) characterize these types of interventions as tertiary prevention.

There is now considerable support for the effectiveness of a housing first approach to establishing housing stability among those who have been homeless for long periods of time (Nelson et al., 2013; Tsemberis et al., 2004). As discussed above, this approach, as epitomized in the now internationally recognized Pathways to Housing Program, bypasses prolonged service stays by providing immediate housing for those who have been chronically homeless (Nelson et al., 2013; Tsemberis et al., 2004). Given this range of homeless services in addition to the other typically available social services such as mental health and substance abuse treatment, the challenge becomes determining how to most effectively target these services to the groups that need them most.
Typologies of Homelessness

Over the last two decades of research on homelessness, it has become clear that it is a complex problem that has defied simple programmatic and policy solutions. One of the complicating factors in addressing the issue is the diversity of characteristics and needs of individuals and families who are homeless (Jahiel & Babor, 2007). With the growing number of differing types of homeless services available, one approach to better tailoring and targeting programs is to understand the complexity and diversity of the homeless population in order to best serve their differing needs. A number of studies over the years have attempted to do just this by sorting individuals and families into categories or subtypes according to “essential environmental, situational, and personal characteristics that have a direct role in the development, patterning, and course of homelessness” (Jahiel & Babor, 2007, p. B-1).

Studies exploring this kind of heterogeneity or diversity of populations are important as assuming a one-size-fits-all approach to homelessness is unlikely to be effective (Lennon, McAllister, Kuang, & Herman, 2005; Yuan et al., 2014). Luke (2005) discussed two major problems with the way statistical approaches are typically used to analyze data such as program outcomes. Many of these approaches, including regression and ANOVA, control for heterogeneity by using covariates to portion it out as “noise” (Luke, 2005). First, this approach does not view the variability as important or informative in its own right. Second, it is a way to "decontextualize data," often discounting the statistical influence of age, SES, race, and gender, all of which are often habitually included as covariates (Luke, 2005). One group of techniques that is often used to “emphasize diversity rather than central tendency” (Rapkin & Luke, 1993, p. 247) is cluster analysis and related techniques, such as latent class analysis. These methods allow for sorting individuals into sub-types based on certain shared characteristics.
Over the years a number of different studies have used cluster analysis, latent class analysis, or related clustering techniques to describe different categories or subtypes of homelessness. These studies have generally taken two broadly different approaches: classifying groups according to individual characteristics (such as risk factors) and classifying groups according to patterns of homelessness or shelter usage. Several studies have attempted to group homeless individuals according to individual characteristics such as mental health symptoms, life stressors, and chronic health problems. Some of these studies have focused on specific sub-groups among the homeless, such as veterans, youth, or those with mental illness or substance abuse issues, and others have examined the population more broadly. The relevant findings from each of these studies will be explored below. In addition to classifications according to individual characteristics or traits, a smaller number of research studies that have attempted to group homeless individuals and families according to their patterns of shelter usage or housing stability will also be discussed. The locations, sample sizes, and the variables used to classify the samples varied widely between the available clustering studies. Because these features are important for understanding the context of study findings, they are presented in Appendix A.

**Typologies according to individual characteristics.** Dating back to the early 1990’s, a handful of studies have examined sub-types of homeless individuals among a general sample of homeless adults. These studies have been useful in documenting the heterogeneity of homelessness and in calling attention to the diversity of service needs among sub-types. Solarz and Bogat (1990) published one of the first cluster analysis studies with a homeless population. They used cluster analysis to group homeless individuals into classes distinguished by varying levels of transiency, psychiatric history, history of criminal victimization, and history of criminal
behavior. The most significant finding from this study was that the largest class (45.6%) was a low deviancy class distinguished by low levels in each of these categories.

Similarly, Morse, Calsyn, and Burger (1992) used cluster analysis to group a sample of homeless adults into classes according to potential service needs, such as mental health, substance abuse, and medical needs, etc. In examining their sample, Morse et al. (1992) found four groups of homeless adults distinguished by potential service needs: an economically disadvantaged group (53%), an alcohol problems group (20%), a mental health problems group (17%) and a relatively few problems group (5%). While finding some heterogeneity in their sample population related to service needs, Morse et al. (1992) also identified a core set of needs that were present in all groups. Almost all participants expressed needs in the areas of employment, permanent housing, job skills, and income, and most reported a willingness to access help in a variety of areas.

Muñoz, Panadero, Santos, and Quiroga (2005) used cluster analysis to group a sample of homeless adults in Spain according to their reported experiences of different types of stressful life events and found three clusters. The first cluster comprised slightly under half of the total sample (49%) and consisted of those who had mainly experienced economic problems but few other stressful life events. Muñoz et al. (2005) identified this cluster as analogous to Morse et al.’s (1992) “economically disadvantaged” group and Mowbray, Bybee, and Cohen's (1993) “best functioning” group (see below) in that all three of these groups presented with few complicating problems beyond economic disadvantage.

A later study by Aubry et al. (2012) differs slightly from the studies presented above in that it: 1) took a longitudinal approach and 2) purposefully sampled equal portions of each gender in both youth/young adult and adult homeless populations. The authors used latent class
analysis (LCA) to identify types of homeless individuals based on the presence of mental health, substance abuse, and health problems. Two years later the research team was able to conduct follow-up interviews with about 60% of their original sample to see how each of their LCA-derived groups compared on housing trajectories. They found four sub-types of homeless individuals based on health-related indicators: 1) the higher functioning class (28.7%) included individuals who did not report substance abuse or mental health problems at the initial interview; 2) the substance abuse problems class (27.1%) reported high rates of substance abuse; 3) the mental health and substance abuse problems class (22.6%) reported both mental health and drug or alcohol problems; and 4) the complex physical and mental health problems class (21.6%) reported chronic physical health conditions, as well as mental health issues, and occasionally reported substance abuse problems at the initial interview.

However, when Aubry et al. (2012) further examined how prevalent individuals of each class were in the different sub-populations that they sampled (male adults, female adults, male youth, and female youth) they found quite a bit of variation within each sub-group. They found that adults of both sexes and female homeless youth had a higher proportion (about a third for each) of higher functioning individuals compared to male youth. More than half (59.5%) of male youth fell into the substance abuse problems class. Similarly, a large portion (38.8%) of adult males fell into this class as well. By contrast, only 9.5% of female youth and 2.4% of female adults fell into the substance abuse problems class. That said, a good portion of female youth (47.3%) could be classified as having mental health and substance abuse problems. For adult females, almost half (49%) fell into the complex physical and mental health problems class verses 20% of adult males, 12% of female youth, and only 2% of male youth. These findings suggest that sub-populations of homeless individuals based on age and gender may experience
differing levels of service needs and complicating problems (substance abuse, mental health, etc.).

However, while the service needs of each of the classes described by the authors varied, Aubry et al. (2012) concluded that the groups were remarkably similar in their longitudinal housing outcomes. In all groups over two-thirds of the participants were housed at follow-up, with the highest percentage of housed individuals found in the mental health and substance abuse problems class (81.3%), followed by those in the complex physical and mental health problems class (70.0%), the higher functioning class (69.6%), and finally, the substance abuse problems class (63.0%). The authors concluded that:

Ultimately, our findings may suggest that homelessness is predominantly a “poverty problem” rather than a health problem. In this context, the extreme poverty shared by all our participants is an equalizer when it comes to exiting homelessness and achieving housing stability (Aubry et al., 2012, p. 152).

In general, these studies examining the heterogeneity among the general homeless population have found that the largest proportions of homeless individuals in the samples examined (45.6% in Solarz & Bogat, 1990; 58% in Morse et al., 1992; 48.8% in Munoz et al., 2005; and 28.7% in Aubry et al., 2012) were fairly high functioning individuals reporting few complicating problems beyond socioeconomic issues. In fact, the lowest proportion of “higher functioning” individuals was found in Aubry et al. (2012), whose findings may not be directly comparable to those of the other authors because of their strategy for sampling equal portions of youth and adults. Their finding that housing trajectories differed little between their classes is also notable. Together these results serve to challenge often held stereotypes that “most” homeless individuals have mental health or drug and alcohol problems that hamper their ability to remain stably housed and that need to be addressed prior to housing them.
Similar clustering studies have also been done with more specific populations of homeless individuals, such as those with mental illness, youth, or veterans. Focusing on a homeless and unstably housed population with mental health needs, Mowbray et al. (1993) used cluster analysis to distinguish between groups of individuals with various psychiatric symptoms. They found four-groups based on statistical and theoretical congruence: a hostile/psychotic group (35.2%), a depressed group (18.5%), a best functioning group (27.8%), and a substance-abusing group (18.5%). Mowbray et al. (1993) concluded that the population of mentally ill homeless individuals they sampled was extremely diverse, yet did not seem to differ meaningfully from those in their sample who had mental health diagnoses but were housed.

Similarly, Bonin et al. (2009) examined typologies related to mental health in a sample that included both those who were literally homeless and those who were precariously housed and presented at select services for the homeless, such as soup kitchens. The authors used cluster analysis to form six typologies based on mental health status and the utilization of services among homeless (or nearly homeless) individuals. Both Mowbray et al. (1993) and Bonin et al. (2009) noted that their findings revealed a high degree of heterogeneity among homeless and near homeless individuals with mental health symptoms and advocated for more and better quality mental health support for those who use homeless services.

Focusing on a different sub-population, Shelton, Mackie, van den Bree, Taylor, and Evans (2012) examined a 2001 sample of homeless youth who had completed a large national longitudinal survey. Information from this survey, including variables indicating past childhood adversity, present economic disadvantage, mental health diagnoses and treatment, substance abuse issues, past incarceration, and school performance, was used to perform a cluster analysis, grouping the youth and young adults into categories based on shared characteristics of past and
present risk factors for homelessness. The authors found four clusters of homeless youth/young adults: a childhood adversity cluster (26%), a young offender cluster (26%), an abused depressed cluster (27%) and a vulnerable African-American cluster (21%).

In congruence with many of the studies discussed above, Shelton et al. (2012) noted that the childhood adversity cluster could be considered a relatively high-functioning group, showing few complicating problems such as mental health or substance abuse issues. While this group reported fairly high rates of running away from home or being asked by their parents to leave, they did not report exceptionally high rates of abuse or neglect. Additionally, the authors interpreted the presence of a subgroup that was distinguished mainly by being entirely African-American and having low rates of criminal behavior, substance abuse, and violence as suggesting the relative disadvantage African American youth might face in structurally unequal systems such as the housing market. If, as research seems to indicate, structural inequality plays a role in an individual’s vulnerability to homelessness, then focusing too narrowly on individual-level intervention strategies may perpetuate the problem through subtle victim blaming (Shinn et al., 1998).

Most recently, Tsai, Kasprow, & Rosenheck (2013) focused on a veteran population of homeless individuals and discussed the need for a better understanding of the heterogeneity of this homeless population, especially when considering service provision. They proposed that developing a typology of homeless groups could allow for better targeting of specific programs to meet their diverse needs. In order to further this goal, Tsai et al. (2013) analyzed a large national database, which included 200,000 homeless veterans from multiple sites. They used latent class analysis to examine different classes based on nine risk factors. Rather than focusing on sociodemographic features when developing their typology, these authors chose to use only
“modifiable” risk factors to classify the sample population. Though this approach may indeed run the risk of subtle victim blaming discussed above, their justification for this choice was to focus on features such as mental illness, substance abuse, or unemployment that could be the targets of program intervention.

Tsai et al. (2013) identified four classes of homeless veterans: relatively few problems (22.3%), dual diagnosis (27.5%), poverty-substance abuse-incarceration (39.9%), and disabling medical problems (10.4%). The authors then examined the differences between these four classes by examining sociodemographic variables (gender, race, age, etc), homeless service referral patterns, and homeless service admission patterns and found some differences between classes on these variables. Their results suggested that outreach services, which are intended to reach those who might not present at a shelter for help, were more likely to be used by the “relatively few problems” group than those with more complicated risk factors. They proposed that these types of services may be more likely to reach those who want to be found and that different services might need to be considered when attempting to reach other types of homeless veterans. Additionally, they also noted that service providers may have considered those in the “relatively few problems” group of homeless veterans to be more “ready” for permanent housing programs given their higher referral rates to those programs. Those with substance abuse issues or other problems tended to be referred to “more structured services” (p. 245). However, the authors speculated that this referral pattern may change as a housing first model becomes more widely adopted.

Overall, research into the classification of homeless individuals has attempted to group them according to background experiences (Muñoz et al., 2005), mental health symptoms (Bonin et al., 2009; Mowbray et al., 1993), complicating problems (such as criminal history,
transiency, etc; e.g., Solarz & Bogat, 1990), and other individual characteristics or features. Together this research has largely demonstrated: 1) a high amount of heterogeneity in the homeless population; 2) that a better understanding of this heterogeneity can expose policy and programmatic issues that can be productively explored to better target services and prevention strategies; and 3) that contrary to many stereotypes, large portions of homeless individuals tend to present with few complicating problems. Additionally, the work of Aubry et al. (2012), which examined longitudinal data, indicated that the housing trajectories of homeless individuals may not be highly influenced by individual features such as mental health or substance abuse problems. However, with the exception of the Aubry et al. (2012) study, this method of classifying sub-groups of homeless individuals has not examined how differing homeless groups could diverge in their homeless trajectories or longitudinal outcomes.

**Typologies according to homeless service usage patterns.** A similar line of research has attempted to classify homeless individuals according to their patterns of service usage rather than by individual-level characteristics. This set of studies used longitudinal data to develop typologies in order to understand how to better target services to both prevent homelessness and move individuals quickly and effectively out of homelessness. The most widely cited of these studies was conducted by Kuhn and Culhane (1998), who derived a three-category typology of homelessness and validated it using administrative shelter data from the New York City and Philadelphia shelter systems. They used cluster analysis to group the large administrative data sets according to aggregate number of days spent in the shelter (duration) and aggregate number of shelter stays (frequency) over either a 2-year or 3-year period (depending on the data source). The largest of Kuhn and Culhane’s (1998) sub-types, the transitional group, made up approximately 80% of those using shelter services, tended to stay for a short time, and had few
episodes of shelter stays (1 or 2). This group tended to be younger, less likely to have complicating problems (such as substance abuse, health, mental health issues, etc.), and had higher proportions of White clients. The second sub-type, the episodic group, made up approximately 10% of shelter users in both locations. This group was characterized by a large number of shelter stays of varying durations; it was on average younger and had high rates of complicating issues such as mental health and substance abuse problems. Finally, the chronic homeless group comprised approximately 10% of the shelter users, but tended to take up the highest number of available shelter days. This group had a small to moderate number of homeless shelter stays of extended duration and tended to be older, with higher proportions of minority clients and those with substance abuse and mental health problems.

Kuhn and Culhane (1998) recommended that programmatic and policy decisions be targeted differently to the three groups. They recommended that homeless prevention programs be targeted towards transitional shelter users to prevent this otherwise stable group from needing to access shelters in the first place. They proposed that the episodic group may have more complicating needs that could be addressed through supportive transitional housing and residential treatment programs. Finally, they proposed that the chronic homeless group be served in long-term supportive housing rather than shelters.

Later, Culhane, Metraux, Park, Schretzman, and Valente (2007) expanded research related to the three-class typology with administrative shelter data from 4 localities (New York City, Philadelphia, Columbus, OH, and the state of Massachusetts) to determine if they could distinguish a similar typology of homelessness among families. After using a cluster analysis technique to group the families according to their shelter usage patterns, Culhane et al. (2007) compared the relative distribution of their cluster types according to family demographics,
service usage, and income data (for locations in which these data were available). They did indeed again find three clusters of shelter usage patterns across all four of their sample locations. On the surface the three categories roughly aligned with the three-category typology found by Kuhn and Culhane (1998) among single adults. However, upon further exploration, the characteristics of the family types departed markedly from those found in single adults in terms of service use and needs.

As was the case with homeless individuals, Culhane et al. (2007) found that the largest family cluster consisted of those who had experienced one or two short shelter stays (transitional, 72-80%, depending on sample site). However, when compared to the previous study using individual adults, the researchers identified smaller proportions (2.1%-8%) of episodic shelter use among families and relatively larger proportions (17.9-21.5%) of long-term “chronic” shelter use. Additionally, unlike the previous findings, homeless families that fell into the “chronic” usage class seemed to have the fewest complications (such as disability, unemployment, etc.) and lowest social service usage rates. Among families, it was the episodically homeless group that had the highest rates of service usage, foster care involvement, and disability, followed by the transitional group.

Culhane et al. (2007) proposed that the relatively few complicating problems experienced by the longer staying family group was due at least in part to the high rates of transitional shelter use among this group. Transitional shelters often allow longer stays, tend to serve more families than individuals (e.g., see Yuan et al., 2014), and typically follow a longer program model. Thus, the families who were enrolled in and “stuck with” transitional shelter programs tended to have long shelter stays, but were not necessarily expected to have higher rates of barriers to successfully maintaining housing. The authors interpreted these results as calling for a potential
rethinking of homeless services strategy, citing research indicating that longer shelter stays have not been convincingly linked to more successful outcomes (Culhane et al., 2007). Additionally, they examined the cost of long transitional shelter stays when compared to providing families with subsidies to live independently. They concluded that given the relative costs of these services, more families could be served, or existing families could be served longer, if a subsidy model were used instead of a long-term shelter model. As most of the longer-term shelter using families in this study did not appear to need intensive services, using the transitional shelter or other “housing readiness” models may be far less effective and appropriate for these families than is currently recognized.

Kuhn and Culhane’s (1998) original typology of homelessness has been widely cited and used in the past decade and a half. Their terminology of “chronic homelessness” is currently used in federal housing policy to distinguish a group of persistently homeless individuals with health, substance abuse, or mental health problems. It is worth noting, however, that the current federal definition of “chronic homelessness” collapses Kuhn and Culhane’s (1998) episodic and chronic groups into one category of persistent homelessness (Kertesz et al., 2005).

While McAllister et al. (2010) have acknowledged the influence that the Kuhn and Culhane (1998) classification system has had on national homeless research and policy, they leveled some notable critiques of the study and have stressed that current research should seek to refine and improve upon this initial classification. One reason for their criticism centers on an important methodological issue: the three-type groups from the original study have inconsistent homogeneity. They maintained that when using cluster analysis to form groups, one would want the heterogeneity within each group to be less than the overall heterogeneity of the sample. To illustrate their point, McAllister et al. (2010) re-created Kuhn and Culhane’s (1998) study, again
using data from the Philadelphia and New York shelter systems. They found that the transient homeless group derived from this parallel study was fairly homogeneous, but that the chronic group was less so, and the episodic group was more or less a catch-all or residual category for all those who did not fit into the other two groups, therefore, exhibiting heterogeneity.

Additionally, Kuhn and Culhane’s (1998) typology grouped individuals based on their frequency and duration of shelter use as aggregated over time. McAllister et al. (2010) argued that this approach loses valuable information about the patterning of shelter stays. For example, one individual may have intermittent stays in a shelter that tend to increase over time, perhaps indicating that he is sinking deeper into homelessness, while a different individual could have a longer initial stay with shorter “relapses” into the shelter as he eventually established more stable housing. These two profiles could conceivably produce the same aggregated frequency and duration of shelter stays, but arguably represent two very different kinds of homelessness.

Therefore, McAllister et al. (2010, 2011) argued that if time-related data are to be used to form typologies, it would be more informative to use a time-patterned rather than a time-aggregated approach. A time-patterned approach would allow researchers to examine the duration and frequency of shelter stays, as well as the pattern of these stays over time. Again using a dataset that was comparable to the one used by Kuhn and Culhane (1998), the authors used both a time-patterned and a time-aggregated approach to organize their data for cluster analysis. They found that their time-patterned approach identified a technically optimum ten-group typology that was able to take into consideration the pattern of shelter use over time when forming the clusters. This ten-group solution had much more homogeneity within groups and explained a greater proportion of the variance in the data than those found using Kuhn and Culhane’s (1998) approach.
McAllister et al. (2010) then grouped these ten clusters into theoretically related bunches, creating a four-type understanding of homeless shelter use that they argued was more informative and methodologically sound than Kuhn and Culhane’s (1998) three-type grouping. The first of McAllister et al.’s (2010) types, the temporary shelter users (37.2%), consisted of one subgroup that was very similar to Kuhn and Culhane’s (1998) transient homeless group, exhibiting about one short shelter stay. The second type, the structured continuous group (50.2%), consisted of 6 subgroups and was characterized by one longer shelter stay, perhaps followed by a second shorter stay. The subgroups within this type were mainly differentiated by the length of the longer stay. The third major type, the structured-intermittent group (6.3%), consisted of two subgroups and was characterized by intermittent periods of shelter use and non-use. However, when staying in the shelter, these groups tended to stay for most of the full 30-day period. Finally, the fourth type, the unstructured-intermittent group (6.3%), consisted of highly variable shelter use, with less likelihood to stay a full 30-day period. While not attempting to generate a new typology with these findings, McAllister et al. (2010, 2011) instead used this demonstration to point to a need for a more nuanced understanding of homelessness that includes a better way to conceptualize patterns of service use over time.

A final study exploring longitudinally-derived classes of homeless individuals by Lennon et al. (2005) used latent class growth analysis (LCGA) to re-analyze data from a homelessness intervention project. The critical time intervention program was designed to provide intensive case management services for the first nine months of a program that provided housing in the community to individuals following discharge from a psychiatric shelter program. The authors re-examined data from this study to determine if there were different housing trajectories following discharge in both the control and intervention groups. As part of the original project
data collection, investigators collected housing data every 30 days for 18 months. These data were then reanalyzed using latent class growth analysis, which allows for both the tracking of trajectories over time and groups these trajectories into homogenous categories based on their housing patterns.

The analysis found that the control group had four statistically distinct groups of trajectories and the intervention group had three (Lennon et al., 2005). The largest proportion in both groups consisted of those who were unlikely to be homeless throughout the follow-up period. A larger percentage of intervention individuals (79%) than control individuals (60%) were assigned to this group. A second class found in both the control and intervention groups was likely to become homeless either shortly after discharge (21% of control group) or shortly after the intervention ended (13% of intervention group) and to stay homeless for the remainder of the follow-up period. A smaller third class was likely to become homeless near the beginning of the study and then to be housed again by the end of the follow-up period (10% of control and 8% of intervention). A final fourth class of persistently homeless individuals was found in the control group (8%), but not the intervention group. It should be noted that the sample size was fairly small for this study, thus many of the classes had 10 or fewer participants.

Based on these findings, Lennon et al. (2005) recommended using intervention trajectory information to better tailor homeless programs to be able to successfully intervene among differing sub-groups so as not to assume a one-size-fits-all approach to addressing homelessness. Latent class growth analysis is a promising method for exploring service usage patterns in Hawai‘i’s homeless service system because it allows for both the tracking of trajectories over time (rather than aggregating the data) and groups these trajectories into homogenous categories.
based on their service usage patterns (rather than assuming a more or less universal trajectory) (Lennon et al., 2005).

**Homelessness in Hawai‘i**

In addition to being an issue of national concern, homelessness has also been a problem in the state of Hawai‘i. In recent years, homelessness in Hawai‘i has become a prominent issue in the media as well as at the State Legislature, making it a political hot button. Hawai‘i is heavily dependent on tourism and some have argued that visible homelessness in the main tourist hub of Waikiki is detrimental for the tourist industry and thus the state (Schaefers, 2014). The debate and the spectacle that has accompanied it have at times created national headlines, such as in 2013, when a state lawmaker wielding a sledgehammer patrolled sidewalks and confiscated shopping carts from the homeless (Levs, 2013). Most recently, the Mayor of Honolulu signed into law a controversial ban of sitting and lying on sidewalks that was aimed at clearing visible homelessness from Waikiki and downtown Honolulu (Star-Advertiser Staff, 2014). Lee et al., (2010) describe this kind of policy approach as “quality of life” ordinances, which are based on broken windows theory, proposing to improve neighborhood quality by reducing visible disarray (in this case, visible homelessness).

Most, however, claim that quality of life ordinances are not only impractical to implement but persecute homeless people for lacking the privacy that domiciled individuals take for granted...What does seem clear is that quality of life legislation and related mechanisms (police sweeps, forced removal, ‘greyhound therapy’) redistribute the homelessness problem across space rather than alleviating its causes (Lee et al., 2010, p. 15).

It is clear from the media and legislative attention in Hawai‘i that there is strong support for addressing the problem of homelessness in the state.
However, data estimating the extent of homelessness in recent years seem to indicate that the homeless problem in the state has remained fairly intractable despite these policy initiatives and the wide array of service programs available. The annual statewide point-in-time measurements, which estimate the number of sheltered and unsheltered homeless in the state on a specified single night, show that this number has gradually increased from a total of 3,638 homeless individuals in 2009 to 4,712 homeless individuals in 2014. The number of both sheltered (from 2,445 to 3,079) and unsheltered (from 1,193 to 1,633) homeless individuals increased during this time (The State of Hawai‘i, Department of Human Services, Homeless Programs Office, 2014). Point-in-time counts are helpful in that they make a systematic attempt to calculate both the number of homeless individuals living in shelters and those living in unsheltered spaces, such as parks, in cars, or on the street. However, these estimates have been criticized on methodological grounds\(^1\) (e.g., Lee et al., 2010; Link et al., 1994).

Another approach, the Hawai‘i Homeless Management Information System, tracks the number of individuals using homeless services in the state. Many unsheltered homeless individuals do come in contact with homeless service providers via the outreach program. Therefore, these data contain information related to both sheltered and unsheltered homelessness. However, it does not include information about those who for whatever reason do not access services. While there are limitations to using service usage data as the primary estimate of homelessness, the number of individuals enrolled in shelter and outreach programs can give some indication of the extent of the problem. In the fiscal year of 2014, the homeless services system in the state served 9,476 households, consisting of 14,282 individuals, 3,559 of whom were children (Yuan et al., 2014). The number of homeless individuals using the shelter system

---

\(^1\) See page 9 of this document for a brief discussion of these criticisms.
has been more or less stable since 2009 and had shown a pattern of gradually increasing from year to year prior to that (Yuan et al., 2014).

In examining the overall movement of individuals into and out of the service system, it seems clear that despite the fact that many do exit the system in any given year (8,399 or 61% in the FY 2013), the cycle of high service usage continues due to an almost equal number of new individuals (5,461 in FY 2014) and past users (3,367 in FY 2014) re-entering the system over the course of the year (Yuan et al., 2014). This makes it difficult to argue that current policies and practices are reducing homelessness in the state. However, according to the most recent state annual service usage report, a number of agencies and stakeholders are currently poised for system-wide changes to improve the provision of services for homeless individuals and families and to work together to end homelessness in the state (Yuan et al., 2014).

Much of the research cited in the above literature review is aimed at generalizing the mechanisms of homelessness. While this approach has generated some useful insights, such as the role that housing markets play, there is also much to be gained from contextualized research that generates knowledge about how homelessness differs across locations. Toro et al. (2014), for example, recently assessed and compared homeless trends in Poland and the United States. According to these authors, homelessness became a growing problem in Poland after the fall of communism. Because of this sociopolitical historical difference as well as differences related to stigma towards homelessness (greater in Poland), differing social services systems, and differing historical access to illegal substances, some of the patterns and demographic trends of homelessness in Poland differ from those in the U.S. In particular, Toro et al. (2014) found higher rates of mental health problems in the U.S. homeless population compared to those of the Polish homeless population and explained this by pointing to the national health system in
Poland, which ensures universal access to mental health services. They also found lower rates of substance abuse in the Polish homeless population, possibly because of the historically limited availability of illegal drugs in Poland. This kind of research highlights the ways in which the problem of homelessness can be shaped by historical, systemic, political, and cultural differences.

There are a number of historical, systemic, political, and cultural differences in Hawai‘i that may shape patterns of homelessness differently in the islands than in other U.S. areas. For instance, in much of the mainland U.S. literature on homelessness, the social category of race is salient in that often African Americans have been shown to have disproportionate disadvantages in terms of vulnerability to becoming homeless (Shelton et al., 2012; Shinn et al., 1998) and to experiencing more severe or entrenched homelessness (Kuhn & Culhane, 1998). This trend likely does not hold in Hawai‘i, where only 5.1% of FY 2014 homeless shelter users were African American (Yuan & Vo, 2015). In fact, Okamura (2008) maintains that race is not the most salient social category in Hawai‘i. Instead, he points to culture and ethnicity as the important socially distinguishing features in the islands:

Since the 1970s, ethnic relations in Hawai‘i have become increasingly structured by the economic and political power and status wielded by Chinese Americans, Whites, and Japanese Americans over other ethnic groups. In occupying their privileged position, these groups intermarry with one another, send their children to the same exclusive private schools, reside in the same affluent neighborhoods, and socialize with each other at the same private clubs. As a result, Hawai‘i is becoming even more unequal by developing into a two-tier stratified society, the lower level of which is occupied by Filipino Americans, Native Hawaiians, Samoans, and other numerically small ethnic minorities, such as other Pacific Islanders, Southeast Asians, and Puerto Ricans (Okamura, 2008, p. 57).
Exploring how homelessness operates in this unique sociocultural context can add to our understanding of how disadvantage may operate across groups and contexts. Of course, it would be beyond the scope of a single study to link the numerous contextual differences in Hawai‘i to definitive explanations of the role they play in contributing to the issue of homelessness in the islands. However, a better understanding of the patterns of service usage in the Hawai‘i service system, which is comprised of services based largely on national policy and research findings, is a first step in exploring how effective this range of policies and services are at addressing the issue in the very different sociocultural environment of Hawai‘i.

**The Present Study**

The present study used a mixed-methods approach to explore a typology of homelessness in Hawai‘i based on how individuals tend to move through the homeless service system in the state. The overarching theoretical focus of this study drew from several major community psychology perspectives: a participatory approach, a social ecological approach, and an approach that considers a systems theory perspective. As community psychology is a discipline deeply grounded in contextualizing social problems, it is important for our research related to homelessness to consider these contextual understandings so that the root issues of this entrenched problem can be highlighted and recognized (Kloos et al., 2011). Additionally, those who are houseless are a vulnerable population that is all too often spoken for rather than given a voice in the research and policies that impact them (Lee et al., 2010). Therefore, this project intentionally focused on systemic and social ecological explanations for homelessness and did so in a participatory fashion in order to ensure that both the product and process of research is grounded in a commitment to social justice.
Theoretical frameworks. The three overarching frameworks of participatory research, a social ecological perspective, and systems change theory served as theoretical touchstones throughout the research process, ensuring a commitment to the community psychology core value of social justice. The social ecological and systems change perspectives consciously drew attention towards the systemic and structural factors that perpetuate homelessness in Hawai‘i. The participatory focus of the research design attempted to give stakeholders a voice in the research findings.

Taylor et al. (2006) define participatory research as follows: “a broad term for a wide range of approaches to empowering community members to engage in research that increases citizen power and voice in communities” (p. 4). Participatory research can be conceptualized as a range of potential involvement from community members, but overall the goal of this approach is to establishing a fundamentally egalitarian partnership between community members and researchers (Taylor et al., 2006). The present study draws on a participatory approach that, while not fully including participants in all aspects of the research design, does attempt to value their perspectives and gives them the ability to have input regarding the final conclusions of the project. Additionally, several authors (e.g., Altman, 1995; Taylor et al., 2006) have stressed the advantages of including community members in participatory approaches when thinking about the long-term usefulness and sustainability of research programs. Involving community members in the research process is thought to increase their buy-in, capacity, and ability to continue the desired change efforts even after the community-researcher partnership ends.

The present study also used an ecological perspective to understand homelessness. This perspective was loosely based on Bronfenbrenner (2005) social ecological framework and also draws from Kloos et al.’s (2011) interpretation of that framework. Bronfenbrenner’s (2005)
famous social ecological theory, much beloved in developmental, cultural, and community psychology, locates the individual within the concentric influences of her social world. As a proximal influence, Bronfenbrenner (2005) discussed the importance of “microsystems” in the life of a developing child. Microsystems are the social groups with which the child has regular contact, such as family, school classroom, neighborhood friends, etc. At the distal end of the spectrum of social influences, Bronfenbrenner (2005) highlights the importance of cultural and societal norms and practices, which he calls the “macrosystem.”

Kloos et al. (2011) have modified Bronfenbrenner’s social ecological theory for use within community psychology practice. They locate the individual at the center of the overlapping influences of Microsystems (defined in the same way as above), organizations (schools, businesses, religious congregations, etc.), and localities (neighborhoods, towns, etc.). These three overlapping proximal influences are then located within the overarching social influence of the macrosystem (cultural and societal norms, governments, etc.). The present study employed a framework which is similar to the one used by Kloos et al. (2011), though slightly more simplified. Specifically, it focused on the individual and family-level factors, the programmatic and organizational factors, the systemic factors, and the community/society (i.e., structural or macrosystem) factors that might influence the developmental trajectory of one’s homeless experience.

Finally, in examining how service users move through homeless services over time, the present study draws on systems theory and explicitly views these services as situated within a systemic context. Foster-Fishman, Nowell, and Yang (2007) define systems change as “an intentional process designed to alter the status quo by shifting and realigning the form and function of a targeted system” (p. 197). Systems change argues that making significant
improvement in desired individual-level outcomes, such as crime rates or homelessness, requires changes to the system(s) in which those individuals are situated. It encourages an approach to understanding social problems that recognizes the complicated nature of systems, where outcome variables are impacted by many different, interacting, and often distal factors.

Systems change theory focuses on second-order change. Whereas interventions that target individuals may greatly impact an outcome for that individual, they often leave the social problem (e.g., homelessness) unimproved (Kloos et al., 2011). In other words, homeless programs that address individual-level needs and issues are unlikely to solve the problem of homelessness because the systemic and structural forces that maintain the problem are left untouched. Systems change calls our attention to the root causes of problems, which often lay in the functioning of the system itself, and therefore, how second-order systems change is necessary to address those problems (Foster-Fishman et al., 2007).

Within community psychology, systems change theory as practiced by Foster-Fishman et al. (2007) and others (e.g., Christens, Hanlin, & Speer, 2007) offers an approach to systems that focuses not only on the material aspects of the system (personnel, resources, output, etc.), but also on the subjective aspects of those systems, stressing that creating second-order change often requires considering how multiple stakeholders understand the system. From this perspective it is, therefore, often important to understand the “political, social, and cultural aspects of a system” (Foster-Fishman et al., 2007, p. 200) in order to create lasting change.

The present study loosely draws on systems change principles by: 1) examining the overall flow of individuals through the system and by 2) examining participant perspectives regarding systemic and structural factors that contribute to the problem and how they could be leveraged for change. In exploring the flow of newly registered services users through the
system, the present study examines how the system is functioning as a whole rather than whether a particular program or set of individuals shows improvement. This kind of exploration is critical to systems change as it accounts for input, output, and flow within a system and can point to areas of concern related to these processes.

Additionally, as the present study includes stakeholders’ observations about the homeless services system, it also considers some of the subjective understandings that may be important to the process of considering systems change. Service providers and service users alike reflected on some of the systemic and structural issues that they see as maintaining the problem of homelessness in the state. By valuing these perspectives and by presenting the stakeholders with preliminary results on which they could expand or comment, this study has consciously accounted for the need to discuss and create shared understandings around these system and structural factors as a critical preliminary step when contemplating how to instigate second-order change.

In attempting to define a typology of homelessness, there is an inherent risk of stereotyping because one is attempting to classify individuals into more or less homogeneous groups. The present study, therefore, used the principles of participatory research, social ecological theory, and systems change ideas to ground the exploration of a typology with systemic and structural contexts in an attempt to avoid overly simplistic or individualistic explanations for group differences. This approach combined quantitative data from a large administrative database and qualitative interviews with service providers and service users and focused on the following research questions:
Research Questions

1) How are differing homeless experiences understood and explained by those with experience using or working in the homeless service system in Hawai‘i?

2) Are there two or more distinct trajectories of homeless service usage within the Hawai‘i homeless service system?
   a. What kind of developmental trajectories can be identified based on the total number of days spent enrolled in a homeless program during 60 day increments from 2010-2014?
   b. What proportion of individuals within the sample follow each trajectory?
   c. Are group membership probabilities related to individual demographic characteristics, family composition, personal history, or health variables?
   d. Using these group membership probabilities, what characteristics can be considered to create distinct profiles of group membership?

3) Can a typology of homeless service usage in the context of the Hawai‘i homeless service system be developed in a way that accounts for both the statistically derived findings using latent class growth analysis and the intuitive and experience-based knowledge of those who have lived experience with the system?
Chapter 3. Methods

Study Design

The present study was conducted in three interrelated stages. This first stage addressed research question 1 and used individual interviews to gather information from those with experience of the homeless service system (both service providers and service users). These individuals were asked to discuss how they see the service system operating. For example, they were asked who tends to move through the system most successfully and why, as well as who tends to have difficulty getting out of homelessness and why.

The second stage of the study used preliminary information from the service provider and homeless individuals’ interviews to inform a statistical analysis of homeless service usage data. These data were obtained from Hawai‘i State’s Housing Management Information System (HMIS), which contains administrative data from all federally funded homeless services in the state (excluding those only serving victims of domestic violence). This system assigns individuals and households unique identification numbers. Using these identification numbers, individuals and households were followed across time to determine into which homeless programs they were enrolled and for how long. The state HMIS database contains records dating back to 2007.

The present study used latent class growth analysis (LCGA) with HMIS data to form a typology of service usage patterns in the state by following a cohort of service users through the system beginning 2010 and ending in 2014. Nezarian (2019) described LCGA as a group-based approach to examining previously unobserved developmental trajectories. He highlights four potential functions for LCGA:

---

2 These dates were chosen because major changes to the HMIS system occurred in the 2010 fiscal year and are set to occur again in the 2015 fiscal year.
…(a) the capability to identify rather than assume distinctive groups of trajectories, (b) the capability to estimate the proportion of the population following each trajectory group, (c) the capability to relate group membership probability to individual characteristics and circumstances, and (d) the capability to use the group membership probabilities for various other purposes such as creating profiles of group membership (Nagin, 1999, p. 139).

In using LCGA to explore the developmental trajectories of homeless service usage, the current study explored each of the capabilities outlined above. It used LCGA to identify discrete classes based on patterns of service usage over time (research question 2a) and the relative proportion of individuals in each class (research question 2b). Additionally, the available data related to the individual-level, family-level, and setting-level characteristics of individuals were also examined to determine if there are systematic differences between the probabilities of group membership based on important variables such as age, ethnicity, household type (e.g., single or family), background experiences (e.g., criminal justice or military service involvement), etc. (research question 2c). In doing this, a typology of homelessness was developed which describes distinct developmental trajectories of service usage along with profiles of individuals likely to follow each trajectory (research question 2d). To my knowledge, no study has yet used latent class growth analysis to explore the trajectories of homeless service usage within a large administrative service system. Lennon et al.’s (2005) study described above was illustrative of the potential usefulness of this method, but it was limited to examining one program intervention with a relatively small sample size ($N = 96$).

As statistical clustering techniques like latent class growth analysis require both statistical and theoretical judgment about how to determine the number, labels, and interpretation of groups (Lennon et al., 2005; McAllister et al., 2010), the initial stage of qualitative interviews was used to inform the statistical analysis of stage two. Additionally, after conducting the latent class
growth analysis, in stage three I returned to the same informants interviewed in stage one to discuss the statistically derived typology with them. It is important that any typology of homeless service usage patterns make sense to those who have experience with the system. Therefore, the statistically derived groups were discussed and confirmed through participant interviews and focus groups, where service users and service providers were asked to reflect on both the stage one qualitative findings and the stage two statistical findings (research question 3). The methods for each of these three stages will be discussed separately and in more detail below.

**Stage 1: Initial Qualitative Data Collection**

**Participants.** A total of 18 participants were recruited for stage one of data collection and included both: 1) local homeless service providers (n = 9; both those who provide direct services and those who have knowledge of the administrative-level of managing such services) and 2) homeless service users (n = 9). In approaching and selecting participants, those who seemed to have extensive knowledge of the range of experiences individuals may have in the homeless service system were sought. Diverging or potentially differing perspectives were also sought.

Service provider (SP) and service user (SU) participants were located in three of Hawai‘i’s five counties: the City and County of Honolulu (SP = 7; SU= 5), Hawai‘i County (SP = 1; SU = 3), and Maui County (SP = 1; SU = 1). Slightly more females (SP = 5; SU = 5) than males (SP = 4; SU = 4) agreed to participate in stage one of the project. Participants from both the service provider and service user groups came from diverse ethnic backgrounds, including Caucasians, Native Hawaiians, those of mixed ethnicity, and other Pacific Islanders.³ Both

---

³ Where exact proportions of participants are not provided it is because providing more specific information might risk exposing participant identities.
groups included those who are lifetime residents of Hawai`i and those who had spent many years in the islands but were raised in mainland U.S. states.

With regard to service providers, all those interviewed had many years of experience in providing homeless services in Hawai`i. Some had experience in providing direct services (as case managers or therapists) and some had experience in managing homeless programs. Those with diverse experiences were sought with regards to both the type of services they provide (e.g., emergency shelter programs, transitional shelter programs, and outreach programs), as well as the types of populations they serve (e.g., families, youth and young adults, those who have been chronically homeless, etc.).

Service users with diverse perspectives were also sought. The majority of service user participants had experienced at least a year of homelessness. This is because most were recruited through service provider contacts who had been asked to recommend someone they thought would provide thoughtful insights on their experiences. Service providers were by design, therefore, most likely to recommend those with whom they had had prolonged contact and those with enough experience in the system to be able to comment on it thoughtfully. However, there was a diversity of experiences in other areas including life stage (from early 20’s to mid- to late-50’s or 60’s), ethnicity (see above), family composition (single adults, single mothers and fathers, coupled adults), experience of disabling conditions (mental health, substance abuse, and physical conditions), education (from those pursuing GEDs to those with post graduate degrees) and experience with different service types (outreach, permanent supportive housing, emergency shelters, transitional shelters).

Measures. For the initial stage of data collection, participants’ thoughts about the workings and service patterns of the homeless system were solicited using semi-structured
 qualitative interviews. These interviews allowed the participants space to discuss their experiences, but also included probes and follow up questions to encourage them to expand on important content areas. See Appendices B and C for sample interview questions. Generally, the questions focused on how participants understand the homeless service system and what helps or hinders individuals and families from successfully exiting the system into permanent housing. Additionally, because the HMIS service usage database was used as the source of quantitative data, service providers were asked a small set of questions having to do with their impressions of the quality of the data available in that system. By soliciting participant thoughts on this subject, this stage of the study took a participatory approach, explicitly valuing the knowledge and experience of those working in and using the system.

**Procedures.** Participants for the service provider interviews were recruited using key personal contacts who have experience with Hawai‘i’s homeless services. After approaching these contacts and asking for help identifying service providers who may wish to participate in the study, snowball sampling was used to expand the range of participants. Additionally, a few service providers were recruited after their contact information was located using Internet searches in order to expand the diversity of participants in key areas (e.g., service type, location, etc).

The service providers who were contacted during the recruitment process were then asked if they were willing to refer any service users for project participation. As the goal of this stage of analysis was not to access a representative sample, but to locate those with insight, experience, and knowledge, service providers were especially helpful in identifying service users who were both likely to want to participate and who could provide thoughtful information. Additionally, a few service users were recruited through presentations made during group
meetings at shelters and other service locations. At some sites, rather than recommend a specific service user for the study, service providers invited me to attend a group meeting to present my research to service users and ask for volunteers.

Each potential participant was contacted via telephone, email, or in person through key informants and asked to participate in the study. Over the course of this initial contact I explained the purpose of the study and if they verbally consented to participate I arranged to meet with them at a place and time that was mutually agreeable. Before each interview, I reviewed the study in more detail and completed either a written (for service providers) or oral (for service users) consent process with each participant (see Appendices D and E for the IRB approved consent forms). Additionally, I asked participants during the initial stage of the study if I could have permission to follow-up with them at a later time for additional interviews or focus groups. All interviews were audio recorded, transcribed verbatim, and stored on a password-protected computer with no identifying information connecting the audio file with the participant. Each interview went through a three-stage transcription process: initial transcription by primary investigator or student research assistant, a second check of the transcript by a different individual, and a final check by the primary investigator. Interview data were analyzed and reported in such a way as to insure participants could not be identified.

**Data analysis.** The stage one interview transcripts were analyzed using thematic qualitative analysis techniques and the phenomenological approach as outlined by Creswell (2007). The content of these interviews was coded according to both *a priori* categories and *in situ* themes that emerged from the interviews. The overarching question guiding the analysis was, “What kinds of factors might influence one’s experience of homelessness?” The analysis for this stage was an iterative and interacting process of reciprocal theme identification and
coding. All themes and subthemes were explored using Nvivo qualitative analysis software until saturation of the content categories was achieved.

First, the interviews were analyzed using a set of *a priori* categories derived from a social ecological theoretical perspective. The five *a priori* categories thought to impact someone’s experience of homelessness included:

1) Individual- and family-level factors which might diversely impact one’s experience.
2) Factors related to the homeless service programs or organizations with which service users interacted.
3) Factors related to the homeless service system and how it might impact diverse groups of service users.
4) Community or societal factors that influence experiences of homelessness in the state.
5) Information about the HMIS database (service providers only)

While these categories were researcher-generated, participants had spontaneously contributed ideas related to each of these broad categorical factors. After the interview texts were sorted into these five *a priori* categories, the content in each of the categories was then sorted and coded according to participant generated themes. The results of a preliminary analysis of these qualitative themes were then presented to the original participants (see Stage 3 below), who were asked to comment on the categories and themes that were developed. Additional information from this second round of interviews was used to enhance and refine the coding for the qualitative results.

**Stage 2: Quantitative Analysis**

**Data source.** The quantitative stage (Stage 2) used administrative data from the Hawai‘i State Homeless Management Information System (HMIS). This is a large database that includes
intake, encounter, and exit records for all federally funded homeless service programs in the state, excluding those that exclusively serve victims of domestic violence. A number of additional organizations also enter data into the HMIS on a voluntary basis. Data were obtained through a formal proposal to the Hawai‘i State Homeless Programs Office. A representative from this office then helped to coordinate permission from the Statewide Data Committee, which is run by the state’s two Continuums of Care: Partners in Care on O‘ahu and Bridging the Gap on neighbor islands. This data committee is responsible for administering the HMIS, and after reviewing the research proposal for the project, granted access to the requested data.

The HMIS database has service records dating back to 2006/2007, though it has undergone periodic revision since that time, resulting in some unevenness in the available data across years. The last major update to the structure of the database took effect in fiscal year 2010 and another major revision was underway during the 2015 fiscal year. Therefore, this study used data from all individuals who were enrolled in either emergency shelter or outreach services during the 2010 fiscal year and followed a segment of these individuals across various homeless services through the end of the 2014 fiscal year. The emergency shelter and outreach programs are the entry points to homeless services and so were chosen so as to limit the sample population to those who were experiencing homelessness during the first time point. Each individual and household was assigned a number by the system at entry, which was used to track them from year to year and across multiple homeless programs.

The information provided to me for analysis was de-identified and coded with unique assigned client and group numbers. While the initial pool of individuals was limited to those enrolled in outreach or emergency shelter services during the 2010 fiscal year, I was able to track all available service usage data for these individuals at later time points across a variety of
service programs, including transitional shelter, homeless prevention, and rapid rehousing services, in addition to the outreach and emergency shelter programs.

Variables. The Hawai‘i State HMIS tracks the intake and exit dates for all clients enrolled in homeless service programs (outreach services, emergency shelter services, transitional shelter services, rapid rehousing services, and homeless prevention services). Additionally, several of the programs (e.g., outreach) also require that information related to service encounters be entered into the system. These entry, encounter, and exit dates were used to create a series of 60-day interval time-points for each adult in the system, which in turn used as the basis for the latent class growth analysis of developmental trajectories (research question 2a).

Additionally, the database houses information related to individual-level demographic variables, household composition, select background variables, and health-related variables that may be associated with differing patterns of service usage. Select demographic and background variables were explored using a series of multinomial logistic regression in order to assess if those who fall into the different types of service usage classes also vary systematically in terms of these other variables of interest (research question 2c). Demographic variables included gender, age, primary ethnicity/race, citizen status, length of residence in the state, and island where services were first accessed. Data related to family composition average group size and household composition (single, with children, etc.). Relevant personal history variables are obtained at intake to services and included a history of involvement with the criminal justice system, veteran and domestic violence status, educational background, and employment at entry to services. Health-related variables included history of mental health, substance abuse, and physical disability.
**Missing data.** As is the case with many large administrative databases, missing and incomplete data are a concern for this dataset. One likely contributor to missing data is failure on the part of service providers to collect and enter data for all appropriate fields. Additionally, some organizations participate in the database on a voluntary basis and may not submit data related to all fields. Using the classification scheme for types of missing data that is explained in Schafer and Graham (2002), it is likely that most of this missing data can be considered “missing at random” (MAR). That is, for any given variable the reason the data are missing may be related to other variables (such as case manager entering data, the organization, or the program), but is not likely to be related to the missing value itself. Therefore, the present study will follow the recommendations of Schafer and Graham (2002) and use the maximum likelihood (ML) approach to address the missing data. Mplus software offers ML estimates and was used to run all analyses (including regressions) for this reason.

**Data analysis.** Quantitative data were analyzed using MPlus (Version 7) software, which has functions that are designed for latent class growth analysis (LCGA). Number of days spent in each type of service was tabulate for every 60-day interval. A total of 18 time points were used to fit three separate, but parallel, curves tracking service users from entry to service through month 36 were fit for each of the following service types: emergency shelter, transitional shelter, and outreach services (Muthén & Muthén, 2015). Using this approach, latent class growth models were successively fit starting with one class, and select model indicators were used to choose the optimal solution (research question 2a). Geiser (2015) described several factors that should be considered in choosing the number of classes for an LCGA model, including the Bayesian Information Criterion (BIC), mean class assessment probabilities, entropy, and the
number and size of the classes. Each of these factors was weighed with selecting the number of latent classes.

Additionally, both Muthén (2003) and Nylund et al. (2007) discussed the importance of considering “substantive” theoretical information when making model fit decisions. Thus, information gleaned from the stage one qualitative interviews was used along with the BIC and other factors to weigh the “best” typological model to describe the HMIS data. Feedback provided by the stage three qualitative analysis was also used to judge the appropriateness of the class solution chosen for the typological model as necessary.

After deciding on the number of classes for the LCGA model, individuals were assigned to their most likely class, class proportions were determined (research question 2b), and a series of four multinomial logistic regressions were run to determine if any demographic, family composition, background experience, or health related variables were associated with class membership (research question 2c). These results were then used to form rough profiles of class membership (research question 2d). In addition to the 36 month span used in the LCGA model, there was also service data available for year 4 (months 37-48). Using this data, a dummy coded linear regression model was run to determine if class membership was able to predict higher rates of service usage in year 4.

**Stage 3: Follow-up Qualitative Data Collection**

**Participants.** All original 18 participants from stage one of the study consented to be contacted again for the follow-up interview. A total of 13 of these original participants (72%) completed the follow-up interview. All but one service provider from the original group participated in the follow-up interview ($n = 8$). The service users were more difficult to contact for follow-up, but a total of 5 of the original 9 service users participated in the follow-up portion
of the study. At least one service user and one service provider from each of the original 3 counties (the City and County of Honolulu, Maui County, and Hawai‘i County) participated in the second interview. Slightly more female \( n = 3 \) than male \( n = 2 \) service users participated in the follow-up, but the gender proportions were even for service providers \( n = 4 \) for each. There were no other noticeable demographic differences between those who did or did not participate in the follow-up portion of the study.

**Measures.** Participants were presented with preliminary findings from the first two stages of the study and were asked to discuss:

1) Areas they agreed with or that made sense to them according to their experiences.

2) Areas that they disagreed with or were not sure about.

3) Anything that might be missing.

The presentation of the findings included visual aids and was designed to be as clear and uncomplicated as possible. For example, colored index cards were used to show the user-generated themes from the qualitative results and graphs with select bullet points were used to show service patterns from the quantitative results.

**Procedures.** When preliminary results from stage one and two were ready, all original participants were approached (via phone calls, emails, or preferred contact methods) and were asked to participate in the follow-up portion of the study. Some of the service users did not have phone or email access and so directed me to re-contact them through a service program. Because I was not able to collect direct contact information from all of the service users, re-contacting them was more difficult than it was for the service providers. I made at least 2-3 attempts to contact each participant.
Once I was able to reach participants, I informed them that preliminary results were ready and that I wanted to talk to them about their reactions to these results. I met with them at a time and location that was mutually agreeable, usually at a service location or public space (coffee shop, etc.). Most of the Stage 3 follow-up conversations happened via individual interviews. However, for a few select service providers who were willing, I did conduct one focus group. I again completed either a written (for service provider) or verbal (for service user) consent process with each participant and obtained formal permission to record the interview (see Appendices F and G for IRB approved consent forms). All interviews and focus groups were audio recorded, transcribed verbatim, and stored on a password-protected computer with no identifying information connecting the audio file with the participant. Each interview went through a three-stage transcription process: initial transcription by primary investigator or student research assistants, a second check of the transcript by a different individual, and a final check by the primary investigator. Interview data were analyzed and reported in such a way as to insure participants could not be identified.

**Analysis.** Stage 3 interviews were analyzed differently from the original set of qualitative data. Because the interviews in Stage 3 centered on discussing results rather than generating novel data, the analysis process was more simplified. The content in the follow-up interviews and focus groups was sorted into statements in strong support or agreement with the findings, statements that questioned one or more elements of the preliminary findings, and statements that added to or expanded one or more aspects of the preliminary findings. Most of the interview content supported the original framework presented to the participants, so rather than present these findings as a separate set of results, select participant observations from the Stage 3
interviews will be incorporated (with the source clearly indicated) into the results from Stages 1 and 2.
Chapter 4. Results I: Qualitative Interviews

The qualitative interviews from stage one were analyzed using an iterative process of thematic coding. First, transcribed interview content was sorted into five major researcher-imposed categories using Nvivo for Mac Version 11.1.1 software (individual and family level factors, organization and program level factors, system level factors, community and society level factors, and service provider input about the HMIS database). Below is a brief description of each of these categories and what kinds of interview content might generally fall into them. After sorting the interview content into these five major categories, each category was then sorted into in vivo themes that further specified the factors that could influence someone’s homeless experience. Following an overview of the five major researcher-derived categories, the analysis of these categories will be presented in more detail along with their constituent themes, each of which will be illustrated with representative or particularly descriptive examples of participant comments related to that theme.

Overview of Five Major Categories

Individual and family level factors. Participants were asked about various factors that might impact one’s ability to leave homelessness and become permanently housed. Many of the factors that were described in the interviews related to characteristics of the unit (either a single person or family) that was experiencing homelessness. For example, several participants discussed substance abuse or addiction issues as something that can get in the way of trying to leave homelessness. In general, this category focused largely on factors that might influence why one individual or group may have different experiences of homelessness (either for better or worse) than other groups or individuals.
**Program or organization level factors.** This category focused on what individual programs or organizations were doing that might influence the trajectory of someone’s homeless experience (again, for better or worse). For example, a few service users discussed how negative experiences with service providers impacted their future willingness to accept services or reach out for help. Conversely, service users and service providers alike discussed strategies or experiences with homeless services that they thought were particularly helpful. These comments of what participants thought worked or did not work when attempting to provide homeless services were then grouped into broad themes. Based on some of the follow-up conversations with service providers, these themes were intentionally framed positively. That is, where criticisms were offered, these were used to inform what an opposite, intentionally helpful, strategy might look like. For example, where participants discussed negative experiences with bed bugs, these comments were coded into a theme related to the feeling of trust or safety that workers and settings could generate (or not) to be more effective.

**System level factors.** While individual programs and organizations can greatly impact the homeless trajectory of individuals and families, these programs are situated within a larger system of homeless services. How this system operates as a whole can also greatly impact how various groups experience homelessness (either for better or for worse). The system-level factors category included participant discussions about how the homeless service system and other related systems were operating and how they could impact the journey of individuals and families through the system and into permanent housing.

**Community and society level factors.** Because this project takes an explicitly social ecological approach, careful attention was also paid to participant descriptions of macrosystem factors that could influence homeless experiences in the State of Hawai‘i. Often in discussions
with participants these factors were thought of as features of community functioning or as societal issues/problems. The most frequently discussed community-level issue was a lack of affordable housing in the state. Additionally, participants discussed issues related to public perception of homelessness, including community willingness to help the homeless, as well as how public policy and other large social issues can impact the experience of homelessness in the state.

**HMIS information.** In addition to the four categories above, which were derived from a social ecological perspective, a fifth category was added to capture participant discussions regarding their experiences and knowledge related to quality of information available in the HMIS system. This category was represented only in service provider interviews and focused on questions intended to gather information about what types of data are useful in the HMIS and where there might be holes or gaps of information. This category was intended to use the real world knowledge of the participants to add an extra layer of information about the data source (HMIS) used in the quantitative portion of the study.

**Important notes.** Before presenting the qualitative analysis results below I find it important to include a few notes about the various analytic decisions made during the process of coding. First, it is useful to keep in mind that these categories are not necessarily discrete or mutually exclusive. Rather, they represent an attempt to organize the complicated and interrelated factors that participants thought would likely contribute to the various different experiences of homelessness in the state. The various levels above are nested within each other. For example, often individual-level factors, such as mental health issues, are significantly impacted by organizational, systemic, and community approaches to understanding or addressing that individual-level factor.
Second, the coding structure and interview content should be considered in relation to the overall aim of the interview questions. One of the major goals of the qualitative portion of this study was to provide “on-the-ground” information about which of the many pieces of data available in the HMIS database might be productively harnessed to better understand different service patterns in Hawai‘i. Because most of the available information in that system is gathered at the individual and family level, this level of the qualitative analysis provides the most concrete direction for the quantitative portion of the analysis (for more on this see Results II below). Therefore, the interview questions were generally aimed at the individual and family level and this was by far the most robust category. The higher levels of influence, such as organizational, systemic, or community level factors that might impact one’s homeless trajectory, are much more difficult to quantify.

However, my concern in focusing too heavily on individual and family-level factors as the primary variables in considering homeless trajectories is that this may result in subtle victim blaming and/or erases the many contextual factors that shape the ways in which individual level factors exert their influences. For example, being a member of a nation within the Compact of Free Association or identifying as Micronesian likely impacts someone’s homeless experience at an individual or family level, but this impact is shaped by higher level influences such as their interactions with service programs and whether these programs are culturally relevant to them, how well the homeless service system as a whole is able (through appropriate funding, etc.) to support programs in their service of this population, and societal and community attitudes and actions (through public policy initiatives, etc.) towards this often stigmatized group. To say that a Micronesian homeless person tends to follow a certain trend of service use while ignoring the
many complicated systemic and structural forces that shape this behavior is not only an incomplete story but may further stigmatize an already marginalized group.

Additionally, participants themselves seemed to recognize the need to contextualize our discussions of the patterns they see in homeless trajectories. They often pointed to organizational, systemic, and society/community level factors that might explain or affect the experiences of homelessness in Hawai‘i. Because of this, I have included these observations of higher-level factors in my qualitative analysis. However, as noted above, these higher-level themes are less extensively covered than the individual and family level theme because 1) they were not the explicit focus of the interview questions, but rather represent spontaneous participant observations and 2) while informative, it is difficult to link these factors in concrete ways to the quantitative aims of the project.

Thus, the program and organizational factors, systemic factors, and community and society level factors discussed below should not be considered an exhaustive or complete exploration of influences at these levels, or even a full representation of participant thoughts on these subjects. Such a project would entail a much more direct and thorough interview protocol engaging participants in deeper discussion on these topics, as well as some effort to examine archival and other data to triangulate and support the validity of these higher-level influences. As this is, of course, beyond the scope of this study, the following sections serve as the beginning of a discussion around how we can start to think about the ways in which our programs, systems, and community practices and attitudes are variously impacting the trajectories of different sub-populations of homeless individuals. It is important to include this preliminary discussion in order to ground the individual level factors within a framework that shifts focus away from victim-level explanations of differing homeless experiences.
A final note is in order regarding how the stage three follow-up interview data were used to inform the final analysis. While the four level category structure was researcher-generated as a theory-based construct and imposed over interview content, at the follow-up interviews there was near universal endorsement of this overall organization of the factors influencing homeless experiences. In fact, in coding the follow-up interviews it was clear that the majority of the comments expressed agreement with the categories and themes presented. The following passages illustrate the general tone of the participant feedback regarding the qualitative results:

*I mean it’s exciting research you’re doing, for sure. It’s interesting to see, like, it all kinda overlap with each other, you know?* (Service Provider, hereafter noted as SP).

*Uh, no I’d say that’s a pretty good constellation of things (5 second pause). Economic factors is also whether you have a job, and income? [Interviewer: Yeah. Or sudden loss of a job could really impact you, those kinds of things]. Yeah. That’s a pretty good constellation of things (SP).*

*So, I feel like this is all going in a good direction* (Service User, hereafter noted as SU).

*No, this is a good. You got a good set up going* (SU).

Therefore, while researcher-generated, the near unanimous participant endorsement of the four-level structure lends support to its meaningfulness as construct for organizing their experiences. Because the majority of participant feedback in the follow-up interviews was affirmative (and therefore often redundant), the analysis below will only include follow-up interview data that either questions or significantly expands upon the original themes. Wherever the stage three follow-up data are included, it will be clearly noted as such. For any one particular theme if no follow-up data are included, it can be assumed that follow-up comments were generally in line with the original content as presented. Table 1 indicates the themes and subthemes that were found under each researcher-generated category. It also indicates how many
of the first round interviewees (broken down by service providers and service users) discussed issues related to the various themes and subthemes.

Table 1. Number of Participants who Discussed Each Theme and Subtheme During the Stage 1 Interviews.

<table>
<thead>
<tr>
<th>a priori Category</th>
<th>Theme</th>
<th>Subtheme</th>
<th>Initial Interview Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual and Family Level Factors</td>
<td>Demographic Characteristics</td>
<td>Age or developmental stage</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ethnic/Cultural Group</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Household Composition</td>
<td>6</td>
</tr>
<tr>
<td>Background Experiences</td>
<td>Criminal Justice</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Veteran Status</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Economic Factors</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Health Related Issues</td>
<td>Physical Health Issues/Disability</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Mental Health</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Substance Abuse</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Personal or Social Characteristics</td>
<td>Social Support and Important Relationships</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Willingness</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Program or Organization Level Factors</td>
<td>Comprehensive Support</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Trustworthiness</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Requirements</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>System Level Factors</td>
<td>Bureaucracy</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Funding</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Collaboration</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Approaches to Homelessness</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Related Systems</td>
<td></td>
<td>9</td>
</tr>
<tr>
<td>Community and Society Level Factors</td>
<td>Affordable Housing</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Community Willingness to Help</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Public Policy</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Symptoms of a Larger Problem</td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>
Individual and Family Level Factors

Because what you have a lot of times in homeless services is- sometimes, for myself, a lot of time I get the feeling that the only thing that a lot of the folks that we serve have in common is that they don’t have a home (SP).

The following themes were derived from participant observations related to individual and family level characteristics that may impact the experiences of homeless households. All 18 participants discussed at least one (in most cases, several) of the following individual/family level factors. However, the coverage of each theme varied from participant to participant depending on his or her experiences with different populations of homeless individuals and families. For example, those who worked with mainly single individuals who were chronically homeless might focus more on the impact of mental health and substance abuse issues and those who worked mainly with families might be more likely to discuss childcare issues or the struggles of single parents. Indeed, one aim of recruitment was to ensure a broad range of opinions by including participants with a variety of experiences and background characteristics. It is natural, therefore, that when asked to discuss the factors that might influence one’s homeless trajectory, participants offered a range of ideas based on their own experiences and interactions. This often resulted in some unevenness of theme coverage. That is, a participant who has little contact with veterans, for example, may not immediately offer “veteran status” as an important factor that significantly impacts one’s experience of homelessness. However, that all of the subthemes were almost universally endorsed by participants during the follow-up interviews lends support for their inclusion in the final analysis. That is, while participants may not have initially thought to point out veterans, for example, as a particularly important sub-population, all seemed to agree that it should be included as a factor which may impact one’s homeless trajectory.
Some of the following factors were thought to present special challenges and some were thought to provide protective advantages. In some cases, participants (as a group) seemed ambivalent about certain factors in terms of whether they were thought to have a helpful, harmful, or neutral impact on one’s ability to obtain permanent housing and leave the homeless service system. Because of the large number of participant-generated individual and family level topics (11 total), four overarching themes were created to organize this content: demographic factors, background experiences, health related issues, and social/personal factors. These four overarching themes were researcher-generated and imposed on the content after the follow-up interviews. It is highly likely that participants would each prescribe differing hierarchies of importance in terms of which of the following themes and subthemes are most influential. Therefore, establishing an order of importance for these themes was intentionally avoided. Wherever applicable multiple perspectives will be offered to highlight differences in opinion as to the relevance and importance of each factor.

**Demographic characteristics.** Each of the 18 participants mentioned at least one subtheme related to the demographic characteristics of homeless populations. Age or developmental stage \((n = 11)\), ethnic or cultural identity \((n = 12)\), and the composition of the homeless household \((n = 15)\) were mentioned as factors likely to impact one’s homeless experience. Table 2 indicates the number of service providers and service users who discussed each subtheme.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
<th>Initial Interview Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td># Service Providers</td>
</tr>
<tr>
<td>Demographic Characteristics</td>
<td>Age or Developmental Stage</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Ethnic/Cultural Group</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Household Composition</td>
<td>6</td>
</tr>
</tbody>
</table>
Age or developmental stage. When talking about particularly vulnerable populations, 11 participants mentioned age or developmental stage as salient features that may impact one’s experience of homelessness. Most frequently they discussed youth/young adult and elderly clients as populations that might have unique or particularly challenging experiences of homelessness. For younger homeless populations, participants (service providers and service users alike) discussed the unique risk factors that youth tend to have. Family dysfunction, involvement with child protective services and/or foster care, and abuse or neglect were discussed as risk factors particular to youth homelessness:

_Not everyone who comes through the door at CENTER\(^4\), but a lot of the ones that come through the door at CENTER, they’re system kids. They’ve been in foster homes and group homes and they’ve failed at home and they’ve failed at school and they’ve kinda crashed and burned through the system and they end up down here after kinda everybody’s sort of given up on ‘em. And they’re really the square pegs that don’t fit in the round holes (SP)._

In addition to experiencing unique risk factors, youth and young adult populations were also thought to have different service use patterns than other adult homeless populations. Unaccompanied youth under the age of 18 have a unique requirement for entering emergency shelters. According to one service provider, these youth must agree to allow shelter staff to contact their parents or child protective services in order to enter the shelter. Because many youth are not willing to agree to this precondition, they are thought to be less likely to access shelter services and tend to rely more on outreach or drop-in center services than most other homeless populations.

\(^4\) Wherever text appears in all capital levels, this signifies a generic term inserted to mask the identity of specific individuals or organizations.
Young adults, particularly young adult males, were also thought to spend less time in shelter services than other adult populations. According to at least two service providers, youth and young adult service users were more likely to disappear from services abruptly and to unknown destinations than were other groups. Some of these service users may be young “travelers” just passing through. However, local youth who had experienced homelessness in their teens were also thought to be less willing or likely to access adult services later on because they tend not to consider themselves homeless in the same way as the adult populations they see on the street. Additionally, adult shelters may seem scary and impersonal to young adult populations:

*Um, and I don’t mean to talk stink about ADULT SHELTER. Part of it is the way they do things, but the other part is our folks don’t identify- it- “No, ADULT SHELTER is scary. It’s all these old homeless people that talk to themselves.” You know? By definition a lot of our folks are, you know, homeless, but they maybe don’t identify as such. And they certainly don’t identify with the guy pushing the shopping cart talking to himself. That’s- that’s a scary different world for them (SP).*

Finally, in addition to unique risk factors and service usage patterns, youth and young adults were thought to have unique challenges related to stabilizing their housing situation. For young adults (18-24), unemployment, poor job histories, and lack of a high school degree can be major barriers to obtaining stable housing. These may be similar to the challenges faced by other adult populations, but unlike older adults, youth are often less willing or able to rely on other governmental benefits, such as SSI, SSDI, and General Assistance, to supplement their income. Often because of their developmental stage and a history of trauma or poverty, developing a consistent work history and obtaining a lease can be particularly challenging for this group, especially because they may not have yet developed the maturity or skills needed to successfully negotiate these challenging tasks:
A lot of things happened to me.. growing up. I mean, just the emotional factors of cultural differences, drugs, um.. my family was not so big. So, I had a lot of disadvantages as far as, um, networking, economically, uh, drugs, culture differences, navigating that whole system outside of services and within the system-system (SU).

However, it should be noted that at least one participant discussed the experience of finding family and friends to be more willing to provide shelter to those who were younger (youth and young adults) and had lost their home versus those in their late 20’s or early 30’s. The implication of this discussion was that perhaps this younger population can generate more empathy and support from their social systems than other age groups.

Similarly, the elderly were thought to be a population with unique challenges with regards to obtaining stable housing. Some service providers spoke of the difficulties related to ensuring that older adults who were “medically frail” were able to access the supportive services that they need. This often required working with hospitals, insurance companies, and medical case managers. A few of these providers observed that they were seeing more elderly homeless in recent years. Service users also listed elderly individuals as a population they thought might be particularly vulnerable:

*I’m thinking about the older women here, the elderly. Like, they make ‘em wait so long just to get a stupid house. And all they wanna do is just retire and do their own thing. They don’t- they gotta do these classes, and I feel they- the ones that should- they should find houses first. ‘Cause they lived their life. They work most of their life. Now they wanna retire. They wanna enjoy having their grandchildren or children over their house, you know, have, you know, all the family things they used to have before became homeless. You know, they just don’t provide that. Some of the women here, been over a year.. never got housing yet. Now they offering ‘em housing. Why offer ‘em now? You know, I would rather see them in their place as soon as they can, instead of waiting longer and they getting more depressed and more agitated, not sleeping good, you know (SU).*

Some service providers discussed issues related to this population’s “fixed incomes” and the inability of many elderly individuals to work or access higher benefit levels. This can result in prolonged shelter stays because they are unable to reach the income levels necessary to obtain
stable housing. However, others thought that there were now more housing options available for seniors, making them a less vulnerable population:

Um, but, you know, now that there’s more awareness that there are seniors who are out there and so now more agencies are focusing on them and public housing is prioritizing them (SP).

Additionally, some service providers thought that in the competition to find landlords willing to rent to individuals and families who are using housing vouchers, elderly individuals might have an advantage if service providers are able to generate sympathy with landlords in order to convince them to house a “kupuna”.

In summary, most participants seemed to see age as an important factor influencing one’s experience of homelessness. On the whole those on the extreme ends of the age spectrum, youth and the elderly, were thought to be particularly vulnerable populations presenting special challenges and unique experiences. However, some thought that these populations may be able to generate more public and family sympathy, which could enable some members of these populations to receive help and support that others have difficulty accessing. When a brief summary roughly matching the above comments was presented to participants at follow-up, three participants specifically noted age as a particularly salient category in their experiences. Below are sample follow-up comments:

As far as age, I mean, I was part of youth outreach, so if you’re of a certain age, especially under legal—under fourteen, legal age, you’re definitely messed up (Follow-up, SU).

Because for here is the elderly. We just we’re, we’re missing that gap of they can’t stay here no more than two years but yet they don’t qualify for the elderly home because they’re too young, so- or their income or s- you know, so, so there’s that gap that COMMUNITY is missing to provide for the elderly not- you know, still in that gap. And so the age, um, for this one is really high (Follow-up, SP).

---

5 Kupuna is the Hawaiian word for an elder and carries an implied obligation for respect.
**Ethnic or cultural background.** Many participants \((n = 12)\) made at least a passing comment about how one’s ethnic or cultural background might influence their homeless trajectory. Some participants talked fairly extensively about the differences they see among cultural groups in the homeless service system. In this section, I am defining cultural groups broadly to include specific ethnic groups that were mentioned (e.g., Micronesians), but also mainlanders, who often come from quite different cultural backgrounds than most in the islands, but who’s ethnicities were not explicitly mentioned. In fact, upon closer analysis I found that while ethnic groups usually considered “local” in the islands were mentioned specifically (particularly Native Hawaiian and Samoans), the words “White” and “Caucasian” were mentioned only twice (and even then without much substantive comment attached). This is especially interesting given that around 30% percent of Hawai‘i’s homeless population identified as Caucasian/White, a much higher proportion than most major mainland cities.

A full analysis of why participants did not label and explicitly discuss this large segment of the homeless population is beyond the scope of this paper. It is important to note at this point that I (the interviewer) am Caucasian and from the mainland. Perhaps my presence as a White person conducting these interviews made participants reluctant to stereotype or label this group. Another possible explanation for the relative invisibility of Caucasians as a group in the participant interviews is that White people, as a politically, economically, and culturally (if not numerically) dominant group in the islands are often seen as culture-less or ethnicity-less (Talmy, 2010). Thus, participants may not have been thinking in terms of how the culture or ethnicity of Caucasian homeless individuals and families may impact their trajectories.

Regardless of the underlying reason for the above omission, I decided to include mainlanders in this discussion of culture and ethnicity because this label carries at least some
partial ethnic (Caucasian) and cultural (not subscribing to “Local” culture) connotations when used in the context of Hawai‘i (Okamura, 2008). When including “mainlander” in this way, the discussions of different ethnic groups in the homeless service system fall into two major groups: Newcomers (including Mainlanders and Micronesians) and (relative) non-newcomers (including Locals, Native Hawaiians, and other Pacific Islanders).

Participants discussed two groups of newcomers to the islands and the homeless service system: Micronesians (or COFA Nationals) and Mainlanders. The ways in which they discussed these two groups were markedly different, but both served as a counterpoint to the experiences of groups who are “local” or, as one participant put it, “homegrown residence, born and raised” in Hawai‘i. These two newcomer groups were thought to have different trajectories than local residents.

In terms of the homeless trajectories of mainlanders, a few participants discussed a pattern whereby individuals come to Hawai‘i for the imagined tropical island lifestyle and are not prepared for the cost of living once they arrive:

A lot of it are folks who come through- and these are like samples of the ideations- but basically, “Going to Hawai‘i will be really neat. I can stay on the beach and live in a grass shack or go surfing with the beach boys, hang out with some friends,” whatever it is [Interviewer: “I don’t need a place to stay, it’s fine”]. Yeah, “I don’t need a place to stay.” And then they come through and they walk in ABC store and it’s like “Holy Jesus, eight dollars for a gallon of milk!” And they go to Wal-Mart, and you’re like “Oh My God six dollars! I’m gonna go upstairs to Sams Club, five forty nine!” You know, reality kinda settles in. And also you have folks that- that come here seeking ad- adventure a lot of the time (SP).

Others discussed instances where people from the mainland come to Hawai‘i because they are single moms fleeing from domestic violence or because they have chronic health issues and come because of the generous health benefits in the state. Indeed, one service user had lived in
the islands for a number of years before becoming homeless, but was originally from the mainland and indicated that Hawai‘i is perhaps an easier place for those with disabilities:

Yeah, and I’m sure there’s some that move to the mainland, you know, for better opportunities and things like that. I don’t wanna do that right now. Yeah. It’s home for me here and other things are cheaper for me here. Like, it’s really easy to get around without a car. The disability bus pass is like 30 bucks a year. So I’m saving money on transportation. My joints can’t handle cold weather. Mentally, I can’t handle cold weather either. So sometimes for some people it’s still cheaper for certain things here to where it’s worth it. You know, if they can get public housing and whatever (SU).

Those homeless coming from the mainland for health reasons may indeed be at risk of becoming chronically homeless in the islands because they will likely be unable to work and have difficulty affording housing in the state. One service provider did seem to associate new service users from the mainland with more prolonged homelessness, indicating that they were more likely to be “shelter hoppers” than those who are local. However, it is important to note that while new mainlanders may be a distinct group that providers and the public tend to notice, the most recent Homeless Service Utilization Report (Yuan et al., 2014) for the state indicates that in the 2014 fiscal year only 16% of all service users had arrived in the state in the last 5 years. This number includes all newcomers, thus new mainlanders would represent an even smaller portion. However, the proportions of newcomers were not evenly distributed across all the islands. Maui County, for example, saw 22% of its service users arrive in the last 5 years and 10% had been living in the state a year or less (Yuan et al., 2014). Thus, some service providers and service sites might see more new mainlanders than others.

Despite the relatively small portions of newcomers in Hawai‘i’s homeless service system, there persists a common public perception that many in the service system are in fact coming in from the mainland for the purpose of being homeless in Hawai‘i. One service provider discussed this “myth” explicitly:
And, so part of that was ‘cause we tried to make a concerted effort in registering [homeless individuals who were not yet in the system], but then it also helped us to, um, demystify the myth that it’s all people coming from the mainland, yeah? So the majority that we saw, ah, have, um, 10 plus years, 20 plus years. You know, 67 percent, um, are Hawai‘i residents. You know, so that’s the majority. Ten percent are- were homeless, um, were Hawai‘i residency for less than a year. So there is people coming, but at a smaller rate. And so the majority of people we’re servicing is local residents, Hawai‘i residents (SP).

The other ethnic group that seemed to also be implicitly associated as a “newcomer” was “Micronesians” or COFA Nationals. The Compact of Free Association is an agreement the U.S. government has with certain states in the region of Micronesia including The Confederated States of Micronesia, the Marshall Islands, and Palau. This agreement allows the U.S. military to maintain a presence in the area in exchange for the ability of residents of these nations to travel to and work in the U.S. without needing a visa (Talmy, 2010). Because of a history of U.S. dominance in this area of the world and the resulting “economic and political dependency,” many COFA Nationals now come to the U.S. seeking economic opportunity not currently available to them at home (Talmy, 2010). Some portion of those coming is unprepared for the high cost of living and competitive housing market in Hawai‘i and so are at risk of becoming homeless:

‘Cause I- I think in a lot of ways it- it’s a resettlement issue that’s kinda been externalized into homeless services, by virtue of homelessness being a consequence of being low income in a high income, demand area, unfortunately. And so that’s kinda my take on, you know, on that. I know that most Marshallese and COFA, Chuukese nations people up here aren’t homeless (SU).

Several service providers and one or two service users identified Micronesian homeless service users as a particularly vulnerable population. Language barriers and having different cultural and social norms, along with the potential for less social support if they are isolated from family supports, were thought to contribute to their vulnerability. For example, social norms around getting used to a completely cash-based economy (that does not recognize bartering) and
expectations around housing occupancy rates in rental units were cited as potential issues for this population. Others discussed the difficulties that Micronesian clients face in the housing market due to discrimination and stigma:

*Um, well, the Micronesian families would be the next one that I would be- suggest, because, um, yeah, the stigma, um, the thought that more will come. I think I’ve heard that, so even though- [Interviewer: Oh, the landlords are thinking]. Yeah, ‘Cause they said, you know, “I’ve- I did one before, and, you know, and they-.” Just ruins it for the next, right? You have like, “I went to do a site visit and there were like 20 slippers and only 4 people supposed to be in there, and..” Um, so that stigma gets tied to them into the next families (SP).*

One service user did cite Micronesians as one of the more successful groups in getting housing and thought this might be so because they were eligible for more services. However, at least two service providers discussed their difficulty in providing services for COFA Nationals because they are not considered U.S. citizens and are, therefore, not eligible for certain programs and benefits that other populations are able to access.

Thus, Micronesians likely face more challenges and barriers to services and housing than do Mainlanders. Limited eligibility for services and benefits, cultural and language factors, and discrimination are perhaps greater challenges for this group than most other homeless groups. However, both Mainlanders and Micronesians tended to be considered “new” as opposed to “resident” or “local” homeless populations. To the extent homelessness in the public consciousness is associated with newcomers, it is likely that these groups will continue to absorb blame for the problem. When this happens, solutions tend to focus on addressing this subsection of homeless individuals rather than acknowledging the complicated nature of the full problem.

For example, one news report from last year was entitled, “*IHS: Mainland People Looking to be Homeless in Hawai‘i,*” and discussed legislative efforts to pay for flights to return willing homeless individuals back to the mainland (Yoro, 2015). Another report entitled, “*State
Officials: Majority of Kaka'ako Homeless are COFA Migrants,” strongly implies that Micronesian migration is largely responsible for the growing (at that time) Kaka‘ako encampment (Lincoln, 2015).

However, several service provider participants seemed to want to highlight the extent to which the homeless problem impacts local residents, perhaps so that more support can be generated for addressing local factors that contribute to homelessness:

“Um, but we look at our data and say, “No.” You know, they’re not all coming here. I mean, it’s- there’s a percentage, we agree, but most of them are Hawai‘i residents. And it’s because we can’t afford [housing] (SP).

Other providers talked about their observations that Samoans and Native Hawaiians tended to be overrepresented among families who are homeless. One provider discussed the idea that many of these families need a lot of assistance to get to a “normative” level because their income is “below what is required to lease a unit that’s an adequate size to accommodate their families.”

These and other providers point to low incomes and lack of affordable housing (to be discussed below) as major factors affecting Local, Native Hawaiian, and other Pacific Islander families who are homeless in Hawai‘i.

Additionally, while it is likely that the intention of the homeless service system and of most service providers is that all cultural and ethnic groups who are homeless in Hawai‘i get their needs met and successfully exit services at equal rates, in the words of one service user “racism exists.” It exists in terms of sigma and discrimination in the housing market and it exists in terms of institutional and structural forces that have created disproportionate levels of power and privilege among different ethnic groups in the state (Okamura, 2008). A small group of participants, which included at least one service user and one service provider, also discussed how the history of colonization affecting many Pacific Islander groups has impacted the status,
economic opportunities, and, therefore, vulnerability to homelessness of individuals and families within these groups (to be discussed in more detail in sections below).

Household composition. Most participants ($n = 15$) discussed the family composition of the unit experiencing homelessness as a factor that could greatly impact the likely trajectory of that unit. They discussed differing patterns of homelessness between single person households, adult couples without children, two-parent households, single parents, and multigenerational families. Each of these groups will be discussed below along with particular challenges or benefits ascribed to each type of family unit. However, one participant was keen to point out that homelessness can happen to any type of household:

Homelessness is in- is at all different levels. ‘Kay? You have your mental health level. You have people that, um, actually really prefer to be out there on the streets. Um, and then you have the families that lost everything because it’s just hard. Um, and you have the single families, you know? So. Homelessness has no discrimination, you know what I mean? (SU).

While homelessness in Hawai‘i has affected all types of households, many of the participants discussed a general divide between single person households and family households in terms of their homeless trajectories. Indeed, homeless services themselves, such as emergency shelter facilities, do tend to differentiate between singles and families, often having separate shelters for each group. In general, it seems that among participants, singles were thought to be more likely to be chronically homeless than other groups. The federal definition for chronic homelessness requires that one be continuously homeless for one year or more OR have four or more episodes of homelessness in the last three years AND have a disabling condition. The chronically homeless tend to be the most visible population both in terms of their physical presence on the street and in terms of their high rates of service use. One service provider estimated that as many as 40% or 50% of those in their emergency shelter for singles were
chronically homeless. Some services users also observed that the people they have encountered who are more willing to live in unsheltered spaces (street, beach, etc.) and less willing to follow the rules of the shelter tend to be single person households.

In fact, single homeless individuals were almost exclusively discussed in terms of their vulnerability to having a more persistent or chronic experience of homelessness than other groups. In the fiscal year of 2014, 79% of all homeless households served were single person households (7,510 individuals); 17% were households including at least one child under the age of 18; and 4% were family households without children. The same year, about 23% of all those who received homeless services in the state, or 2,439 people, were considered to be chronically homeless. These numbers indicate that while most of those who are chronically homeless may indeed be single, it is inaccurate to assume that most of those who are single are also chronically homeless.

Thus, one challenge for the single-person household population may be a stigma that homelessness for single individuals follows the trajectory of the stereotypical chronically homeless person. This stereotype may result in less sympathy and perhaps fewer resources for the single homeless person, especially if they do not meet the criteria for chronic homelessness (which does usually qualify one for additional services). Indeed, there did seem to be a general impression that families with children tend to generate more sympathy from the public than single individuals:

You know, and working with the kids- you know, people wanna work with families ‘cause that’s a good story, right? Recovery looks great when you house a homeless child, you know? So, it’s hard for me to argue against, you know, giving more money to homeless families, you know? ‘Cause it feels like there’s more investment in that you know (SP).

Another population participants discussed was the adult couples/romantic partners without children (or with adult children no longer living with them) group. One participant
thought that this population might represent a precarious group in that the romantic partnership can be unbalanced in terms of power and/or could dissolve once the couple obtains shelter. If the partnership was advantageous for survival in unsheltered homelessness, it might not be as mutually beneficial once more stable shelter is achieved. This makes it difficult to gauge how to best place these couples for long term success:

*And so that was a lot of what we dealt with in terms of folks wanting to come into the shelter afterwards or seek housing afterwards, and, you know, all that kind of stuff was, what is the durability in this relationship? And why we care about that is that what are the flare ups that we need to mitigate for once folks are placed in housing or they’re inside of the shelter or- you know, that kind of stuff. Is there a latent DV issue that hasn’t been surfaced, that nobody’s talking about that’s gonna spark up? You know, those-those sorts of things (SP).*

However, a service user who represented this population discussed being housed in an emergency shelter with her partner as an advantage both as way to evaluate their future durability and in being able to combine their income sources:

*Um, I live here, my boyfriend and I, and we’re not married. And, you know, I shared with this- the board yesterday that it’s been really rewarding for us because it’s given us the opportunity to live together, to see if we’re going to be compatible for when we get out there, you know? Since we’ve been here, they’ve signed us up for, um, housing next door... transitional housing (SU).*

Additionally, at least one service provider thought that this population may have an easier time getting housing than either families with children or single individuals if each adult were able to generate some sort of income in order to increase their overall household housing budget.

Some of the overall ambivalence regarding how successful the adult couples without children population tends to be may be related to the resources available in a particular service area. For example, one participant observed that families and single parents with children tended to be more successful in getting housing than were couples and singles because on the leeward side of O‘ahu there are very few shelters available for singles and couples versus families with children. This lack of shelters makes it harder for these populations to get access to the housing
services that shelters can offer. Thus, the availability of services targeting each population in a particular service location may have a significant impact on the likely success of those populations.

There did seem to be some general agreement among participants that families with children tend to have more success in getting housed than other household types. Participants listed two major reasons for this higher level of success: greater availability of services and greater motivation. Some participants discussed the fact that they thought families with children might receive higher priority for services than other groups. For example, an emergency shelter service provider discussed the fact that they made it a service priority to exit families from the shelter as quickly as possible in order to get them into more stable shelter (transitional or permanent housing). Additionally, most of the service users who discussed this, even those without children, endorsed the idea that children should receive higher priority for housing:

I’d rather the kids get in first with the family, you know. So they can make it. ‘Cause it’s the kids that’s our future, you know? Like me, I can still hang out in the sun and, you know, whatever (SU).

Indeed, several of the transitional shelters available in the state exclusively serve families with at least one minor child. The transitional model provides stable housing, often in the form of a stand-alone unit, for up to two years, during which time the family can work towards obtaining permanent housing. This is a service type that is less available to singles and couples without children. Therefore, there does seem to be some support for the idea that there are more services available to families with children than other groups, potentially making them a more “successful” population in terms of housing. However, at least one service provider discussed a concern that statewide policy pushes to address chronic and veteran homelessness (both mainly
single person populations) may be resulting in fewer resources now available to address family homelessness.

Another reason that service users and service providers alike listed for the greater housing success of families was the motivation that parents have to work hard at obtaining housing because of their children:

*But then I come as a single mom. You know, so being out there on the streets is not an option for myself nor my kids. You know, so I am gonna, you know, I’m gonna make every attempt to better our lives, which I have, and to move forward, which we are. You know? (SU).*

Having children or being pregnant were thought to be strong motivations for families that may make parents more willing than those without children to do whatever was necessary to obtain shelter and then permanent housing.

A few participants discussed observations related to how family homelessness in the state tended to be demographically different from single person homelessness. One transitional shelter provider discussed the fact that they do tend to see parents with a history of some complicating problems, such as substance abuse, criminal history, or involvement with child protective services, but thought that children can help keep parents motivated to “stay on track” and leave their past mistakes behind them. Thus, while complicating issues are present, family populations may experience them with less intensity and frequency than single homeless persons. For example, one participant commented:

*They might have some pieces of that, but I deal with families and they tend not to be those people. But the ones that are living- um, like singles that are living in town or Chinatown or whatever, those guys, and some gals, might have more mental health issues (SP).*

The family homeless population was also thought to be more ethnically diverse than single person households, with some participants discussing higher proportions of Pacific Islander, COFA, Native Hawaiian, and Locals within family populations. It is possible that these families
tend to be disproportionally economically disadvantaged, leaving them more vulnerable to homelessness. Indeed, others observed that many families who are homeless may have one or more employed adults, but are not earning a “livable wage.”

While the homeless families population may have some advantages in terms of services and motivation, they also have some unique challenges that single persons and those without children do not have to face. One extra financial strain that families with children often experience is the need to devote resources to childcare. Childcare was discussed with some frequency as a major stress for parents. Parents often are limited in the employment opportunities they can accept because they have to plan around school days and available childcare. Additionally, single parents discussed the strain that even minor child illnesses can present in that they often require the parent to miss work and forfeit their hourly income for that day. At least two participants advocated for more availability of childcare at shelters.

While a few participants mentioned single parents as a population with greater potential challenges regarding income and childcare, others observed that they often saw single parents who were very successful. It would seem that a two-parent household might have an advantage if both parents are able to generate income but that perhaps that is often not the case:

Well, usually the two parent households would ideally help. But just ‘cause there’s two adults doesn’t mean that both are working. Um, childcare is a huge problem. They need somebody to watch the children. Um, so I have had single moms do really well ‘cause they happen to get the right job and happen be in the right location and maybe their boss happens to know some place where they can get a house for a reasonable price. You know, so it’s kinda like luck. Ya know? Um, I have had two parent households that both have gotten out there and gotten good jobs and done really, really well and found a place and they’re still fine. Um, there’s no- I can’t say right now there’s a real definite, this kind of person is gonna do better and I can guarantee that they’re gonna be okay (SP).

Additionally, in one participant’s observation single mothers may receive higher priority than single fathers, perhaps indicating a gender bias towards helping women in need.
Another challenge that may face particular family populations is obtaining affordable housing large enough to accommodate the family. Several service providers discussed their difficulties in helping larger families find appropriate housing. One participant described a “two person per room preference” on the part of landlords and the challenge this can present for larger families. Another participant described a lack of inventory in terms of larger apartments and houses. Large family sizes may include high numbers of children or may include extended and multigenerational family configurations. As a larger family size can often present additional challenges to finding housing, it can be difficult for multigenerational families to stay together when looking for housing:

Um, which is sad, because, you know, I mean, I grew up in a multigenerational home. So, yeah, and it helps with, um, childcare and there’s support, you know, parents are working. So I understand, yeah, the multigenerational, um, but so it’s hard to find larger homes in our community. So they- they tend to wait it out, you know, until, like, they can’t wait it out anymore, ‘cause they can’t just bear living in the community - living in the shelter. But they tend to just keep waiting it out and, um- [Interviewer: Hope for something to come up?] hope- yeah (SP).

In addition to the childcare and housing size challenges, homeless parents also face the challenge of worrying about how their circumstances are impacting their children. Therefore, one of the biggest concerns with family homelessness is, of course, the effects of homelessness on the children:

It’s like- it’s hard on the parent, but think about it, how it’s hard on the kids also. They don’t have a s- they don’t have this stable home, you know, to live. So it’s like as a parent you’re worrying about your child because already they- you’re not stable. You know, well, some children will misbehave because of their foundation, it’s broken. Their family is broken (SU).

In fact, a few participants mentioned the risks of intergenerational homelessness, with kids coming back to shelters as adults. It can be difficult to escape the cycle of poverty:

The kids don’t have to be out there. It’s psychological to them more than it would be for us adults. Kids would be grown up like- like, my son’s friend that, he went to the shelter this time, he said, “Oh, I remember when I was in here in 2000 with my mom and dad.”
And I’ll was like, “Really?!” That’s all they remember is their childhood growing, in this—like this, instead of having a home, where they can celebrate the holidays, go to school like normal kids do (SU).

There are certainly different concerns and challenges for different constellations of homeless households. Children seem to present unique stresses and challenges, but may also be a source of motivation for parents to work harder to get out of homelessness. Participants seemed to see differences in demographics and likelihood of obtaining housing for different groups (singles, couples, families, etc.) of homeless populations based on household type. This is one area in which the quantitative portion of the current study can provide further information and insight regarding the differing patterns of service use and the demographics between these household types (see Results II).

**Background experiences.** Several of the participant-generate themes fit within the overarching category of “background experiences.” These included past or current experiences with the criminal justice system \((n = 9)\), military service \((n = 8)\), level of formal education \((n = 5)\), and various general economic factors \((n = 13)\). Table 3 presents the initial interview coverage of these background experience subthemes.

Table 3. Initial Interview Coverage of Background Experience Subthemes.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
<th>Initial Interview Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td># Service Providers</td>
</tr>
<tr>
<td>Background Experiences</td>
<td>Criminal Justice Background</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Veteran Status</td>
<td>7</td>
</tr>
<tr>
<td></td>
<td>Education</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Economic Factors</td>
<td>7</td>
</tr>
</tbody>
</table>

__Criminal justice background.** When they were discussed in interviews \((n = 9)\), homeless individuals (both singles and those in families) who have a history with the criminal justice system were almost universally thought to be one of the most vulnerable homeless populations.
When asked about who might have the hardest time leaving homelessness and getting housed, one service user replied:

*People with felon. A lot of felons, like.. they’re- I don’t know, it’s so weird. Like, the system will tell you, “Oh yeah, you know, you can get a second chance!” And, you know, this and that. And they throw you in society and nobody hires you. And nobody- the government doesn’t wanna house you (SU).*

Several service providers talked about a lack of supportive services for this population and their unique challenges related to obtaining employment and housing. For some housing programs, having a criminal record is a disqualifying criterion. Even youth who have committed shoplifting or petty crimes can have difficulty with obtaining employment and getting into desirable programs, such as JobCorps. Additionally, service providers and service users alike observed that landlords tend to be reluctant to rent to those with a record. For example, one single father described his experience of searching for housing:

*Especially with a background, you know. That’s... the only thing that kinda slowed my motivation down. You know, at times I was, like, kinda bummed out. You know, “I got this! I’m, like, so excited!” And then go into the interview and then they tell me, “Oh, you got a background?” “Yeah.” “Okay, well we can’t -we can’t allow you here.” You know, and I’m like, “Why?” You know, it’s not like- I gotta ten year old son I’m raising and how can I be out doing crime and raising my son, you know? (SU)*

At least three service providers spontaneously mentioned sex offenders as a population that tends to struggle the most. Those who have a record of sexual offences have to register their living address publically, and landlords are likely particularly reluctant to accept this kind of “liability.” Additionally, there is often a good deal of stigma against sex offenders, which can result in very little public concern or compassion and fewer chances to reintegrate into the community.

*Veteran status.* Veterans, as a homeless subpopulation, were mentioned with moderate frequency ($n = 8$) in participant interviews. Some participants discussed veterans as a particularly vulnerable population in need of more services because they are thought to often struggle with
mental health issues (e.g., PTSD) and/or substance abuse issues. Additionally, a few participants mentioned a failure to provide adequate support services on the part of the Veterans Affairs Office as a contributing factor to the difficulties this population might face. For example:

*Um.. I have one friend that, he has, um- he was in the service- with P-, um, PTSD, and he’s dealing with other things, and.. You know, like, for him, it’s like he has a hard time trusting the system. ‘Cause the system doesn’t- just did him wrong, you know. So- in- in a lot of ways, like, he was asking for assistance and they’re like, “Oh, no, no, you are.. you’re fine.” You know? Like, that kind of stuff. Just because somebody might look fine, they might have issues on the inside, you know. Either here [indicating head] or whatever, you know, so. And they- they need to deal with that. And it’s like, the system just failed them. You know, and then other groups came to him and said, “Oh, yeah, we’re gonna help you.” And it didn’t work out, you know. I do see the VA stepping up, and, like, they’re doing really good now, and so. I really want him to be open-minded too, so, you know, to those type of things, you know? (SU).*

In the comment above, the participant notes that perhaps veteran services are getting better and “doing really good now.” Others echoed this sentiment and cited the recent state and national policy push to address veteran homelessness and the resulting greater availability of services and housing vouchers for this population as contributing to better quality services in recent years. Some service providers discussed veterans as a population that is stereotypically associated with chronic homelessness, but seemed to express hope that that was changing:

*I used to make a statement that I don’t know if it’s true anymore, but I used to say that vets tend to fall into that category of people who are chronically homeless, um, it’s a lifestyle, and they are less and less, um, interested or in need of outreach or homeless services. Um, but I don’t think I can say that anymore because since we’ve gotten our vet contracts and I s- have had the opportunity to look- a- uh- up close, more vets, um, that’s not true. ‘Cause we’re- our outreach team is bringing them in now more (SP).*

Indeed, others discussed their recent success in serving veteran populations. When asked who tends to be the most successful in getting housed and leaving homeless services, one service provider responded simply,

*Um, those with resources. So, I mean, like veterans: we’ve doubled our numbers in getting them into housing because of the HUD-VASH voucher (SP).*
However, it is important to note that the recent influx of services and support for veterans may not be evenly distributed across the islands as at least one neighbor island service provider mentioned that they were still having difficulty finding adequate services for veterans.

In all, it seems that veterans do tend to be considered a more vulnerable homeless population, but that, at least in recent years, there has been more public sympathy and support for them as a group, perhaps setting them apart from other homeless populations. In fact, one provider discussed their strategic recruitment of landlords who have “bleeding hearts for veterans,” meaning they are more willing to give veterans a chance at housing because of their service history. Thus, perhaps recent increases in funding and services marked specifically for veterans, along with a higher level of public goodwill, is beginning to improve the outcomes for this sub-group.

In the follow-up interviews a few participants expressed specific concern about veteran homelessness. Several agreed that as a group they are experiencing an increase in service availability, and the HUD-VASH (the Veterans Affairs Supportive Housing Program) vouchers were seen as particularly helpful in providing new funding for housing veterans in permanent supportive housing. However, one participant mentioned that despite the higher levels of services, navigating the crossover between the VA system and other services was still “difficult.”

The following passage illustrates some of the issues that mix together to make veteran homelessness a special instance within the service system:

*Um, ahh, a vulnerable- being a veteran? Man, they have a lot of resources but navigating the VA. So- I mean, a perfect case in point is this whole initiative to end veteran homelessness. Man, the amount of co-ordination that- not- w- well was shoved down providers’ throats to address veterans, people we had come here, important people to address the need to, you know? I mean, it was pretty impressive, right?...And as far as veterans, they have, I mean a lot of resources there, you know. So I look at being a veteran as having a plus. Um, but it is- a- I can see that being a negative because of the separation of service being kinda sticky...I mean, in general, they- that voucher is as*
secure as- I mean that will never run out that federal voucher- that housing assistance you know? You can look at programs like PROGRAM. It’s very much, you know, every term they’re being considered, “Do we wanna consider housing?” But you don’t ever hear about veterans- losing funding for housing veterans. You know, so it’s more vulnerable in the sense like, you know it’s like, it provided a valuable service to our community and they’re more thought of higher. So if putting the same category, it’s more depressing, right, because they’ve done so much to support (Follow-up, SP).

This passage indicates that veterans as a population have some advantages in that there is now a high level of services available to them, as well as strong political and public sympathy towards them as a population. And, given their service to the country “it’s more depressing” that they have become homeless in the first place.

Education. Education as a factor influencing homeless trajectories was only mentioned by a handful of participants (n = 5) during the initial interviews. However, because 1) these few participants did cite it as important during their stage one interviews and 2) when it was presented as a theme to the participants in the stage three follow-up interviews it was often endorsed as important or generated useful discussion, it was retained as a theme for the final results. Education was discussed most frequently as a protective factor. Conversely, participants described concerns about low levels of formal education, especially lack of a high school diploma, as a major risk factor for the low-paying jobs and lack of income-generating ability that can make it very difficult to leave homelessness:

You know, and so educ- lack of education is a problem. You know, a lot of them dropped out. Um, I do have high school degrees. I do have college degrees, but rarely. Yeah, education is a big thing. [Interviewer: So, a- a large chunk of the people you’re seeing don’t have- have never graduated high school.] Right. Yeah, some have reading disabilities. You know, or just slow reading abilities, comprehension (SP).

Lack of education was also thought to impact the skills and abilities one has on hand to navigate complex service systems. If, for example, as discussed in the comment above, some adults have difficulty with reading skills, this could negatively impact their successful navigation
of all the paperwork, opportunities, and options that might require one to have good reading skills. One service user pointed this out specifically during a stage three follow-up interview:

Participant: That and also just the, um, like, you know, all these programs and services you have- you know, if you think about it, if you have a better education you get, you know, a little bit more further in the programs than a lot of people.

Interviewer: Yeah, you have maybe the skills to do all the things that you gotta do.

Participant: Yeah, yeah. You deal with all the paperwork, you can see-.

Interviewer: You’re more used to the papers and [Participant: Yeah] yeah. I can see that (Follow-up, SU).

Because of the advantages thought to go along with education, a few participants discussed taking advantage of GED and other education-enhancing programs in order to improve their outcomes. However, it is important to note that higher levels of education cannot necessarily guarantee success in increasing income and/or leaving homelessness. For example, one participant discussed the fact that having a disability that prevents one from working can negate the benefits of a post-graduate degree. Additionally, during the follow-up interview a few participants from a focus group seemed to disagree with the idea that education can improve employment opportunities in Hawai‘i:

I just- I guess what I would say about this education thing is, um, maybe I’m jaded and maybe I don’t understand the issue in enough detail, but I think that the job market in this state is so lopsided that I’m not even so sure education would even- factors into it. You know, you could have a Bachelor’s degree and still be workin’ at ... fast food or a hotel, working in the service industry with your Bachelor’s degree (Follow-up, SP).

This provider and others in the focus group argued that some fairly secure and high-paying jobs in the state do not require college degrees, and because of the limited employment options for those with a college degree, higher levels of education do not necessarily garner higher paying jobs in that context.
One participant in this follow-up focus group suggested a slight modification to the characterization of “education” as important with regards to homelessness:

*I was waiting for this one to come up* [indicating education level] *and it did, but a more specific way of representing this concept would be employability. Um, job skills. Um, job readiness. Um, we have a lot of very able bodied, uh, COFA [Compact of Free Association] men, they live in our shelter on a given day, but they just don’t have the basic social skills, social tools, social orientation, um, to even approach.* [Interviewer: *Job placement in this culture, right?*] *Correct. Even just-I mean some of them are good about going in, just doing under the table labor kind work. Um, but many just don’t even have a orientation to their environment to even be able to go do that. Um, and I- I don’t think it’s because they’re lazy. I think it’s a cultural thing ‘cause I think all things going equal, men in particular in that culture, um, as much as any culture, there it should be an intrinsic put-drve for them to do that, and so one explanation for why they don’t do it more, um, is just because they just don’t have the language- and the fundamental concepts in place about like how the hell you go about getting a job* (Follow-up, SP).

The original education category, however, was retained as is because it did seem to resonate with other participants and because while higher degrees may indeed have little if any impact on income generating abilities, lack of a high school education likely does represent a significant barrier to many lucrative employment opportunities.

*Economic factors.* Whenever participants discussed economic factors that could impact one’s homeless experience but were not linked to other factors (i.e., age, criminal history, disability, etc.), their comments were coded under the theme “economic factors” (*n = 13*). It is important, however, to acknowledge that economic factors likely underlie many of the other issues that were discussed as individual and family-level factors that potentially impact one’s homeless experience. In other words, many of the factors here can be at least partially traced through their mediating impact on one’s ability to generate income. For example, both age and criminal history are factors that can impact one’s ability to get employment and generate income, which then impacts the ability to obtain stable housing. This is one way in which teasing out the
various factors that influence homelessness can be complicated and is a process that often resists discrete, clean categorization.

One way in which economic factors were discussed as a general issue unlinked from other factors was when some of the service providers highlighted a group of service users who have mainly economic issues and often do not need a lot of supportive services. These individuals and families were described as having simply run into “some confluence of bad factors” that led to their homelessness. As this group was seen mainly as just having fallen “on hard times,” a few of the service providers listed this group as the most likely to obtain housing and leave services quickly:

*Um, so it’s all those people who you would guess: people who have a lot of protective factors already in place and that their homelessness was circumstantial, and they were able to, um, address those circumstances in a relatively short period of time and get back on their feet (SP).*

In this way, having a reliable source of income or being able to quickly re-establish a reliable source can act as a protective factor and help shorten homeless stays. However, in order to provide this protective function, reliable sources of income need to be high enough to access housing. Some providers discussed concerns that those with few complicating problems and mainly economic issues could still struggle to leave homelessness. In some cases, households falling in this group may not be able to qualify for higher levels of case management services and/or the income-enhancing benefits that populations with more intensive needs can access. Indeed, one participant described the population at an emergency shelter for families as largely having at least one or more parent with a full-time job. Thus, having access to income via a regular job is certainly an asset, but is not always enough. If clients simply cannot reach the income level necessary to access housing, they often cannot break out of homelessness:

*Um, our section 8 waitlist is- I heard just last night- 8,000 people we have on the list [Interviewer: Just for this island?]. Yes. And they’ve, um- so- and the list is closed. They*
can’t even apply. So you have a lot of lo- um, people who are low income waiting for a subsidy. And in the meantime, wherever they’re at, they’re doubling or tripling up. You know, if that doesn’t work out, some family of conflict happens, you know, it all like, “Oh we’re gonna lose the house!” Or- um, so that seems to be the quick- the one’s that’s the easiest [to house]: those with a subsidy (SP).

If the ability to generate a reliable income can be a protective factor, the sudden or unexpected loss of that income can certainly be a risk factor for entering homelessness and for altering the trajectory of one’s homeless experience. When asked about issues that could get in the way of successfully exiting homelessness, service providers and service users alike often discussed the loss of a job or other financial crisis as something that could represent a significant setback:

   And they can start out there and be okay for a while and we think that we’ve got ‘em successfully housed and then they can’t handle it or they lose a job or somebody gets sick and then the next we know they’re back at the beach. You know, and it’s heartbreaking because of all the hard work they did. You don’t want them to go backwards, but you understand why they ended up back there (SP).

At the follow-up interview, one service user (who had recently experienced this) added being robbed as an economic factor that could suddenly set individuals back in their efforts to get and maintain stable housing.

   Loss of income and the consequent inability to keep up with rent can further result in a “bad rental history,” which can make it more difficult to later obtain stable housing:

   ‘Cause a lot of it is based off, you know, credit history and prior rental history, but just because you’ve gone through a struggle doesn’t make you a bad person. It doesn’t mean you’re not gonna pay you rent, you know? And- and.. I think I had the hardest time with that. I’ve gone everywhere, and nobody wanted to give me a chance. And I always did pay my rent prior. Yeah. It’s just that I- I happened to fall upon hard times and everywhere I went I was turned away. And it was so discouraging. I wanted to give up so many times (SU).
While those who simply “fell on hard times” were often listed as one of the more “successful” and low-needs populations, they still seem to face significant challenges in getting out of homelessness.

**Health related issues.** Three participant-generated themes fell within the overall category of health related issues. In this case, “health” was used holistically to include physical health as well as mental health. Participants discussed three main topics related to health issues and/or disabilities: physical health \((n = 11)\), mental health \((n = 16)\), and substance abuse \((n = 14)\). Table 4 indicates the initial interview participant coverage breakdown for each of these subthemes.

Table 4. Initial Interview Coverage of Health Related Issues Subthemes.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
<th>Initial Interview Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td># Service Providers</td>
</tr>
<tr>
<td>Health Related Issues</td>
<td>Issues with Physical Health or Disabilities</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Mental Health</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Substance Abuse</td>
<td>7</td>
</tr>
</tbody>
</table>

*Issues with physical health or disabilities.* Several participants listed a disabling injury or other medical condition as a major contributing factor related to their homelessness or that resulted in the homelessness of someone they knew. Health issues and disabilities can have a direct impact on someone’s income generating ability because they often interfere with one’s ability to work:

*So a lot of people in the shelter too, they do have health issues to where it’s hard to work. Like, that’s very, very common. Because most likely if they’re working, they’re not gonna need to be there (SU).*

In fact, shelter providers also discussed the high prevalence of medical needs in their shelters, some of which is the result of recurrent patterns of hospitals discharging patients directly into the shelters. If a patient has no permanent residence and a longer hospital stay is not medically
necessary, emergency shelters then bear the brunt of the post-hospital recovery period. In
addition to acting as contributing factor for homelessness, getting sick or injured was also listed
by several participants as something that could present delays or setbacks to leaving
homelessness.

One service provider eloquently explained the complicated ways that illness and
disability can impact someone’s vulnerability to homelessness but also how homelessness can
impact one’s vulnerability to a higher chronicity with regards to health conditions. This amounts
to a potentially disastrous feedback loop:

There’s definitely the medical aspect of it. So we know that a lot of our guys frequent the
ER. And so their medical bills are shooting sky high for goin there. Um, part of being
homeless is you don’t really have a place where you can go check your mail regularly or
you don’t have access to it. So if you are late turning in, ah, an eligibility review or
something to renew your insurance, your insurance drops. And then it takes three more
months to get that person back, um, on, back on to some sort of medical insurance. But
we have so many severely ill, physically ill, people out there that, you know, having that
happen is not really an option for them because it’s- it really does make the difference
between going in to receive your diabetes treatment or going in to receive dialysis or
going to see your specialist because you have extreme pain in whatever part of your
body. Without any medical insurance, they cannot see ‘em. It - for our clients here it’s -
you know, if they don’t have medical insurance, they can’t see a psychiatrist. They can’t
see a psychiatrist, they can’t get their medication. They can’t get their medication, bam!
They’re psychotic (SP).

Being homeless, therefore, can make managing health (and mental health) problems more
difficult.

Having a disabling or severe health condition can also affect one’s homeless trajectory in
that it can increase one’s eligibility for some services, including Medicaid Care Homes, higher
levels of case management, and certain housing programs:

Um, ORGANIZATION housing program has about ten different housing subsidies,
almost all of which speak to the need for some form of verifiable disability as a condition
of getting into that housing placement. So those that are mentally ill or have chronic
health conditions will usually qualify for a shelter plus care or a housing first, uh, or
what’s also called “rapid rehousing” (SP).
Those with a disability can also access additional governmental cash benefits (primarily SSI and SSDI), but there can also be long delays before being approved for those benefits. Both service users and service providers mentioned this delay in benefits as a difficulty for those with physical disabilities and chronic illnesses. Even when these benefits come through, some service providers discussed concerns that the benefit levels were often not high enough to gain access to stable housing.

Additionally, having a disability can also impact one’s ability to access service sites and find adequate housing. Wheelchair users may encounter difficulties in shelter spaces that are not as comfortable or accessible for those who cannot walk:

Yeah. Like here, the bathroom, we have to go up a ramp, which is not like this [demonstrates angle with hands]. You know, like, level to get to the bathroom. It’s like at a- like at a 30- or 60-degree angle. So if I gotta get up every two hours in the middle of the night to go up that ramp, it’s hard. And they don’t have enough bathrooms down here for us to go when upstairs is locked. And, yeah, they only have one that’s right there. That’s the things too for us as handicap (SU).

Other participants mentioned that disability units in transitional housing can take longer and that finding housing that can accommodate special needs can also be difficult.

Overall, health issues were thought to both provide additional vulnerability to prolonged homelessness and greater challenges to housing access and to be associated with additional service availability. Because health issues are often difficult to manage properly in unsheltered and emergency shelter conditions, homelessness can increase one’s health concerns and vulnerability in a vicious cycle of increasing precarity. Therefore, despite the greater availability of services, this sub-population likely still represents a fairly vulnerable group.

Mental health. As a factor that can impact the trajectory of homeless individuals, mental health issues are very similar to the health and disability issues discussed above. Mental health issues can be a contributing vulnerability to prolonged homelessness, can present extra
challenges, can qualify one for additional services, and can be negatively impacted by being homeless. In fact, those with severe mental health issues, along with those who have substance abuse issues (discussed below) and comorbid (both mental health and substance abuse) issues, were the populations that service providers and service users alike most frequently cited as being vulnerable to prolonged homelessness. According to one service provider, “co-occurring severe and persistent mental illness with substance abuse” is strong a predictor for chronic homelessness. Another service provider described those with severe and persistent mental illness as the “most vulnerable subset of homeless individuals.”

Several participants with expertise working with those with severe mental illness described them as a population that might face extra challenges and, therefore, tend to need extra support to be successful in housing. In particular, they can have difficulty transitioning from highly structured shelter environments into independent living and may need an intensive level of case management. Some service providers discussed the idea that success might look different for those with severe mental illness:

You know, it depends on what your idea of what successful looks like or what recovery looks like. Um, I always thought that, you know. um.. recovery is, like, a dangerous kinda idea for people who don’t work with behavioral health, you know. They see recovery or they see recovery from homelessness as something that is a clean room that you and I might have, you know, a clean apartment, you know, drug free, all these different things. Um, success, you know, for somebody who, um, really is schizophrenic, is- and homeless and no introduction to medication, you know...So medication compliance, like, you know, to me that is successful, you know. And seeing them function to a certain degree and manage their own medication, where they weren’t managing before, that is awesome (SP).

While those with severe mental health issues have come to represent one of the major stereotypes of homelessness, participant observations seemed to indicate that many of these individuals can and do successfully maintain housing with the appropriate supportive services. Despite the challenges discussed above, and the important reminder not to impose an ideal that
stems from middle-class economic values (including what it looks like to be “successful”) on this population, several participants described successful experiences in housing those with severe mental illness:

*And so it- just with my experience working with homelessness, it’s our lower functioning guys that definitely meet their goals more consistently and they’re able to stabilize in housing. Which, I think is fabulous, when, I mean, I think the perception is when you’re lower functioning you should just stay in a care home [Interviewer: Yeah, you’ll be less successful], stay in a group home, where there’s always- but if you go out into the community, you look now into a lot of our more affordable low income housing, you’ll see a lot of our guys that are out there are all low functioning. It’s basic: they pay their rent; they go in and out; they come home, eat; they go to sleep (SP).*

Additionally, these service providers discussed their observations that stable housing can, in fact, greatly improve even very severe mental health symptoms. According to one participant, housing “shoots their recovery up like 500 percent” (SP), and another participant observed:

*You know because, um, we found firsthand that, you know, a unit can definitely improve someone’s quality of life, you know, and exponentially. And ... all these people really need is a chance and someone who kinda goes in there on a regular basis, to double check, help them out with small things that they probably- you don’t really- you take for granted yourself because you’ve been doing them. But these guys haven’t done that for a long time. You know, so, um, the gap population that I think- I’d like to see more services for behavioral health (SP).*

While the comment above discusses a need for additional mental health services, participants were actually somewhat divided over whether or not there was an adequate level of services to meet the needs of this population. Similar to the chronic health issues and physical disabilities described above, mental health issues can qualify one for additional services not available to the rest of the homeless populations. Participants listed the following unique supportive services as being available to those with a mental health diagnosis: additional support from the State Department of Health and Medicaid, permanent case management, permanent supportive housing, housing subsidies, group home beds, adult foster care, and adult residential care homes, along with housing subsidies set aside for those with a disabiling condition.
Additionally, one service user thought that those with a mental health disability receive a higher level of cash benefits than those with a physical disability. According to one service provider:

*You know, our SMI population, our severely mentally ill population, can get housed. There are services for them. There’s more awareness towards, um, compassionate enforcement towards the mentally ill. You know, there’s all these support services now coming into light and are now doing more intensive outreach, case management, housing. They’re doing all of these things and there’s so many resources for them (SP).*

However, other service providers and service users mentioned concerns about the level and quality of the services available to help those with mental health issues. These concerns included the observation that the Department of Health has reduced funding and the availability of services over the years, decreasing housing options for those with severe mental illnesses. A few participants, including both service providers and service users, mentioned concerns that often shelters might be reluctant or unable to take in those with active mental health issues because of the higher level of care they require. According to the observations of one service user:

*Well, for people with, like, adult mental health issues I think a lot people just, they don’t wanna take on that. It’s such a hard thing to do. ‘Cause every individual is different, you know, in their disability. And, you know, the mental health issue part, it’s like, you know, some are schizo. Some are, like, you know, this. Some are that. And that’s- I think that’s the toughest one. It’s like, where to house them? And then, how can we help them? (SU).*

While one provider acknowledged that there were a number of services for those with acute mental health issues, they argued that these services tend to be “*temporary and short-sighted.*” Another service provider discussed the need for an effective “*community order to treat*” (CTO, community treatment order) law in the state, which would allow providers to petition the courts to mandate treatment for those individuals who were so severely mentally ill they are not able to make healthy decisions themselves. It would seem, therefore, that while most participants acknowledged those with severe mental illness as a particularly vulnerable homeless
population, there does not seem to be universal agreement over what kind and level of services are needed to help this population be successful.

In addition to discussing those with severe mental health issues, a handful of participants discussed the impact that less severe forms of mental health issues can have on homeless populations. Some service users described struggling with mental health issues, such as depression, and how this can make their efforts to obtain housing and leave homelessness more difficult. According to one service user there is a general need for mental health support among the homeless:

*Therapy. Um... a lot of resources for mental health because if you’re on the street, you’re gonna go crazy. No matter how many services are out there, you’re on the street, you’re gonna go nuts. [Interviewer: Sure. At the very least, have some kind of trauma, right?]. And if you define trauma in all the possible ways it could happen, that’s what makes it harder for houseless people. If you don’t have a house and what a luxury a house is. It is such a blessing (SU).*

Service providers also discussed their observations that “PTSD and depression are probably pretty generalizable” (SP) in various homeless populations, including single adults and youth. When asked if mental health and substance abuse caused particular vulnerabilities in youth populations, one provider mentioned the general issue of trauma across youth populations as presenting a larger concern than severe mental illness or substance abuse:

*And so, um- and just.. there’s a lot of trauma. You know, there’s trauma at home and there’s trauma on the streets and there’s just a lot of trauma. And that changes the brain too. You know, and so I think those are bigger barriers than [Interviewer: mental health or alcohol abuse], you know, mental health and substance abuse (SP).*

In summary, it seems that adults with severe mental illness were consistently discussed as a vulnerable population in need of specialized supportive services, though there did not seem to be complete agreement on whether the current state of services are able to meet these needs. Despite the fact that this population can face significant challenges, several participants attested
to their ability to be successful in housing with the right kind of support and to the fact that housing can significantly improve their wellbeing and mental state. Additionally, mental health concerns, such as depression and trauma, are thought to be widespread across homeless populations and can make efforts to leave homelessness more difficult. It would seem that daily exposure to the stress of being houseless can make houseless individuals “go crazy” regardless of whether they had experienced preexisting mental health issues or not.

Substance abuse. Substance abuse issues were discussed in one form or another by most of the stage 1 participants ($n = 14$). Addictions were mentioned as a factor associated with contributing to homeless episodes, causing setbacks in one’s trajectory out of homelessness, or as a risk factor for chronic homelessness. In fact, for many participants it seemed like widely accepted common knowledge that substance abuse issues can negatively impact one’s homeless trajectory. For example:

And, you know, that subset- you know, when I make the blanket statement that most of our single men and women are probably- tend to be chronically homeless, of course, substance abuse is a hu- probably a major contributor to that, to that chronic homelessness. ... But you probably already knew that (SP).

Indeed, when asked who might have a harder time getting housed and leaving homelessness, participants often sited those with substance abuse issues as having a harder time:

[Interviewer: Any other groups that you feel like have a harder time leaving the system?] People with addiction. They might be the next one on the list. Sometimes- most of the time, ’cause it’s a choice, you know. They choose to still use and continue use, so. Maybe... It’s hard, ‘cause, you know, I’m an addict myself. Been clean and sober for fifteen years. But I made that choice to clean up, you know. And it’s like they need to make that choice. And only they can. That’s another tough one (SU).

Several service users discussed their own struggles with addictions and how maintaining their sobriety was an important part of their path out of homelessness. Along with a handful of service providers, they discussed how those struggling with substance abuse issues can be
tempted to go “back to their old ways” if they have a setback (car trouble or loss of job, etc.).

Some even thought that when former addicts become comfortable in the stability of a shelter or other housing they can be tempted to “go do what we were doing before.” One participant spoke about the ever-present reality of temptation:

Um.. a lot of the programs that offer services such as food, shelter, clothing, helping you get a job, um.. they don’t also realize that even if, I mean, you tested clean to get into the shelter or you tested clean for your job or you’re not even that much of an addict, you-you’d still be tempted and affected by your environment because even, um… even very competent people that are working hard jobs, um, end up in an environment where there’s also drug use no matter where you go (SU).

Most participants talked about these kinds of relapses as significant setbacks because they can compromise one’s ability to stay in a particular shelter or housing program and cause individuals to have to “start all over again.” Though a few providers did mention that their programs do try to work with those who have relapsed by connecting them with services, it would seem that prolonged unwillingness to address substance issues might result in being asked to leave many homeless programs. There are “wet” shelters (those without sobriety conditions) and clean and sober programs designed to specifically help those struggling with additions. Even so, one service provider observed that many of their clients with substance abuse issues often get very close to completing a program and then relapse and dropout.

Several providers talked about the difficulty that active addictions can present in terms of finding housing. It seems that many landlords are reluctant to lease to those they think might have substance abuse issues. One provider discussed the fact that often clients are nervous about landlord interviews and so “take the edge off” by using drugs or alcohol, which often leads to them making an unfavorable impression during the interview. Another service provider discussed the particular difficulty of working with those who struggle with methamphetamine addictions:
Housing First has been wildly successful in big cities on the mainland where the average homeless person is a white male between the ages of thirty and sixty whose drug of choice is alcohol. It’s hard to take a methamphetamine addict and put them into a Housing First model because that is not the same person. You’re talking about a completely different profile. So, the third answer to your question would be an addiction to methamphetamine would be probably another thing that would make it really difficult for a person to get- to transition, right. And those that we do place, uh, we struggle to keep them in housing because, um.. they- they usually- we know one of the ways you can afford methamphetamine is you have to deal a little bit of it. And when you’re dealing with meth, you got a lot of people coming around. And they come around at all hours of the day and all hours of the night and landlords don’t like that (SP).

It is important to note that at least one provider discussed how substance abuse issues, like health and mental health issues, are often exacerbated by hardships involved in being homeless:

Almost like.. I wanna- I’m hesitant to say half the population, but it really feels like, um, the longer you are out there, there’s a direct correlation between homelessness and substance use, you know? The longer you’re out there, the more you kinda are- have access to it, either forced to do so or you just- meaning like they don’t intend to be, you know, addicted to a substance, but, you know, to stay up, you may need to do that. You know, and then it just, life after a while becomes so overwhelming that you often just succumb. And that’s not- this is what we heard from the clients. You know, like, never intended to be addicted to any of these things, you know, but things happen. Things get exacerbated and then next thing you know, you’re in a unmanageable position and your just kinda grasping everything. And then you owe people money and it’s just- it’s- it’s a difficult, like, problem to address, just solely focus on one thing (SP).

This observation might suggest that preventing prolonged homeless stays may also result in fewer chronic addiction issues in homeless populations. Additionally, it is worth noting that when asked about their thoughts on whether substance abuse issues might present particular challenges to exiting homelessness, at least two service providers responded that they did not think this was the case. One service provider made the point that drugs and alcohol use on the street is pretty common and may indicate coping mechanisms or self-medicating and that perhaps because it is so common, substance abuse as a general indicator of potential homeless trajectories may not be as helpful as is often thought.
When this category was presented during the follow-up interviews, a few participants singled it out as a particularly salient risk factor and discussed their observations of difficulties they’ve seen with substance abusing others. One participant, however, added the observation that populations who struggle with substance abuse are less sympathetic in the eyes of the public, perhaps adding extra stigma and vulnerability to those who are homeless with substance issues:

Substance use I think is, like, a pretty difficult- people aren’t really sympathetic towards people who are, you know, going through that recovery. I think even medical providers are- and even government- they’re not real keen on providing support to people who are consistently abusing, you know, drugs or whose lives are disrupted by it, right? There’s not a lot of compassion. “Okay, well, um, if you just get off the drugs then you can get a meaningful job.” Well ... [Interviewer: Yeah.] Yeah! You know, that’s the thought, but the experience and the support one needs to get that, we’re talkin’ about housing, we’re talkin’ about clinical support. Many times- not many times but in some cases very much like oh- um, you need a- a environmental stability, like, to address withdrawing off of some of these substances, especially if it’s long term, you know? (Follow-up, SP).

**Personal or social characteristics.** There were two subthemes that seemed to be more personal or idiosyncratic than the previous themes. These subthemes are aspects of people’s lives that are a bit more abstract and difficult to measure or characterize concretely. Social support and other important relationships has to do with the social aspects of one’s life that may help or hinder a trajectory out of homeless; and “willingness” has to do with one’s readiness (or not) to put in a substantial amount of time and effort to get out of homelessness. Table 5 illustrates the initial interview coverage of these personal/social characteristics subthemes.

Table 5. Initial Interview Coverage of Personal and Social Characteristics Subthemes.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Subtheme</th>
<th>Initial Interview Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td># Service Providers</td>
</tr>
<tr>
<td>Personal or Social Characteristics</td>
<td>Social Support/Important Relationships</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Willingness</td>
<td>7</td>
</tr>
</tbody>
</table>
Important relationships and social support. Whereas the family composition theme discussed above pertained to the household unit experiencing homelessness, the “important relationships and social support” theme \((n = 17)\) centered on the friends, family, and other important relations that are outside of that unit, but which can impact its homeless trajectory either for better or for worse. When asked who tends to be successful in obtaining housing and leaving homelessness, one service user discussed the importance of supportive relationships as a key factor in determining who would be successful:

*Any kind of, um, a positive support. I think that that’s really important. And, you know, without that.. it can be easier to give up in difficult situations* (SU).

In addition to the positive, supportive ways in which important others can help improve one’s homeless experience, participants also described the impact of important others in more negative or ambivalent ways. For example, family was frequently discussed as having both helpful and unhelpful influences on one’s homeless experience. Because of this ambiguity, it was difficult to divide these influences into protective and non-protective relationships and so the influences of both social support generating relationships and more complicated or maladaptive relationships were coded into the same category. The major types of important relationships described by participants included family relationships (including romantic partners), church and other non-family support, and relationships with other homeless individuals and groups.

The influence of family on one’s homeless trajectory is perhaps extremely case-dependent. Some service providers discussed the positive ways in which they’ve seen family be able to help a homeless household, whether by offering them a stable place to live, helping them recover from struggles with mental illness, or offering other instrumental support, such as childcare, temporary shelter, or financial assistance. However, as a history of experiencing poverty is a major factor impacting one’s vulnerability to homelessness, often those who have
homeless family members are not able to help as much as they would like because of their own limited resources. Additionally, both service providers and service users alike discussed stories related to the challenges of trying to “double-up” in housing with well-intentioned family members, which can often violate lease terms and/or create family tension, both of which can result in one or both parties becoming homeless.

One service provider described some of the ways in which accessing family support can be complicated for homeless households:

*Um, usually by the time they come to me they’ve burned all their bridges. Um, or they don’t want their bridges, they don’t want those people. Some have family and they’re lovely and they have housing and they do help them. Um, but they can’t live with them for whatever reason, the house is too small or their landlord won’t let ‘em have anybody else there. So maybe mom or dad is willing to be a support system. Um, but they can’t have ‘em live there. So that part’s good. When we have people like that sometimes they’ll watch the children so they can go to work, you know and stuff like that. Um, a lot of times, though, there is nobody. Ah, they don’t have anybody in their life to help ‘em. Or they’re on the mainland somewhere. Or, um, they’re on Chuuk, somewhere else. Um, or maybe the.. place- the people that they were raised with are part of the problem. And if they go back and hang with them that they’re tempted to use drugs or… (SP).*

Other participants echoed some of these observations that many homeless individuals are unable or unwilling to access family help, that many families do help to the extent they are able, and that some individuals do not access family help because it may be unhealthy to do so.

One service provider described some of the problematic influences that a family of origin can have as “*intergenerational maladaptivity.*” Indeed, it would seem that for many homeless individuals and families, reaching out to family members for support could invite more problems than they are willing to accept:

*Yeah, not all families are gonna be nice and just let you stay with them whenever. And then you also have family to where it’s not a healthy situation and people don’t wanna stay and they shouldn’t be if, like, you know, there’s risk of abuse or being put down, especially if, you know, you’re, you know, absorbing it and feeding it off of other people. That’s how it is with my family (SU).*
Runaway youth and adults fleeing domestic violence were the most extreme examples of maladaptive family relationships that participants discussed. In these cases, family members or romantic partners are the sources of significant pain and trauma, which can both contribute to and complicate one’s homeless experience:

And the reasons for running away: every now and then it’s just I’m just a punk kid with a bad attitude, but usually it’s things are pretty crappy at home and I’m running away because I think it’s safer on the streets (SP).

Perhaps because helpful family support is often not available, service user participants talked about the importance of other forms of support, including that of other homeless individuals. Several of these participants spoke about the comfort they found in getting support from others who understood the experience of homelessness and of the degree of trust and friendship that they have experienced either in shelters or on the “streets.” According to one participant:

Yes, and can relate to you. You know, that’s why I mean you- everybody sees it as, you know, a problem, a nuisance of the tents in Kaka‘ako, all the tents. I mean, you know, yes, it looks a mess, I agree, just a hot mess out there. But they’re in their own little community and they have to understand the emotional side of it. You know, the stress side of it, to where we all can relate to each other here on that level. You know, to have that community- ’cause it is a community (SU).

A few of the service providers also discussed the sense of community and stability that can be found in some homeless encampments and how that can be protective. For example, one provider discussed the community-enforced standards in one encampment, which set expectations that children go to school and men try to find work because, “They really want their focus on that area- you know, they know that they don’t have, um, a traditional home. They know that they’ve been pushed to this and they’re making it work” (SP). Indeed, another provider discussed two homeless teenagers who were able to graduate from high school, and attributed this rare feat to the relative stability they were able maintain because of living in the Kaka‘ako
encampment. So it would seem that, in some cases at least, the support one experiences from other homeless individuals can act as a protective factor, positively influencing one’s trajectory. However, it is important to note that other participants did discuss the potential for negative experiences when interacting with other homeless individuals, including inter-homeless robbery and assault. Others discussed wanting to keep to themselves at shelters, perhaps as a way of protecting themselves from maladaptive relationships. Additionally, one service provider discussed the pitfalls that can also happen when youth trying to survive on the streets form a mutually supportive group, which then leads them to engage in petty crime and other risky activities. In these cases, social relationships that may aid in survival may also lead to behaviors (e.g., shoplifting) that can have negative long-term results (e.g., a criminal record). Therefore, while often supportive, relationships with other homeless individuals can also be dangerous, maladaptive, or a complicated mix of risky and protective influences.

In addition to getting support from other homeless individuals, service users discussed the support they sought in other community groups, such as churches or support groups:

*I found positive people. When I first came to the shelter, I had nobody to turn to that was positive in my life. And it was up to me to change that. And so, like, I just put myself in situations around people that were positive, that were gonna encourage me and make me feel better about myself so that I could be more successful (SU).*

*Other people.. you know, in the same situation or- you know, just like for me, like, the only reason why I made it was because I had my church family, my AA family, my NA family, you know. I didn’t want housing from them, but, you know, they blessed me with, you know, a hot meal here and there, or, you know, some clothes, and whatnot. But definitely a support group and if I ever needed to talk about it, you know. And then my homeless group, you know, I could just vent to them about being homeless and all of that. You know? And I think that’s- I think that’s awesome, you know. Like, we need more of that, you know, so people don’t understand that they’re not the only ones going through it, you know? (SU).*

In summary, social relationships seem to be a very important factor in the lives of many homeless individuals. Social support can be a significant protective factor and maladaptive
relationships can impede one’s ability to get and maintain stable housing. Often our closest relationships are with family, but family relationships can be both supportive and maladaptive (sometimes at the same time!). For many of the participants who had experienced homelessness, forming supportive relationships outside the family, often with other homeless individuals or church groups, seemed to provide important support.

When this category was presented to participants during the follow-up interview stage, there seemed to be general agreement around the idea that important relationships can sometimes be protective and sometimes be maladaptive. However, I’ve consistently found this idea difficult to express in terms of coming up with a brief name to label the overall theme. During the focus group interview, service provider participants suggested the two following alternate labels:

prosocial support versus pathological support system and recovery community. While capturing a slightly different connotation than the ideas presented above, the following presentation of the recovery community concept is worthy of note:

A term that we use sometimes is, um, recovery community and that’s a term that can be used universally. It’s typically associated with substance abuse treatment and recovery from substance abuse or addiction, but it really applies to mental illness and it also I believe it applies to homelessness. So if you’re gonna recover from the condition of a life circumstances of homelessness, there’s a recovery community that you can put yourself in that will give you higher probability of success compared to other recovery communities- so the recovery community of living in the SHELTER family dorm versus the recovery community who might be your fellow campers at the Kewalo Basin Waterfront Park. Different trajectory for your motivation, different trajectory for your acceptance of your circumstances and your situation based on those two recovery communities. So another term for social supports could be recovery community (Follow-up, SP).

Willingness. The individual/family level factor that was perhaps the most extensively discussed was the theme of willingness. A high number of participants mentioned factors related to willingness \((n = 15)\), but also many of those who spoke about willingness featured it
prominently as a very important factor in determining one’s success, and, therefore, spoke about it extensively. For example,

Once in a while we’ll have somebody go through the whole intake process and then walk away because they know they can’t - they’re not gonna be able to stay clean and sober or whatever, so they just walk away. But that’s rare and most of the people that come here are willing to do what it takes and so, um, you know, they put up with the drug tests, they may put up with the classes and the meetings, and then once they start actively participating and engaging themselves, then they start to really make a difference in their own lives and it starts to work and you see it happening and its pretty exciting (SP).

Both service providers and service users alike talked about the importance of being willing to accept services and work hard to do whatever is necessary to obtain housing. When asked if they thought homeless services were meeting people’s needs in Hawai‘i, several service users responded in a very similar way to the comment below:

Absolutely. As long as they’re following program rules and doing what they’re supposed to do by doing the footwork to, you know, better themselves, I think that, yes, it’s a very exceptional program and that everybody’s meeting their needs (SU).

Some service providers also responded to this question in the same way:

Um, I think that everything is out there if they’re willing to do it- take- t- take advantage of what system is in place. I think the system is very comprehensive and un- excellent (SP).

Other fairly common phrases related to the theme of willingness included: “put in their own efforts,” “follow-through,” “motivation,” “ready,” “do everything that’s asked of them,” “committed,” “all-in,” “persistent,” “push themselves,” “strive,” and “strong-willed.” For example, when asked who was likely to be successful in exiting homelessness one service user replied:

I would say the most.. the person that’s motivated the most, I mean, honestly, is the one that is gonna get the house first (SU).

It was clear that many of the participants associated successful exit from homelessness with effort, hard work, and persistence and saw this as often requiring a willingness to accept services
and their associated rules. When this theme was presented to participants in the follow-up interviews, some service providers seemed to balk at the label “willingness” and suggested other labels in its place. These alternative labels included “readiness,” “openness” and “receptivity.” Perhaps their apprehension at the term “willingness” has to do with the victim-blaming connotation that it carries, implying that those who are less successful are simply unwilling.

However, because the term “willingness” was frequently represented in the ways that many of the participants themselves characterized the issue, I decided to retain the label of “willingness.” Indeed, it did seem to be a word that had strong resonance with several of the other participants in the follow-up interviews, especially, but not exclusively, the service users:

"Yeah, I was thinking so because, um, well like the PARTICIPANT you’re doing. One of the things that HE/SHE’s mentioned to me is that HE/SHE realizes that the residents really need to be willing to make the change and be ready to make the change. And then things start to happen, ’cause it really is up to them. I mean so HE/SHE took ownership of HIS/HER life and started to make things happen, you know? And some people sit here the whole time hoping the letter will come that they get housing or something will magically change for them. But the key is really they have that willingness (Follow-up, SP).

You have to be willing to do what you need to do to get the services, go to, like, whatever extent that they set for you. Then it’s- well, once that’s done, it’s done, you know? And it’s smooth sailing after that. Ninety percent of the time I would say that (Follow-up, SU).

Among some participants, from both the service provider and service user groups, there was a strong moral connotation to the ideas of “willingness” and “motivation.” Indeed, for some participants, it would seem that to not be “willing” is, in effect, choosing homelessness:

But, I believe, you know, homelessness is a choice. You can get help or you cannot get. You know what I’m saying? Like, people make the choice to stay out there. Because there is everything you need here. You just have to be motivated to do it. You know, you have to get on the list. You have to call, check in. You know, there’s no excuse for people to be homeless except for the fact they’re waiting to get in here. You know what I mean? Or—because it’s too full. But, um, yeah, other than that, I mean, they choose to be homeless then. You know, because there are services here that can help them, you know (SU).
On the other hand, many participants talked about willingness and choice in more nuanced terms, as in the comment below. This participant does talk about homelessness being a choice, but also discusses some of the psychological struggles involved in making that “choice.”

_Um, the other thing that I think makes it hard for people is, um… what I see happen for a lot homeless people who are unnecessarily homeless is they have a hard time letting go of the control that they actually do have. So, for a lot of people homelessness is a choice, just like alcohol and drugs to an extent, is a choice. And a lot of addicts cannot recover from their addiction because they’re afraid of making the changes in their life that would mean letting go of control of the relationship that they have with drugs. Homelessness is also a process of recovery. And a lot of people who can live on the street with seven hundred and eighteen dollars a month are terrified to think that they would have to take four hundred of that seven hundred dollars and dedicate it to pay half of rent that would be part of a subsidized housing arrangement with no guarantee that their gonna be happier or any better off. And of course that’s a spiritual, emotional, psychological journey, right, that they have to go through (SP)._

Other participants tied willingness and motivation to one’s level of hope for a better situation. In this view, willingness and hope are perhaps intertwined and related to how successful your efforts have been over the course of your experiences. If repeated effort is fruitless “people can get worn down” and lose hope. Alternatively, maintaining hope that the situation can get better seems critical to being able to “strive” and “keep crawling.”

_Interviewer: Who do you think tends to have harder time getting housed, leaving services and why do you think they a have harder time?

Participant: A harder time...I think it’s a simply they don’t want to deal with it. Um, giving up because their resources aren’t there and the services aren’t there. I mean people can get worn down of having to deal with the police or, um... There- there’s a lot of people that off themselves. I mean suicide is a very, very real problem. Um, so yeah I mean people give up, people just let it all go [Interviewer: Losing the hope that it’ll ever get better?] Very true (SU).

So we have to do that and we have to strive. We have to want and we have to, have to, have to have the hope, you know. And just keep crawling, keep- keep on moving and never give up. It’s so easy to just say, “Ho!” You know? But today, my kids are happy. You know, today I walk around and I smile because I smile. You know, I don’t walk around pretending nothing. I don’t hide behind nothing, you know. And a lot of it is we’re scared. You know, we’re scared. So to not face that fear, what better thing to do then just adapt.. You know, adapt to it and make the best of it? (SU).
The overall tone of the conversations emphasizing the importance of motivation and willingness was that of needing to fight to maintain prolonged effort in the face of difficulty. I see this as a profound act of hope that takes a large amount of emotional energy on the part of homeless individuals and parents. In addition to tenacity and hope, this level of motivation may also require a certain amount of willingness to surrender some of one’s autonomy in order to submit to program requirements:

So a lot of it I see when I say the willingness is the willingness to want to change, you know, to humble themselves and to follow the rules, you know, of having a curfew or, rather, you have to be clean and sober, you know, gotta.. (SU).

And then with shelter- and it does serve as a good weigh station for a lot of folks, not all folks. There are folks who cannot tolerate you know a shelter milieu or any kind of congregated living milieu, period…Or, you know what, I think, taking a person centered approach, the better way to look at that is in an environment where they have more autonomy and control (SP).

For some homeless individuals and parents, being willing to do whatever it takes to get housed may indeed be an important ingredient to their success. However, expecting everyone to maintain this level of prolonged effort in the face of repeated disappointment is perhaps unrealistic. Additionally, it might also be good to pause and ask ourselves whether the fact that homeless services seem to favor those who are more willing to follow rules and relinquish their autonomy is indeed a just way of helping. One service provider described a homeless community that seems to have made the deliberate decision not to be “willing” in the way the service system and society might expect them to be:

It’s the population that doesn’t think that they’re homeless. So right now- right now in the Wahiawa community there is a community of about, I’m gonna say about 300, but I know it’s a little bit more than that, 300 homeless individuals who are living underneath the bridge and in that surrounding area by Whitmore Village, um, and also by Tamura’s somewhere. But they’re- its singles, families, all of them. So when our outreach teams go into those areas, none of ‘em really think that- that there’s a problem. They know that they built their house. They’re not homeless. But, according to the community and what the lawmakers are saying, they are homeless. They are as service resistant as they come.
They’ve gotten to the point where they’ve got huge dogs. They’ve- they’re armed. Um, you know, I know there’s been lots of incidences where it’s just been a danger to the outreach workers to even be in that. So they don’t think that they’re homeless. I think in the back of their mind they know that they’re not supposed to be there. But where else are they supposed to go? (SP).

This unwillingness to accept services becomes perhaps easier to understand when put in the context of Hawai’i’s housing market. For many in the islands willingness may just plain and simply not be enough to successfully exit homelessness. When one service provider was asked about who has difficulty exiting homelessness, they mentioned those with a fixed income source that was below the necessary threshold to acquire housing:

That’s the only source of income, unable to work. So that’s the only s- source of income that the client has. They’re stuck. Now we’ve done all that we can to find a rental, whether it’s a one bedroom. We -we’ve done our best to tap out everywhere, reach out to family, reach out to COUNTY County, rentals.. wherever, wherever- wherever that the client can qualify, where we’re not gonna be setting them up for failure. It’s hard because there’s lack of [Interviewer: Not available]. So then they - we place them on every affordable housing list, every old folks home that they may qualify, but they’re stuck because of that source of income.

Interviewer: It sounds like some of them it’s not- I mean, if the issue is the- they just can’t get any other income. It’s not even a lack of willingness, it’s just there’s nothing [Participant: Yes]. That’s a shame (SP).

Another service provider echoed this sentiment:

The hardest part is where are they gonna go? You know? It’s just an ongoing problem we’ve had for a dozen years. You know, you can tell them. You can bring them in. You can motivate them. They can make the changes. They can become good tenants [in the transitional program]. They can pay their rent on time every month and take good care of their unit and be good neighbors and where are they gonna go? (SP).

In sum, willingness and motivation seem to be important factors related to maintaining hope and persistence in the face of prolonged difficulty. Because of this, they are certainly protective factors. However, that willingness does not guarantee success and often requires a loss of autonomy and (I would argue) dignity should make us pause. It is worth considering whether
our services are, in effect, attempting to weed out and help only “the deserving poor” (Liebow, 1995).

Program and Organizational Factors

So, I think I did pretty good. And now that I’ve been brought to this homeless shelter, they are helping me get housing that I need so I can have my independent living and that I could afford the rent. I just needed the help to get there that they provided. And, ah, they did a very good job (SU).

And we know that, just because of, you know, the great success stories we’ve had here. And we also know that because of all of our failure- um, I would say our “failed” stories. You know, we do have- I’d love to share with you, like, every success story we have, but realistic to me, what sticks out the most to me is all the failures, all the ones we had in our program who did well, but something happened, and we weren’t able to intervene in time, or we weren’t able to provide that- the support that they- that they needed just because we didn’t understand that person well enough and then we either lost them to the street or they died. Um, those are the ones that kind of stick out the most to me (SP).

When discussing issues related to who might be successful in getting housed and what might help someone leave homelessness, many service providers and service users alike discussed how particular programs did help or were helping people get on their feet and succeed in permanent housing. On the other hand, a few service users also discussed some negative experiences after which they were less willing to trust or use homeless services. This section is an attempt to gather and discuss participant comments about how programs and organizations can influence the trajectories of homeless individuals and families. Participants discussed either personal experiences or program practices that suggested comprehensive support (n = 17) and trustworthiness (n = 15) as factors that contribute to the quality or perceived helpfulness of services. Additionally, another theme emerged around program requirements (n = 13), which were often considered helpful but were sometimes considered barriers to service. Table 6 illustrates the initial interview coverage for program and organizational level themes.
Table 6. Initial Interview Coverage for Program and Organizational Level Themes.

<table>
<thead>
<tr>
<th>Category</th>
<th>Theme</th>
<th>Initial Interview Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td># Service Providers</td>
</tr>
<tr>
<td>Program or Organization Level Factors</td>
<td>Comprehensive Support</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Trustworthiness</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Requirements</td>
<td>7</td>
</tr>
</tbody>
</table>

At this point, I need to note that when preliminary results were presented to the participants, the program and organization themes included more theme labels than will be described below. The original themes included “supportiveness,” “comprehensiveness,” “rapport/respect,” “transparency,” “bad experiences,” and “requirements.” However, after speaking with participants and examining the data further, I decided to consolidate the themes so that there was less overlap and redundancy. For example, one service provider seemed wary of the “bad experiences” category. Often the work of service providers is difficult and pleasing everyone is nearly impossible:

Participant: And so, and the reason I go into that is because, like, when you’re listening on the radio, or you’re listening on like a TV and you’re doing- seeing all the interviews with the clients, you know? Like, “Well, you know, we’re not doing this, not doing that.” We are! You know? It’s just hard to service everybody completely, you know? ...

Interviewer: Yeah, no, I hear that. ‘Cause I’ve been an in-home therapist, and I know that, um, these kinds of jobs are thankless and often, um, people get angry and upset at things that are beyond your control.

Participant: That’s right! And that’s all, so as long as you’re like taking that into consideration and stuff (Follow-up, SP).

Therefore, I thought it might be more productive to further examine the negative experiences to determine what they might say about what kinds of services would be helpful (i.e., focus on the opposite, positive side). Additionally, upon closer examination I found that the “supportive” category was fairly vague and that the “comprehensive,” “rapport,” and
“transparency” categories had a good deal of overlap with each other and with the “supportive” category. In the end, I consolidated the above list into “trustworthiness,” which combined much of the “rapport” and “transparency” codes, and “comprehensive support,” which also included much of the former “supportiveness” category. The “requirements” theme was left unchanged.

While nominally different from what was presented to participants during stage three of the data collection, the substantive content of these themes still capture what was discussed in the interview conversations with participants.

The following exchange illustrates one example of how the two themes of comprehensiveness and trustworthiness worked together to enable homeless services to impact the life of a service user. This user came to the interview prepared with a list of “accomplishments” to share with the interviewer. During the discussion it was clear that both the number and range of supportive acts on the part of the homeless organization (comprehensiveness) and that the support was experienced as “encouraging,” “respectful,” and “safe” on the part of the participant (trustworthiness) were important ingredients to that success:

*Interviewer:* ...So the last two are just to make sure I don’t miss anything. Is there anything else I should have asked? Or I should be asking other people?

*Participant:* Maybe like accomplishments that they were able to make through the services.

*Interviewer:* Okay. You’re not the first person to mention that. One of the service providers...was like, “Let’s hear some good stories.” [Participant: Yeah]. ’Cause it can get real discouraging- for them too, you know, trying so hard every day, and, you know, just seeing people struggle, they like the good stories.

*Participant:* Accomplishments and successes that they were able to accomplish with the help of the services that they were offered.

*Interviewer:* So you wanna tell me some?

*Participant:* Well, I was able to.. find housing.. or- okay, so.. ((opens paper she had brought with her)). Okay, so they sent my oldest son to summer camp that was, like,
expensive and I would have never been able to pay for it. They actually sent him to, ah, Camp NAME in O‘ahu. And he was so thrilled to go and I thought that that was so awesome. I’m forever grateful for that. And they worked with me while I established financial. Because when I first came, I didn’t have any financial or food stamps either for my- for me or my children. And so they gave us food until I got food stamps. They provided rides and support to my appointments and my children. They encouraged me to get my driver’s license, which I did. I completed a work readiness program, prepared me for job search, and housing opportunity. They encouraged me to enroll into college. They helped keep up- help me keep up a guide on my goals, and accomplishments, and successes to, you know, when things got rough they can remind of me how far I’ve came. Which I thought was really awesome and encouraging. There was never a time I didn’t feel safe at the shelter, or any of the staff, or even tenants. Everybody’s really understanding and respectful. They always handle things in a speedy professional manner. They help me gain back my self-esteem, confidence, and self-worth and independence. And they gave me a hope for a brighter future (SU).

**Comprehensive support.** When talking about services they thought were particularly helpful or good, both service providers and services users often spoke very positively of programs that provided wide-ranging support of individuals and families:

*I don’t consider it a shelter. It’s like a resource center, you know. Um, I, like, I found here, like, to be so rewarding. Like, I don’t feel like I live in a shelter, like I said, a resource center. There’s so many resources here (SU).*

The supports listed as helpful included mental health support, health care services, support for substance abuse issues, legal help, financial planning help, help with housing searches, housing vouchers, parenting classes, childcare, transportation help, computer availability, donated clothing, a community garden, and others. In general, it seemed that many of the participants thought that it was better to be able to receive as many services and supports as possible at one site rather than having to get their needs met by a variety of programs and organizations. For example, one service user suggested:

*Um,. because I- I do think if we have one organization that people could go to, maybe umbrella organization that have multiple organizations under it that, um, affected different cultural groups. And have those different cultural groups, um, have all the resources needed like job preparation, drug addiction, disabilities, families, singles. It would cost a lot of money, but it wouldn’t be a competition for.. how do you say, fundraising... oh grants! That’s the word I was looking for. So, if an organization has to
go out there and say I need a grant because I wanna start this, it doesn’t seem right the organizations that are being helpful, have to compete against another organization (SU).

Additionally, when describing the positive aspects of the program at one organization, a service provider also seemed to consider their ability to address a wide set of needs and provide comprehensive support to be a strong asset of that program:

But every single category we have services here to address those issues. So we do have financial literacy classes. Um, we have parenting here. We have preschool here. Yeah, we have preschool here. Um, we have job employment, um, classes here (SP).

In addition to discussing the usefulness of having many different types of services, several service providers also discussed the need for comprehensive support during different stages of the service process. At the beginning stage of the service process, one provider discussed the need for more comprehensive coverage in terms of mental health, healthcare, and addictions focused personnel on outreach teams so that they can better target and serve a diverse array of unsheltered individuals. Once service users obtained shelter, some participants spoke about the need for comprehensive supports at these shelters to help prepare clients for later housing stability. Finally, at the tail end of service provision, several providers discussed a range of efforts geared towards helping clients find and maintain permanent housing. These participants discussed the importance of building relationships with landlords so that they have a pool of contacts for potential housing placements. Additionally, providers discussed how their programs support clients who have been housed in order to facilitate long-term success and maintain good relationships with area landlords through addressing and preventing potential problems that might occur:

‘Cause on the back end we’re working with property managers and, um, identifying, like, which ones have the bleeding hearts for veterans, which ones have the bleeding hearts for families. So we try to create our own black book on who to approach when we have a particular group of people, who would be willing to stretch a bit more for other populations, and who just won’t and only wants this kind, um, type of families...So, yeah,
we’re just having a luncheon, an appreciation luncheon. So, you know, yeah, we wanna- we know not everybody wanna be veterans. But we know that there are, like, no matter what, you know, they would wanna try. So, we wanna tug at that. And then, you know, if they gain their experience, their relationship, with us, you know, then we try to slip in somebody else. We’re like, “Oh, how about-?” [Interviewer: Bait and switch?] Yeah! “How about this guy? He’s not- he’s not veteran. But look, he’s, you know, he’s 60!” You know? So, you know, it’s all, like, relationship. You know, it’s a gamble. You know, we’ll still be involved (SP).

Additionally, by providing ongoing support after a client is housed helps to assure landlords that they will have someone to turn to if they have concerns:

But our case managers build a relationship where- where the client will be exiting to- are- so their exit destination. If it’s seeking permanent housing then we create a relationship, our current case managers with the landlords. So that informing them that, you know, “Hey, you know, our-our-our client is here. The client is this, that, and that.” And so I will also be a contact person if there’s anything. So that there’s assistance and we’re just not placing them into these homes and letting them go (SP).

Many of the service providers spoke extensively about how they and their teams have gone above and beyond to help provide comprehensive support for their clients. This has often meant cultivating a wide range of funding sources so that they can have the funds they need to provide multiple types of services. However, it seems that even in the face of limited funding, providers often find a way to do what it takes to help their clients:

And we’re actually, technically, we’re not getting paid for any of that extra work. An outreach worker is getting paid to do what’s in the contract, yeah? What they’re doing, is providing the services knowing that a person’s gonna be homeless unless the right interventions are put in. And so they’re going above and none of us are really getting funded to do all this extra case management (SP).

At the follow-up interviews several participants, consisting of service users and service providers alike, indicated that they thought having more services located at one site would be useful. At least three of these participants discussed this as helping especially in cases where transportation is difficult, such as in rural areas or for those with difficulty getting around. One service provider found the feedback related to comprehensiveness as particularly useful:
I think for this one especially. That’s good to know as affirmation ‘cause one of the things we’re trying to do is try to create a one-stop shop where- yeah. Especially on our island it’s, like, you gotta go there for the benefits, you go there for employment, you know. It’s all over the place and- yeah, and if you don’t have transportation, it’s challenging for them to access the services. Yeah (Follow-up, SP).

**Trustworthiness.** The importance of the trustworthiness of services was another strong theme among service users \((n = 15)\). When discussing their good experiences and their appreciation for certain programs, service users often talked about the importance of services treating them “as a human being” or being “understanding and respectful.” These kinds of feelings of being respected and understood can be generated by and can generate trust in the program and its staff:

Yeah, um.. treating people as human beings. You know, that makes real good service. Instead of there’s some places that treated me as a number. You know, and I didn’t like that. And I’m like, “Brah, I’m not no cattle, you know. I mean, frick’n, screw you! I don’t need that.” But then when people came and talked to me and, like, treated me as a human being, despite whatever I was worth, you know, or what I looked like, or whatever, you know, they treating me as a human being, you know. I thought that was awesome. So that made me feel comfortable, made me feel, you know, accepted. For being more open to suggestions or even to get help from their services, I think that helped out a lot (SU).

Conversely, several of the “bad experiences” that service users talked about had to do with their feeling that services were not trustworthy. Bad experiences often had to do with a feeling that service providers were not following through with the help that they had promised or that providers were acting dishonestly:

Well, some of ‘em will s-. meet with you in front of your face and say something else behind your back. And that’s what I don’t like, you know? You tell me straight up. You wrote it out on a paper. I took a copy. Why go back on it? You know what I mean? Don’t change anything. That’s what I don’t like about it (SU).

It seems that providers who can generate trust among their clients do so by conveying respect and dependability, by following through with their efforts to help, and by listening to their clients’ concerns on an individual level, rather than treating them “like a number.” One
service user talked extensively about the particular importance of trust among homeless populations:

*Interviewer:* Yeah. Yeah. Yeah, that makes sense. So if the system wants to prevent that, they have to be trustworthy from the start [Participant: Yeah]. Yeah.

*Participant:* They do, you know. I think, we as homeless people, we- we might not have a lot, but what we do have is our word, you know. And our word is gold. Like, if I say I’m gonna do something, I’m gonna go do it. You know, if I say, “I’m cooking dinner tonight,” and if I don’t cook dinner tonight you know how much people is gonna be mad at me? And then that’s not gonna earn my trust, you know. They’re gonna distrust you and they’ll be like, “No, get the hell outta here!” So and that’s all we have is our word, so.. you know, it’d be nice if the system kept to their word, you know. And I know there’s some red tape.. might be a lot of red tape, but at least to let the individual know. You know, “’Eh, I tried out, I went to this, and whatevers, and it didn’t work out. But I’m still gonna work with you. And we’re gonna try something else.” You know? [Interviewer: Yeah, Being upfront about it]. Yeah, and not just like, “Oh you know.. I didn’t come see you for a month because..” whatevers, some BS story. You know? (SU).

These passages and others highlight the importance of being upfront and transparent about what a program can and cannot do so that clients don’t end up confused or frustrated with misguided expectations and “mixed communications.” Several service providers, who talked about the need to build trust and communicate understanding and respect towards their clients, also recognized this need for transparency and trustworthiness:

*I think that there’s a lot of training that is required for folks that are doing housing navigation out there to really appreciate.. homelessness.. as far as proper engagement with, um, with folks that are homeless and to understanding how those folks interact with the environment, and a lot of pragmatism that the folks exhibit (SP).*

*It helps them to really understand that people do care about them and that they’re here to help. And if we have that- that message across the board- you know, if you’re consistent, if you’re persistent, if you’re compassionate, with this population changes can be made, just a lot of ’em have experienced, um, a person coming and it’s like, “Yeah, sure I can help you.” And then they disappear (SP).*

When thinking about the ability of staff to create a respectful and trustworthy relationship with services users, a few service providers briefly discussed the importance of organizational support for frontline service providers. For example, one provider discussed the idea that good
workers need to be supported by good values from the CEO and administrative staff. Another provider discussed the importance of providing a supportive environment for staff that often work hard at a very difficult job:

But, um, I don’t have any question that the people that work here are very committed and dedicated and their hearts in the right place, obviously, or they wouldn’t be here. ‘Cause we’re not getting rich working in the homeless, uh, agency. Um, but.. if.. and I- and it looks like your study’s more obviously geared to the client and the process and the outcomes of clients, but I think that the quality of services and the interven- the quality of the interventions that those people get are informed by the level of mental health and spiritual health that the s- homeless providers have. So that- and I dunno how you work that in there. Um.. I’m very conscious of how my people are doing. And the best way that I have found to supervise and support people who do this very difficult work is to give them every opportunity to be in control of what they’re doing that I could possibly think of. I’m the exact opposite of a micromanager (SP).

Trustworthiness, therefore, was not just seen as a quality of individuals, but also of whole organizations and programs. For example, one participant talked about how a particular organization had built a reputation of trust over the years:

But, again, most of ‘em are system youth, have pretty healthy distrust of adults, and it takes a while to kinda build that trust and rapport and- I mean we’ve been going since 19XX, which, CENTER has really good word of mouth out on the streets. But even so, “I don’t really know who are you? And what’s this about?” And so it’s- it’s a challenge. Ah, but even- you know, so once we’ve sorta built some trust and relationship and you know, “Hey, this is what we’re about and we’re not gonna turn you in for being a runaway...” (SP).

Another service provider discussed the importance of creating a “therapeutic community,” where clients could build trust with staff, but also among themselves, so that they could help each other along their journey. Yet another provider discussed the importance of an organization having a diverse staff that would be able to offer understanding and support to different populations based on their own history and life experience. It would seem that only is it important for individual shelter and outreach workers to generate trust while interacting with their clients, but trustworthiness as a quality seems to be best generated if the organization as a whole fosters a
good reputation over time, creates an atmosphere supportive of its staff’s active and
compassionate engagement with clients, and is mindful of hiring workers who have diverse
backgrounds and an ability to connect with service users from various backgrounds.
Additionally, shelter facilities themselves as physical entities can also play a role in the
trustworthiness of an organization:

Well, and it’s- it’s homey and comfortable and you can lie around on the couch and
watch TV. Nobody else lets you do that, you know? “Come, do your business, go away.”
(SP).

No, um, it didn’t feel a- more of a shelter. It felt more of a, like a home slash away from
home (SU).

But this specific shelter...I know this place has bed bugs. I know that if I use this service,
this service isn’t gonna take me in for any length of time after I get my rest for the three
days that I need. Um, so if that is the case, you know, do I stick- I have stayed with bed
bugs. And, yes, I’ve gotten further because I’ve dealt with it, but nobody wants to deal
with it. And to the point where it’s not just you, it’s other people around you, it creates so
much more stress. At that point, I would rather deal with the police kicking me from one
place to another than being in one place with a bunch of people under already
uncomfortable circumstances and then bed bugs. Um... there isn’t privacy in those places
so it creates an even more unsafe. I mean, sure, if you want privacy, get your own place,
but if you’re not there yet. Um, there’s circumstances where it’ll be an open shower and
not only can people steal from you, you can get sexually assaulted in there. Um.. another
reason about violence. I mean, it’s so easy because you’re already vulnerable. People
around you will seek that out, they want- you know they’re just tryna get ahead like you.
But at the same time, you know, there’s gonna be.. pros and cons to entering a shelter.
Um.. there are places on the island, public, where I can go and shower and not have to
worry about anybody coming in my stall, nobody stealing my clothes. Um.. and it’ll be a
hot shower. There’s places right now that I consider places that I feel safe in, that if I
really needed to, I would go and I could stay there for a month (SU).

Thus, organizations, programs, and shelters that have built a reputation of trust, which
cultivate a trusting and understanding demeanor among their staff, and ensure feelings of trust
and safety in their facilities, can have a tremendous impact on the lives of homeless individuals
and families. However, when a program or its staff breaks or fails to build that trust, there can be
negative consequences for the service users involved. Broken trust can result in less willingness
to access other services, which can prolong or complicate the housing trajectories of those individuals.

The content under this theme of trustworthiness (a combination of the former “transparency,” “respect/rappor,” and “bad experiences” themes) received perhaps the highest levels of discussion during the follow-up interviews. Several participants expressed agreement about the importance of generating trust and feelings of respect. For example, one provider gave the following comment:

*Interviewer (describing the theme):* Being burned by bad services would make you not want to trust and so, um, finding someone you trust that you’re willing to listen to, to do the things they’re suggesting, was important [Participant: Yeah]. Yeah.

*Participant:* That’s a good comment for case managers (Follow-up, SP).

Others, while not necessarily disagreeing with the sentiment that it is important to create an atmosphere of trustworthiness, discussed issues or limitations that might prevent programs from seeming as trustworthy as they might like. For example, one service provider mentioned having to terminate a program earlier than expected because of a change in funding that was beyond their control. In instances such as these, agencies and programs may be limited in their ability to perpetuate feelings of trustworthiness. Other providers and service users discussed the fact that they saw the service provider/service user relationship as something requiring mutual communication and respect. In other words, a few participants seemed to push back against the idea of placing the responsibility for client success too much in the hands of the programs rather than in the hands of the clients themselves. The following passage provides an example of how a participant might agree with the general principle of trustworthiness, but then also argue for client responsibility:

*Interviewer: People you know just kinda have a bad experience and don’t wanna deal with the organizations?*
Participant: Unfortunately, people look at others with judgment before getting to know the person, ya know? And they judge by what they see and not know what’s on the inside. [Interviewer: Yeah.] So yeah that- that- I see that happening a lot with the different ethnic backgrounds and single people, you know, with mental health problems, with disabilities, ya know? Um- [Interviewer: They in particular don’t- don’t] yeah. [Interviewer: always feel respected?] Yeah, yeah. Yeah. [Interviewer: Yeah, that makes sense to me.] Yeah. Yeah. Yeah. But then I also see- you know, yeah, they are and then you know you- you got the ones that whine and cry and “poor me,” ya know? And it’s hard to help someone that’s so in to self, ya know? And that’s the willingness part, ya know? That’s, like, you gotta be willing to take yourself out of self, yeah (Follow-up, SU).

A different service user presented a very similar response to the idea that organizations need to be supportive of their clients:

Interviewer: Yeah. Yeah. That’s what people were saying. Um, and then if programs are supportive, if they can help you get what you need if, um, you know, if you hit the barriers, they help support you through those barriers that kind of thing.

Participant: But then again, the help through the barriers is real good, real supportive, but it all comes down to you in the end. [Interviewer: In the end you gotta do it, right?] And you gotta have open mind about it and willingness to accept what, you know, what is given to you, what they say, you know, what- whatever it is (Follow-up, SU).

The overall takeaway from these and similar comments seems to be not that the principle of trustworthiness is unimportant but that factors at higher (systems) and lower (individual) levels are also important to consider when evaluating the perceived trustworthiness of any one agency. That is, systems issues such as funding and failures in collaboration can negatively impact a client’s impression of a program’s trustworthiness, as can the individual temperaments and levels of “willingness” among the clients.

Requirements. While “trustworthiness” and “comprehensive support” were both qualities that were almost universally seen as positive aspects of programs and organizations, participants sometimes seemed to view program rules/requirements as helpful and positive while at other times they discussed the difficulties or barriers that these rules and requirements could present. Some of the program rules and requirements that were discussed included: verification
of homelessness (a letter verifying the client does not have a place to stay, often from outreach worker), TB clearance, VI-SPDAT (assessment tool) score, program fees, sobriety (sometimes verified by drug testing), and required classes or activities.

Generally, program rules were understood as an attempt to ensure that a facility provided a safe environment for all clients, which was often seen as helpful. For example, one service user discussed the difficulty of being a recovering addict in a shelter that was “wet” (i.e., did not require sobriety). However, some participants did mention that some individuals might then be excluded from using important services because they are unwilling or unable to follow the rules:

Yeah, I have a lot of friends that are still homeless...So a lot of it I see when I say the willingness is the willingness to want to change, you know, to humble themselves and to follow the rules, you know, of having a curfew or, whatever, you have to be clean and sober, you know, gotta. (SU).

Therefore, rules that are too strict or prohibitive can restrict the range of homeless individuals who are able to receive effective help (i.e., those without addictions, those who are able to tolerate a certain amount of loss of autonomy, etc.). Additionally, one participant discussed the tension between creating a safe environment and allowing clients to be “humans” without feeling that they are overprotected or “gated:”

A lot of good things have happened since this new, um, woman has taken over. Um, you’re not as gated in as before. You know, before you were only- couldn’t get out till 5 in the morning and you had to be in by 12 at night. For the last maybe three months, they’ve changed that to where you can come and go at any time in the day or night. Because, you know, we’re humans, and, you know, it’s like a nest. You know, here you- you get out. You learn how to crawl and you learn how to fly, you know. And, you know, sometimes if people are so protected, protected, protected, they tend not to know what to do when you get out there. So, you know, you can come and go, 24 hours a day. If you have a night job, you can, you know, work or whatever (SU).

In addition to the need to follow a certain set of rules, some programs, especially those following a transitional housing model, also had requirements that participants were expected to meet to remain in the program. The two requirements most often discussed were program fees (a
specified monthly amount akin to rent, but sometimes put aside as savings) and classes. When service providers discussed program fees they tended to view them as a tool to help clients practice paying rent, generating savings, or better managing their finances:

And that gives us the ability to make sure that they have something on the side so when we link them to that housing subsidy or that housing opportunity, we know that they have something, you know, to get in the door, and a little somethin’ to get started with… They have, uh, sometimes, car payments. Uh, often they have storage. Um, they have cell phone bills. Um, so we realize there are some legitimate expenses that we, uh, support to- to- to make. But really, it’s a psychological thing. We want them to just get in the accustomed to saving money. Because if they haven’t figured out how to budget a certain amount each month then they’re probably gonna land back out on the street again when they don’t pay their rent (SP).

Additionally, one service user pointed to the fact that the program fees in transitional housing helped to establish a rental history and gave a sense of “structure” and “independence.” However, at least one service user spoke extensively about the burden that program fees placed on clients and how it felt like a barrier rather than a tool for success. This same participant spoke warmly about an experience with a program that had few rules and requirements and how that program felt more supportive and inviting.

For the most part, service users tended to speak favorably about the classes they were required to attend. However, one participant did acknowledge that at first the classes seemed like “a waste of time.” After a while, though, it seemed that the classes did prove helpful:

I was fighting a battle in myself and I was losing every day until I realized that it was me and it was all the classes that I went to, you know, to where now I can sit in there and I can just laugh in the class. You know, and not sit there and feel like, “Oh, my god, they’re talking about me! Who the hell talk-!” You know, “Who was talking shit about me?” [Interviewer: Feel shame when- yeah]. Yeah! Because it’s like, “Oh, my god, he’s just talking straight to me because that’s exactly how I behaved.” You know, but secretly- you know, in my mind and my thoughts (SU).

Thus, it seems that the classes and other program rules and requirements were often helpful on an individual level, but could present barriers to certain groups of individuals accessing services.
The reactions that follow-up participants had to the “requirements” category were very much in line with the ambivalence towards requirements that came through during the original interviews. Some participants reacted by reaffirming the usefulness of requirements and others questioned their usefulness. One service user expressed a desire that requirements could be more individually tailored so that attending classes could be optional depending on one’s life experiences and needs: “I mean, it’s kinda like I wish I could just gain the shelter and not have to deal with the services but it doesn’t work that way” (Follow up, SU). Additionally, two service providers in reacting to the feedback provided in this category described how it related to the directions their programs are trying to move in:

Participant: So did that user say that, for him, he would have preferred to be in a dry shelter?

Interviewer: Uh, I think that was the implication of what he was saying. Yeah.

Participant: Well, that’s good. We’ve always been trying to be in line with that. Like, we get push back all the time of too many rules. And I say, “Well, no, there should be programs that is dry and then there should be programs that shouldn’t require being dry” (Follow-up, SP).

I mean I think less focusing on programming here. Like, for us it’s a new shift of less programs so less classes. Let’s get them housed. Housing first, and then we’ll wrap around the services that the individual needs at their level. Not come in and, “By the way, you have this class, this class, this class, this class”, „. We’re cutting that out because- [Interviewer: Even you guys in transitional?] Yes! And so we’re not saying we’re cutting out the classes totally. It’s just, it’s not gonna be a requirement or mandatory for when clients come in that, “You don’t have a job? Okay, you’re going to money management class.” “You don’t have this? Okay, you’re going to this class.” Okay you- It’s not going to be that (Follow-up, SP).

One final observation related to the program and organization level themes is worthy of note before moving on to the systems level. While some of the discussion of how programs and organizations can impact a service user’s journey seemed to provoke some defensiveness (on the part of both service providers and service users) of homeless programs, several of the service
providers did seem eager to hear the feedback that service users gave about homeless services. The two passages above are examples of how providers seemed appreciative of the chance to hear service user opinions. Other similar interactions occurred wherein providers wanted more information (sometimes more than the interviewer could provide given the limited scope of the project) regarding how they could better help their clients.

**System Level Factors**

*Interviewer:* ...*If you could do anything, unlimited resources, uh, to make Hawai‘i’s homeless services better, what would you do?*

*Participant:* Um, work on system issues. Find a champion to work on those system issues, a government leader, or, um, someone who can navigate the complexities of it (SP).

Just as individual programs can have an important impact on the individuals and families that they serve, so too can the homeless service system as a whole. For example, the level of overall funding available and the degree of coordination between programs can impact the quality of the services available. With limited funding, organizations may be forced to have higher staff-to-client ratios than they would like, which could also impact their ability to provide more comprehensive support and/or their perceived trustworthiness. Therefore, it is important to consider the systems level factors that may impact organizations, programs, individuals, and families.

Major themes related to systems level factors that could impact the trajectories of homeless individuals included bureaucracy \((n = 8)\), funding \((n = 10)\), collaboration \((n = 6)\), systemic approaches to homelessness \((n = 16)\), and the functioning of other related systems (e.g., health care or law enforcement) \((n = 13)\). Table 7 shows the initial interview coverage for the system level factors themes. A few of the themes within this category were more prevalent in the service provider interviews (e.g., collaboration, funding, and related systems) than in service user
interviews. This seems natural, as service providers are often required in the course of their work to think about the homeless service system as a whole, while service users may be more likely to experience pieces of the system without seeing its inner workings. The one theme that was more discussed by service users than service providers was “bureaucracy.”

Table 7. Initial Interview Coverage of System Level Factors.

<table>
<thead>
<tr>
<th>Category</th>
<th>Theme</th>
<th>Initial Interview Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Level Factors</td>
<td>Bureaucracy</td>
<td># Service Providers</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Funding</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Collaboration</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Approaches to Homelessness</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>Related Systems</td>
<td>9</td>
</tr>
</tbody>
</table>

Bureaucracy. Most of the service users (*n = 5*) and a few of the service providers (*n = 3*) mentioned one or more issues related to the confusing bureaucracy that seems to infuse the homeless service system (and other related systems). Bureaucracy is probably the side of the system that is most visible to homeless service users, who are not often in meetings discussing collaboration, funding levels, or coordinated system-wide plans to address homelessness. Thus, bureaucracy is likely the primary face the homeless service system shows its clients. The “bureaucratic” factors participants discussed included confusing eligibility requirements, large amounts of paperwork, waiting periods, the mysteriousness of what is available to them and how to access it, and the seeming arbitrariness of being denied services or benefits. For example:

*I think the system is broken, so. There- there’s too much rules and.. and they don’t want everybody.. I guess, not- each program is, like, different. So like, I know- I know certain programs won’t take AMHD ((Adult Mental Health Division)), you know, the mental health people. And some certain programs won’t take, um, felonies. Or certain programs won’t take this or whatevers. And then that’s- that’s the weird part (SU).*

While several participants stressed that with persistence and willingness one can learn to be better at navigating the system and accessing what is needed, it is likely that demystifying and
simplifying the process of getting services would make those services more accessible to some of the more vulnerable populations. In the words of one participant: ‘Cause bureaucracy sucks. It does, sucks so hard (SU). For example, one service user with a high level of formal education and fairly good system navigation skills recommended:

I’d be nice just to have one, like, big sheet of just all your options. Just one big log. You know, like standard thing to where like everything is just in your face. Of course, that’s so hard to just, you know, have to figure out this, figure out that. Because even case managers don’t really know everything (SU).

Indeed, one of the service providers confirmed this suspicion that even providers struggle to navigate the bureaucracy of the system:

As housing navigators and case managers and outreach workers, we have a hard time navigating through the system and we’re engorged in it, like, we are there. And we have a rough time, um, trying to figure out how to help our guys get housed and I can just imagine somebody who doesn’t have that information going through the system. It’s frustrating. You know, your go-number one goal of getting housed is, forget it, I just wanna learn how to read, forget it! You know? (SP).

Many homeless services in Hawai‘i are federally funded and so there may be little to be done about reducing the requirements or paperwork involved in those services. However, it is important to note that these factors were seen as significant barriers to being able to access services and find secure housing. Perhaps state or county funding bodies or system providers could examine whether or not there were ways in which they could simplify or clarify service procedures and eligibility. This would likely be effective in reducing needless barriers to service. In the words of one participant:

Uh, I feel for a lot of the kids that are affected. If kids are involved there should be resources for them, requirements shouldn’t matter. Um, if there is a child in need, I mean, this is my opinion, but there are so many requirements that these kids are being affected in such a harsh way that’s it’s like “woh!” (SU).

Given these kinds of high stakes, it understandable that service users might question whether the wide range of bureaucratic “red tape” associated with services was truly necessary.
**Funding.** Another systems-level factor that was mentioned by both service providers ($n = 6$) and services users ($n = 4$) was the availability of funding for homeless services. When asked what they would do to make homeless services in Hawai‘i better, several participants replied that they would increase funding and resources:

*Um, well I think we need more, just kinda across the board. Um, I think we need better funding. I think we need better resources (SP).*

*Easy.. Easy would be... more financial for these programs, you know. It’s- there’s not a lot and a lot of it got taken away. And.. I think they need more services, you know? So.. like, the welfare, problem, like, I remember before when they had all the workers, like, there wasn’t all these people out there. You know, there wasn’t all these people in the line. And it’s crazy. So stuff like that. And they need more workers. They need more people to help out with that (SU).*

One of the above participants linked funding directly to the ability of agencies to hire enough “workers.” According to these participants, therefore, there is a need for both more services and resources and for higher staffing levels for the services that are available. Thus, even programs with caring and dedicated staff can be understaffed and overworked, resulting in significant impacts to the experiences of those they serve:

*There are a lot of barriers to- for a homeless individual, um.. I think the providers’, you know, interest are always in the best place. Um, I think there’s not enough money to address the homeless problem (SP).*

*Yep, so, right now I think there’s only about 45 outreach workers that do homeless services, not just specifically outreach. I believe it’s about 45. But you’re talking about a population of 7,000 people. Families, singles, you name it. They have it. 45 people working with 7,000 people, you kinda split it up. I don’t know what the numbers are but it’s just a ridiculous number. You know, we can’t- You know, so we can’t reach everybody. And we can’t- you know, we’re very limited on that and we- if we had more agencies that focus in on homelessness or homeless outreach and case management, in house case management, or, just that aspect of that interim case management until you can get into that primary case management role. I think that would really improve, you know, the quality of life for a lot of guys (SP).*

While some participants discussed a general need for more funding “across the board,” others discussed how funding cuts in particular areas could affect certain populations. For
example, one service provider mentioned cuts to funding for mental health and substance abuse treatment beds affecting the availability of housing options for those populations. Additionally, both service providers and service users on Maui and the Big Island discussed a particular lack of resources affecting those islands causing there to be waiting lists for accessing help at shelters. In sum, many participants pointed to improving the levels of funding for homeless services and the more judicious allocation of those funds as ways to improve the availability and quality of homeless services in the state.

**Collaboration.** Collaboration among agencies in the homeless service system was a strong theme among service providers ($n = 6$). Collaboration was often thought to be useful in that it could prevent service users from falling through the cracks, could facilitate more comprehensive service provision, and could make services more efficient. Therefore, several participants spoke about a need for better coordination among entities in the homeless service system and some spoke of their frustration with the current level of coordination:

*Um.. I think... there are so many things. The population is so transient and it feels that there are different sections in the government, whether it be through city and state, operating at different, um, initiatives and, um.. and goals, you know? And while we all say we’re moving in the right direction, we’re often not in the same, like, running parallel with each other, you know? It’s - feels like- and sometimes people in organizations and branches kind of go left to accomplish a goal, when everyone is going right. Um.. and it can be counterproductive and frustrating* (SP).

In addition to this need to coordinate services so that all agencies are working towards a common goal, other service providers spoke about coordination among providers as an important tool in using funds efficiently. Given that lack of funding will likely continue to be an issue for homeless services, one participant highlighted the fact that better coordination among services could help ensure that providers are able to do more with less:

*I believe there are tons of resources that we’re not aware of. So I think it’s the whole awareness of letting the people of Maui know and then letting the different agencies know*
about each other and how is it that we can all come together and know what... we all serve, we all offer, we all have to offer. And instead of within our agency trying to duplicate something that is already available, learning to tap in and utilizing those services rather than trying to find a grant to bring it within our agency, when there is already an agency or service out there that provides it. So learning more about each other, being aware that--a need of--for a certain situation is out there, somebody offers it. So just collaborating with everybody and knowing what we all do, so that we can all tap in the service together and make it a stronger team instead of ORGANIZATION trying to implement all these bunch of services and classes and finding grants and funding to serve something for our clients when there's already something available (SP).

Additional comments about collaboration discussed the importance of being able to coordinate between agencies so that one individual or family could be tracked across service types and service locations. Some thought this might help make sure that people do not fall through gaps in services.

While some expressed frustration over a perceived lack of coordination, others did seem to think that the service system was moving towards better collaboration and had made great improvements in recent years:

*It- it has gotten- under Colin Kippen, it has gotten tremendously better. Colin and Lori have done- Lori Tshako- have done so much to help.. bridge the gap between all these things different agencies, hold people accountable, and get people on aboard with helping out, um, address this problem (SP).*

*When PHOCUSED came into the process of really being the arbiters of the housing process of homeless people I was very skeptical. Um.. but I was wrong. I think that the, um.. the level of collaboration and the level of coordination that PHOCUSED and Scott Morishige in particular were able to bring about was phenomenal, compared to what had, previously been in place which was absolutely nothing. So it went from a super siloed process to a one-stop process. Um, so I think.. that is a change that has occurred that I think indicates, um, at least with regard to housing, um, identifying, prioritizing, and placing, um, we just went into hyperspace as providers (SP).*

When the collaboration theme was presented to participants during the follow-up interviews, the following aspects were highlighted: 1) collaboration among service providers was generally thought to have positive impacts on clients; 2) many thought more collaboration was needed, but 3) several participants also discussed improvements in this area in recent years. A
few of the service providers chose this theme to comment on specifically and much of the content of their comments were in line with what is presented above. However, one participant did offer an alternative, more cautious view towards recent collaboration efforts that is worth noting:

_I’m kinda on the opposite kind of the spectrum in terms of- [Interviewer: No? Okay. No collaboration?] no, no I’m not opposed to collaboration, but I- it needs to be driven by the client. As opposed to, “Hey, do my VI-SPDAT and I’m gonna share your data across all the whole system.” You know, and I think, some of the other people in the data world, are really big on, “Hey we wanna have open data,” and then, I think as providers we should be extra cautious and careful about guarding the data of a vulnerable population, and just ‘cause you’re desperate and in need of shelter, doesn’t mean you should, say ‘share all of my data’. You know, which is kinda how it’s,[Interviewer: The direction it’s moving] sort of playing out. So all in the name of collaboration, which I’m in favor of, but [Interviewer: That particular variety..] the way they’re doing it, I’m not sure I’m in favor of (Follow-up, SP).

Approaches to homelessness. In addition to talking about the need for better coordination among homeless services, both providers (n = 8) and service users (n = 7) alike discussed overarching strategies that they thought would be helpful for guiding the system in terms of how to address homelessness in the state. However, there was not widespread agreement about what the overall guiding approach to homelessness should be. This is in part a reflection of the fact that the participants had experience in a wide range of service types and homeless populations. Thus, a provider serving youth might advocate for an approach that is sensitive to the needs of that population, and a provider serving families might advocate for approaches to homelessness that benefit families, etc. However, the differing, and sometimes even opposing ideas among the study participants about how to best direct the system to address homelessness might also be in part a reflection of the various philosophies and “initiatives” competing for prominence in wider social discourses on homelessness. For example, one
participant discussed the various “initiatives” that have guided approaches to homelessness in the state over the years:

*I’ve been part of... it feels like more than four homeless initiatives. Started with Governor Abercrombie’s 90-day Plan to End Homelessness. And then they-and the next one was Hundred-Thousand Homes. And the next one was 25 Cities. Next one is. um, Housing First. And another one is, um, ah, ending veteran’s homelessness...So it’s like, we’re still- I’ve been a part of a lot of initiatives, you know? (SP).*

Participants also mentioned several other approaches to homelessness in the state, including a plan to create a temporary shelter space on Sand Island, the Mayor’s “compassionate disruption” program to clear out several large homeless encampments in Honolulu, and the Housing First philosophy versus the Continuum of Care model, among others. It is beyond the scope of this study to explore participant views regarding each of these various approaches. It is important to note, however, that participants often disagreed about how effective each approach would be. These varied and opposing views on how to address homelessness can make it more difficult to collaborate in coordinating a system-wide plan.

Additionally, these discussions about different approaches to homelessness are important to the present discussion in that any one particular approach may favor some subpopulations of homeless households over others. For example, the recent pushes to end veteran and chronic homelessness are attempting to harness more resources and support for these particularly vulnerable homeless populations, but at least one service provider had concerns that this might take resources away from attempts to address other populations, such as family homelessness:

*Um, so, certainly because there’s a lot of pressure I think on what people- what the public sees visibly is the chronically homeless. Um, but- and also because of the resources and times- time that it takes, the chronically homeless, away from, um, or the emergency services away from, you know, real crises. So, I mean, I see, um, the rationale in that, but I think it’s the families right- right now being left behind, um, and the- and the local residents (SP).*
This comment reveals the tension and tradeoffs that occur among the different plans and initiatives being discussed and debated. It also highlights the fact that whatever approaches the system favors at any given point in time are likely to differentially affect the various subpopulations, creating systems-level influences on their various trajectories. Thus, how any one particular group may tend to fare is often not a stagnant feature of the group itself, but can change across time depending on system policies and politics.

When the theme of “approaches to homelessness” was presented to participants, only the broad strokes above were presented. I highlighted that there were many opposing views among participants in terms of how to best address homelessness, gave examples of some of the overarching approaches that were discussed, and mentioned the idea that different approaches might favor different subpopulations of the homeless. In general, service providers readily acknowledged the different, sometimes contentious views in regards to how to best address homelessness and seemed to also understand these differences as at least partially a product of the different populations they served:

*You know what your needs are. I mean, like PERSON down at ORGANIZATION has a whole slew of people from individuals, men, individual women, to families that she’s dealing with, mentally ill to healthy, to, you know, just plain poor. She’s got the whole gambit down there, but I just have families. I don’t have to- I mean I know about all the rest, but I don’t have to think about them. I don’t worry about teens, runaway kids, you know, and things like that so there’s a- it’s a- and I don’t do veterans anymore. I used to do that so it doesn’t- it really depends on where coming from, what your needs would be and your approach to a solution (Follow-up, SP).*

Follow-up participants also seemed to recognize that different approaches to homelessness may end up favoring some groups over others. For example, when discussing this theme, on service user pointed to the ways in which overarching or system approaches to homelessness could in some cases be seen as an effort to allocate limited resources to those thought to be most “*deserving:*”
But with Housing First and different approaches like the street sweeps, it seemed to me that the whole point of there being traumatic approaches was because they wanna- they feel, or the system feels that only certain people deserve to be treated like human beings. And so when you see a certain group at Kaka’ako, when a certain group that’s in the shelter, you weigh out, “Oh, who’s more important? Who’s more deserving of the resources we have?” And of course, you gotta do that ’cause there’s limited funding, but at the same time, this issue is such a broad thing with so many- what was the first card you pulled out? [Interviewer: The individual?] Individual family level factors. There’s so many factors, it- you can’t weigh out, “Okay, who deserves housing? Who deserves the resources we have, like school supplies, and hygiene supplies, ‘n meals on Sundays?” Or whatever the case may be. So, I feel like this [the preliminary findings] is all going in a good direction (Follow-up, SU).

Related systems. The homeless service system does not operate in a vacuum and often intersects, as do its service users, with other large service systems in the state. Participants discussed how these various related systems can impact the journeys of homeless service users. The related systems discussed included the public housing system, the Veteran’s Affairs system, the police and fire departments, the Hawai’i State Department of Health, the Medicaid system, the mental health system, public safety and the judiciary, the criminal justice system, child protective services, public records, the foster care system, and the education system (in the case of youth). The following comment provides an example of the kind of regular interactions with these other systems that homeless individuals may experience. It also illustrates both a positive view of an interaction with a related system (the police) and the effort one agency makes to fill in a gap left when another system (health care) fails:

Then it makes it very difficult to work with them and kind of help get them back into a place where they can make decisions on their own instead of- instead of the community coming in, seeing somebody who’s actively symptomatic on the street, calling the police right away, saying, “I’ve got somebody who was smoking ice and now they’re crazy.” And not really understanding that this person did not have the medical insurance to get the medication and this is why this person is like that. And then the police come, they do, depending on what happens, they have to do a forceful takedown. Thankfully, our experience with the police have been- they’ve been so gentle. They’ve been so compassionate and very understanding of this population when they’re here, knowing that that’s who we work with. But then outside in the community, it does have to be different, you know? They’re responding to different things out there. Um, so yeah,
definitely the medical- the insurance aspect of it. It also- medical insurance is what pays for case management. So at ORGANIZATION, we provide in-house case management and interim case management. This is- we fill that gap until they’re able to get a primary case manager who’s gonna be there to meet all their needs (SP).

While there were a few examples of related systems providing extra help or support when needed, when speaking about related systems, participants more often discussed how failures in these systems have negatively impacted homeless service users. Therefore, a few participants discussed the need to create better routes of coordination with these systems:

I also think, which you’ve.. undoubtedly.. come to the conclusion of it as well, is that having more boundary spanning particularly of information across the universes of public safety, and, um, healthcare, and housing, would be very important. Because what I really think is happening is I think that there is a lot of, um, a lot of economic externalization from other systems that occurs and the product of which becomes homeless service utilization or homelessness. And they were the byproducts of that as homeless service utilization, particularly with substance abuse treatment and, you know, mental health and so on and so forth (SP).

While mentioning the need for better “boundary spanning” across service systems, this participant also seems to view failures in these related systems, especially substance abuse treatment and mental health, as contributing to homelessness. That is, if related systems functioned better, then homelessness may be less of a problem. Of course, given that related systems were not an explicit focus of the interview questions, the brief outline above is far from a comprehensive presentation of participant views about these related systems. It does serve, however, to situate the homeless service system within a set of other service and governmental systems and highlights the ways in which these systems can impact both homelessness in general and the journey of individuals and families who are homeless.

During the follow-up interviews one participant discussed a particularly “glaring” example of related systems failure and highlighted the devastating affect it can have on the trajectory of individuals and families struggling with homelessness:
Um, the only thought that I had was under, um, maybe under funding, would be, um, one of the system flaws that happens a lot is the welfare staff is underfunded and overworked. And they will drop the ball with the client and they’ll not pay them that month, their- their money and then they’ll blame the client that, “Well you didn’t turn your paperwork in,” when it’s probably buried. You know it’s there ‘cause we have proof that it got turned in, you know, and so then somebody is out their $416 or whatever it is that month and now they can’t pay their rent or get their food or anything. And now they have to reapply and go through the whole process. So it’s a system failure that is really glaring and happening a lot to us. Uh- in fact, so much so- it happened again yesterday- so much so, that we’re actually gonna go talk to them, see if we can get an appointment with the head of- the person in charge of welfare and just say, “You have a problem going down the line.” So that’s a system failure because it isn’t just one worker. We’re hearing this from- this gets- this happens to several of our clients over a course of years. It’s been going on. And it’s like this keeps happening, there’s something wrong here. [Interviewer: Yeah, that’s horrible.] Yeah it really is (Follow-up, SP).

Community and Society Level Factors

I think until the system looks at the deeper causes, we’re just gonna be putting more band-aids on and I don’t think- I don’t think there’s political will or willingness to do that…I mean, that’s very pessimistic of me, but I think we’re very- I think we’re stuck in a system where we’re treating the symptom of homelessness and not the causes (SP).

Even as the homeless service system is set within a net of interrelated systems, this net of systems is situated within the wider community and impacted by larger social forces operating at that level. To ignore these community and society level factors is to miss a big part of the story of homelessness in Hawai‘i. Throughout the participant interviews, the most discussed challenge related to homelessness ($n = 17$) was the lack of affordable housing in the islands. This is very much a community-wide problem and affects not only those who are homeless, but large chunks of the population who struggle with high rent-to-income ratios. Affordable housing is one example of a community level factor that has important repercussions for homeless individuals and families. Highlighting community and society level factors helps to draw attention to the root causes and underlying factors that maintain homelessness, suggests higher-level interventions, and keeps us from locating the problem solely within individuals. Table 8 shows the initial interview coverage for the community and society level themes.
Table 8. Initial Interview Coverage for Community and Society Level Themes

<table>
<thead>
<tr>
<th>Category and Society Level Factors</th>
<th>Theme</th>
<th>Initial Interview Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td># Service Providers</td>
</tr>
<tr>
<td>Community and Society Level Factors</td>
<td>Affordable Housing</td>
<td>8</td>
</tr>
<tr>
<td>Community Willingness to Help</td>
<td></td>
<td>8</td>
</tr>
<tr>
<td>Public Policy</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Symptoms of a Larger Problem</td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>

**Affordable housing.** Of all the issues that impact the journeys of homeless individuals in the state, lack of affordable housing was the most cited obstacle \((n = 17)\). It was discussed extensively as one of the defining major issues in the islands:

> There’s just not enough affordable housing that they can find. It’s the bottom line problem. So what could make it easier? More housing (SP).

Often when discussing affordable housing, participants highlighted the importance of grounding the semantics of the label “affordable” in the reality of what is actually within reach of those struggling to find housing:

> And you see all these new condominiums go up, but in the condos, you know, you only have certain amount of low income. But yet that’s expensive in itself, you know. I know a friend, she’s like- she has two kids, a one bedroom, and she’s paying thirteen and is that low income? Like? And she has to pay for the food and everything, and the electric. I’m like, “Girl, how do you make it?!” She’s like, “I don’t know! I’m asking for assistance and I don’t get it.” And like, that sucks (SU).

The overall lack of truly affordable housing in the islands and the problems it causes for the homeless service system can be seen prominently in the comments of service providers who discuss the difficulty of placing clients in permanent housing. There are various kinds of housing vouchers currently available that provide government subsidies for rent and are a guaranteed source rental income for landlords who are willing to accept them. However, many service providers discussed the problems they face even in placing clients who have these housing
vouchers. These clients have often done everything they needed to do to complete programs and have received housing assistance and still struggle to get housing:

*That said, I don’t- I agree with everybody that says we- the problem now is that we don’t have enough affordable housing. So, we’ve got a process in place. We’ve got some subsidies in place. We’re just- we just need housing. So if the housing market is considered part of the continuum of services for homeless people, then the housing market end of it sucks...Um.. but I don’t, you know, know what the solution is either. I don’t- If I was a- you know, If I was a third generation, you know, local and my family was fortunate enough to pick up some real estate over the years, and I was sitting on five rentals that I inherited from my tutu, I don’t know if I’d wanna put a bunch of dysfunctional drug addicts in my unit- in my rentals either. So, it’s a very difficult problem to solve (SP).*

The comment above highlights both the problem of affordable housing and that it is a complicated issue involving many community members (landlords, developers, etc.) outside the homeless service system. When the housing market is such that there is an overall lack of affordable units, there is naturally intense competition for whatever units are available. This tips the power balance strongly in favor of landlords and leaves many groups, including those with mental illness, criminal records, large families, and even those who have simply “fallen on hard times” in disadvantaged positions:

*And also.. I would want to change the minds of a lot of people.. in authority who have, you know, apartments and houses that are available. Because sometimes they just are so closed-minded and they can’t see the bigger picture and it’s really sad. If they can just give people a chance to prove themselves. Of course, there’s gonna be bad eggs, but there’s gonna be a lot of good ones. And I think that if that could change, it would change a lot (SU).*

This kind of power imbalance between landlords and potential tenants can also breed a subtle kind of systemic racism, where individual landlords may not consciously or overtly discriminate against certain groups, but nonetheless these groups experience the negative effects of discriminatory housing markets:

*What I mean by that is- is that.. for a landlord in Wahiawa, if that person has an option of.. renting to say a local Asian family: mom, dad, one kid.. and.. their income is*
moderate.. or a Marshallese family, let’s just give an example. Let’s say that they have- it’s mom and three kids. And mom’s got a pretty good job. Or an Air Force first lieutenant with his wife. Probability is that the Air Force first lieutenant is gonna win [Interviewer: Yeah, guaranteed income right]. Because it’s guaranteed income. If somebody by chance doesn’t pay then you go straight to command. And so that, you know, there is a kind of pressure. Or you can have a group of students versus a family, which are you gonna take? Well, you know, if the students got.. you know, if they say, “Well, you know, you guys’ incomes are a little bit low.” It’s like, “Oh! Here’s my grandpa!” “Yep, I’ll cosign anything.” You know, of course it’s gonna be- there’s that kind of pressure that’s established. So I’m sure that outright discrimination exists. But I think in addition to outright discrimination the other thing that is the appeal of the particular tenant to the landlord (SP).

Thus, while the lack of affordable housing may impact many in the islands, it does seem to disproportionately affect some groups more than others, especially if one’s ethnic background serves as a subtle indicator of class or is taken to communicate one’s likelihood of being a “good tenant.” As such, it is an important issue with which the community as a whole must wrestle in its attempts to address homelessness. Many of the study participants conveyed the idea that homelessness cannot be adequately addressed until the issue of affordable housing was taken seriously as an avenue for intervention.

Not only was affordable housing strongly represented in the initial participant interviews, but many of the participants in the follow-up interviews spontaneously brought up affordable housing as an issue early in the conversation and before the community and society level themes were discussed. However, once I explained that affordable housing was conceptualized as a community level issue in the analyses, participants readily agreed with the logic of placing the theme at that level. The following follow-up excerpt summarizes the problems with affordable housing that many discussed throughout the interviews:

*We have... a few towns, few cities COUNTY that just whatever, “No we don’t want any homeless.” And it’s really not home- it’s really not homeless. If we place all our clients who are presently in our shelter, who have HUD [vouchers], or who have financi- they’re financially able to seek permanent housing, once we place these people into permanent housing or affordable housing, then we can bring in all- there can be a better*
Community willingness to help. Community willingness to help was another community level issue that participants \( (n = 16) \) discussed at length. These discussions were two-pronged in that participants often discussed both the harmfulness of negative public attitudes towards the homeless and the need for more public engagement around addressing the issue. Several service users emphasized the fact that the community needs to recognize that homeless individuals are human beings:

‘Cause we’re all humans, you know what I mean? We all bleed the same color. And, you know, it’s just, you gotta help out your fellow neighbor even if they’re in a tent (SU).

I’m not the homeless guy sitting on a corner. I have a story. I’m real. You know, I’m an individual. I’m not just that person at the corner or I’m not just that family sitting over there (SU).

The negative impressions or stereotypes of homelessness which participants discussed as harmful included the idea that those who are homeless are choosing that “lifestyle:”

I mean, looking at sort of the overall spectrum of who comes to CENTER, we have that little piece of travelers, you know, that, you know, “That’s what I do. I travel from place to place and I hang out and I live on the streets and then I get tired of it and I move to the next thing.” And, you know, to some degree that’s okay. You know? Oh, it’s the other 96 percent that don’t wanna be there, but okay- but then, “Oh, no, he’s choosing to, you know, not go to the shelter.” Okay, yeah, but everybody else that can’t go to the shelter because they have pets or, you know, don’t have their ID, and, you know, blah, blah, blah [Interviewer: homelessness is a choice for a very small percent. Yeah]. Right. Right. And
if, you know, and if there were truly viable other choices to make, they wouldn’t choose it. You know, and so, I- er- ((exasperated noise)), and so as long as we’re, you know, demonizing the victims of intergenerational poverty, and substance use, and all that stuff, and a system that’s not actually fair, I don’t have a lot of hope, you know?

At the end of each interview I asked participants if there was anything else they wanted me to know or if there was anything else I should be asking in the interviews. At this point a few of the service users seemed to want to leave me with the final message that homelessness is not the stereotypes that are bouncing around in society. That these were the final ideas they wanted to convey in the interview left me with the impression that the issue of negative stereotypes towards the homeless was particularly salient to them. It seemed to me that they wanted to use the “official” medium of the research project to counteract those stereotypes:

*Interviewer:* Anything else I should know or I should be asking other people?

*Participant:* Gosh. Just to have more compassion, you know? You see- [Interviewer: everyone in the community? Service providers?] No, just, for everybody to try to have compassion. You know, ‘cause all you see is just the mess! You know? I mean, I heard of them sitting down people to help them, but look past the mess, look past the covers, look past the tents. Everyone has their story. [Interviewer: Yeah. Do you en- do you feel like there is a lot of maybe judgment of homelessness? Yeah?] Oh, of course! Of course! [Interviewer: So you feel kinda like people judge you?] There’s a lot, so that’s why a lot of people don’t ask [for help], you know? (SU).

______________________________

*Interviewer:* And is there anything else you’d like me to know?

*Participant:* You know, coming into this homeless program, you know, I wasn’t, like, portrayed as like a homeless, homeless. I mean, I was homeless, but my son was going to school. I’m a fulltime student also...

*Interviewer:* Well, and it sounds like you kinda want.. me, but maybe also the general public, to know that.. that - that not everyone is the stereotypic [Participant: Yeah, yeah. Exactly, exactly] homeless, right? Yeah.

*Participant:* It’s - it’s all type- I mean, I’ve seen people in there that have two jobs and still be homeless. You know it’s hard. The rent is just so high and owning a house is just crazy, mortgage and whatnot. It’s quite expensive to live in Hawai‘i, I mean, you know? (SU).
The negative stereotypes about homelessness that pervade community opinions about the issue have a number of important consequences. The passages above indicate the harmful dehumanizing quality that many of these stereotypes can have and the insistence on the part of service users that they be seen as “individuals” and as “humans.” Certainly the repeated exposure to dehumanizing messages can wear upon the spirits of individuals and families experiencing homelessness. An additional consequence of these negative stereotypes is their impact on community willingness to engage in solutions to the problem of homelessness. Several participants discussed the importance of the community as a whole coming together to address the issue:

*It’s affecting people that wanna jog. They wanna go, you know, see whatever, even the local people, you know. But the local people have a tolerance because, hey, what local person hasn’t- hasn’t been in that situation? It kinda comes along with island life. Um.. and awareness of the issue because we’re not the only place- Hawai’i- that has this issue. I could say all islands, even all highly populated places [Interviewer: Yeah, most major cities, yeah]. Um, .. but the problem is being dealt with on such a- such a small level, only looking at two sides as far as.. “Okay this is the- the homeless people, they don’t wanna get a job. This is the people who has jobs and wanna spend money.” So that’s the- that’s the two sides that they’re seeing, but.. [Interviewer: Not seeing all the complicated stuff in between.] Yeah! I mean there’s the houseless people that are also thinking, “Okay, those are the people with money. They just- they don’t understand. They don’t have an awareness of what is actually going on. And here is the only support system that I have.” ..But there’s always so many sides to the situation. Um.. but if you wanna get rid of the issue, you have to find an umbrella for everybody and ((sigh)).. I think if there are more people that were passionate about solving this issue, it wouldn’t be an issue anymore (SU).

Um, and it also seems like the solutions for how to remedy all the huge groups of homeless in Hawai’i should be fairly obvious. Um... but I don’t think everybody is paying attention. I think something’s only obvious when every member of the com- the village is really paying attention or really taking an interest. I guess there’s a difference between paying attention and taking an interest. Um, I don’t see, Howard Hughes Corporation coming to the table. I don’t see Kamehameha Schools Bishop Estate coming to the table. I don’t see the Office of Hawaiian Affairs coming to the table. I don’t see Schuler Homes coming to the table. I don’t see Horita Homes coming to the table. I don’t see Gentry Pacific coming to the table. Um, we’ve just seen some hotels on Waikiki come to the table and g- throw some money at us for outreach, um, so that their properties won’t be littered with, ah, ugly homeless people. Um, but I think what makes it hard for people to go from
being homeless to- to not homeless is that I don’t know that. that’s a shared value in our culture, in our society. So, that’s kind of the- the soil that we have to like try to germinate this little seed of like how do we solve this problem? Umm… and I don’t know how you reverse that. Um.. I don’t have anybody calling me from Home Depot, or Zippy’s or, Hardware Hawai‘i, or Target, asking me, ah, do I have anybody at my shelter that would like to have a job. Um.. so, the first answer to that question is.. um.. there doesn’t seem to a collective.. will to really solve this problem. And that’s so depressing (SP).

Thus, many of the participants seemed to want to situate the problem of homelessness as a problem for the whole “village” to address but that public will to do so was lacking, perhaps in part because of the negative stereotypes and misperceptions that exist about homelessness.

In the follow-up interviews, several participants confirmed and agreed with the above assessment about the harmfulness of negative stereotypes of homelessness, the need for the community to be willing to help, and the public will required to address the problem. Additionally, some participants discussed further examples of interactions they’ve had with friends, family, and landlords who make negative assumptions about homeless individuals.

Notably, some participants also discussed some examples of churches and other groups in the community who have made efforts to help with the issue of homelessness by offering instrumental support, such as food, and by aiding in the process of placing homeless individuals in stable housing. It seems that while there is room for improvement in terms of community willingness to help with the issue, it is also important to acknowledge times when community members do engage in the helping process.

Public policy. One community/society level way of addressing the issue of homelessness is through public policies that might impact the issue. Again, because public policy was not an explicit focus of the study, participant comments about public policy did not cover the range of policies which have attempted to address the issue. Rather, comments selectively highlighted the individual policies or general policy approaches which were viewed as particularly impacting the
trajectories of homeless individuals and families. Because of the salience of the issue in Honolulu in recent months, perhaps the most discussed public policy was the sit-lie ban legislation and the related “street sweeps.” Together these policies were intended to decrease visible homelessness in Honolulu and to encourage those who were sheltering in public spaces to seek emergency shelter services. While many of the participants discussed how they’ve seen these policies impacting their clients, there was not complete agreement over whether they were helpful in addressing the issue or not. Several providers and service users discussed the negative impacts of the street sweeps on those who lost property and identification documents, were issued fines they have no hope of paying, or were displaced to more remote locations. Others discussed the ways in which they observed these policies changing the dynamics of the homeless communities with which they worked. However, there was not universal agreement about whether these impacts had positive or negative results. Some passionately defended the practices as an important tool in helping individuals and families obtain more stable shelter.

When the qualitative themes were presented to the participants, other types of public policy that could be added to the list of those that impact homelessness were discussed. Included among these were policies towards development in the state, which could potentially influence whether or not affordable housing was included as a development priority:

*This card [Public Policy] is making me think of two things. Um, HCDA specific to Honolulu [Interviewer: What do I know what it is?]. Hawai‘i Community Development Association. That is the board- the body of individuals that is tasked by the State of Hawai‘i to monitor, regulate, approve, um, development. And so Kaka‘ako has been a Ahupua‘a [i.e., local region] in the last 10 years that has been very scrutinized, um, as the Ward family turned over their holdings over the last several years to now it’s the Howard Hughes Corporation, um, which has the Ward Villages, um, which we just barely now see what that’s gonna be like. We’re just barely seeing the beginning of it. I think there’s 14 towers planned between now and 2050 and I’m not aware of any formal … um, process that they have been required to conform to that speaks to making sure that there’s a place for people who aren’t coming from Shanghai as a billionaire. You know, China has the highest concentration of billionaires in the planet. Like, in the last almost 10 years, this is*
an amazing statistic. All the billionaires on the planet basically are in China. And guess where they’re comin’? They’re comin’ to Kaka’ako at least for a few weeks out of the year. Um, no one’s holding Howard Hughes Corporation- no one’s holding HCVA’s feet to the fire, no one. And there’s no sewage for all that, there’s no infrastructure for all that. So just the homelessness issue on the side, just in terms of the growth and health of the community, and the island, and the City and County of Honolulu, it’s just super crazy making. HCVA just took an old bust up warehouse over by the School of Medicine and they threw it to the homeless families. It’s about the most concrete thing they’ve done. Um, that I can see, to really eg- recognize the issue and problem, but, yeah, development is going completely unchecked. And I think we took a break in the 80’s ‘cause all of the development basically was residential development from Japanese nationals building homes. Um, but the 70’s was a huge, um, uncontrolled development period and now in this current time, there’s just nobody making any, um, priority. And an affordable unit is what? $400,000? $375,000? What is considered an affordable unit? (Follow-up, SP).

**Symptom of a larger problem.** A handful of participants (n = 7) pointed towards a need to consider underlying or root causes of homelessness. Because these perspectives are important to situating homelessness in a larger macrosystems context, they are included here briefly to indicate that while perhaps not the dominant or most frequent theme regarding homeless trajectories, these calls to consider the larger problems within which homelessness exits were decidedly present within participant discourses:

*Um, I think the state is, you know, doing the best that they can. Um, homeless services seems to be the catch-all of all broken systems, is how I best describe it. So while one department is trying to address homelessness, we need to look at all the other broken systems that’s leading to homelessness, right? So the public safety system without a transition of folks coming out of jail and have nowhere to go makes the homelessness. The displacement of the COFA families and that impact and not having services for them on their islands prior to coming, you know, transition or relocation plan. And because that’s not in place, you know, it feeds into the homeless service system. You know, ‘cause of poverty, you know, it feeds into the homeless system and the lack of living wages. So the researches that we’re putting to address homelessness, I think what we’re not doing well is trying to do a prevention system work. And that’s not an immediate answer. And that’s- probably tends to be why that doesn’t happen, is ‘cause they’re looking at the immediate and what they can see visually and how to help those people on the street. You know, so. And we’re starting to see even changes with Governor Ige, and, you know, and how his new leadership team-... Um, so I think they’re- we’re moving in that di- right direction in helping with immediately. There certainly needs to be more attention towards the prevention of homeless and changing policies and putting, programs in place that would prevent- stop the bleeding (SP).*
As in the comment above, other participants listed various “deeper causes” in relation to homelessness. These included generational poverty, the negative consequences of a “capitalist system,” colonization, and “broken systems,” among others. For example, below one participant discusses a view of an entrenched problem with complicated causes that is not easily solved:

*You know.. Yeah, you know, it’s a shell game. And, yeah, and so until there’s- erh- I mean, and then, you know, I- at- at my heart, I’m probably a socialist because the whole frick’n capitalist system is rigged to keep the oppressed down. And so until you fix that. You know, and Bernie Sanders isn’t gonna come along and fix that. And, you know, and it’s not going to- yeah. So big picture-wise, I’m very cynical and pessimistic. Um, on an individual basis, I’m very optimistic. You know, this particular person might be okay in the long run (SP).*

It seemed in the comment above and in other similar comments that articulating these “deeper causes” was often difficult, as one might expect with complicated, emotionally charged, and abstract ideas. The following passage represents one such attempt to tackle the topic of colonization and its impact on homelessness. In this instance the struggle to express these ideas may have been further complicated by having to explain them to a White interviewer:

*Um.. you kind of gave me a different thought. I didn’t wanna go so deep into sovereignty ‘cause it’s something that I’m passionate about. But, um, as far as safety and cultural issues, um.. because there is an innate resentment about what has happened to these different groups that are affected by houselessness. There is.. a resentment to authority. Um, that’s- that’s another reason why it’s unsafe. It’s not just unsafe between houseless people within these shelters or [Interviewer: between each other, yeah]- between each other. It’s- it’s a resentment towards the system in general because of who is supposedly trying to help you. Um, so, yeah, that’s it- that’s another why there continues to be an obvious houseless issue. Um, because.. wow, this is really- it’s getting difficult, it’s really hard for me to- to push this out, but I wanna get it out (SU).*

When this theme was presented during the follow-up interviews, many of the participants seemed to agree with the idea that there are some deeper root causes to consider when discussing issues of homelessness. The specific root causes that I gave as examples during the follow-up interviews included colonization, capitalism, and generational poverty. Of all these suggested root causes, the idea of colonization having an impact on homelessness seemed to generate the
most discussion. Several participants indicated that they agreed it was important to consider the impact of colonization. For example:

*I think that’s a beautiful piece to this. ‘Cause this is Hawai’i and the whole reason why everything changed was because of colonization and ethnic and cultural differences and that clash just never ends. It never ends* (Follow-up, SU).

A small number of participants asked for more elaboration regarding the relationship between colonization and homelessness. One such instance of this occurred in the group interview, which instigated an interaction in which one participant expanded on the idea in response to another participant’s questions:

*Participant A: What’s the correlation though? Where you going with that? What do you mean? Just the- the tide of the human condition, and get this shit happens from time to time?*

*Participant B: Well, what I mean is that all societies, I think, above a nomadic subsistence level have their own unique inequalities between different groups of people in terms of distributing power and wealth and stuff like that. And so it makes no one group particularly anymore evil from any other group. Whether you’re any of the different Chinese or Roman Empires or whatever came through Egypt and so on and so forth through history. But essentially, when you are part of one group that ends up being subjugated by another group than you have a problem. An example would be in recent history, you know, when, ah, Texas got, um, turned into a republic back in the day. What happened was all those Tejano land barrens that were out there inside of, um, what was it? UNCLEAR WORD, or whatever they call that territory. They were pretty instantaneously flat on their backs because the folks who had come in from the Southern United States, you know, were able to acquire certain kinds of things- [Participant A: Guess what? This is our land now]. Yeah, so I mean that’s kind of a- well what it was getting to was that, if you are part of a derelict substrata that existed prior, an economically derelict substrata, chances are that a regime change will not necessarily be very much in your favor. Because there’s a new derelict substrata that comes in and kind of sits on top of them* (Follow-up, 2 SP).

In these few cases when participants seemed to question how colonization and homelessness might be related, when they were given a broad summary of some of the ideas presented in the original participant interviews, none of these questioners presented further significant objections to the idea. One participant did offer the following comment:
I think it’s interesting. And people need- it’s a story that needs to be told, in general. Um, and it’s hard to hear sometimes, but it’s also like, the reality. You know, and um, while I hate like being Native Hawaiian and thinking about colonization, like, gonna continue to impact me forever. You know, ’cause like if I- like to feel like [Interviewer: You can break free from that?]. Yes! [Interviewer: Sure] I’ve done it already, you know? And so, I just wanna like- know I- I hate hearing it you know, kinda thing, about like how it continues to impact- and I- I know it does (Follow-up, SP).

**Participant Feedback about HMIS Data Quality**

In addition to questions regarding how people tend to move through homeless services, service provider participants \((n = 9)\) were also asked to discuss their experiences with the HMIS database. Questions regarding the database largely centered on participant impressions of the data quality and the usefulness of the data in that system. As the quantitative portion of the present study relied exclusively on this HMIS data, participant feedback about the system was extremely useful in understanding the potential limitations of the dataset. All nine service providers reported that most, if not all, of the programs managed by their organizations did enter data into HMIS. The few programs discussed that were not in the system included programs for youth under the age of 18 (which were entered in a separate database for youth), representative payee services, some housing placement services, and some post-incarceration services, among others. Despite these exceptions, providers did convey that all of their major homeless services (outreach, emergency shelter, transitional shelter, rapid rehousing, etc.) for adults are entered into HMIS going back many years because both state and federal funding required it.

**HMIS data quality.** Most providers seemed to have some concerns over the data quality in the HMIS system. One general concern was duplicated cases in the system, where more than one agency enters the same client under different new client numbers. Another concern had to do with the “administrative burden” related to data entry for programs that require several sets of information to be entered into different databases. For these programs, the HMIS database may
house only the most basic data because they routinely rely more heavily on other databases.

However, in general, participants were fairly confident in the accuracy of the intake data entered for emergency and transitional shelters. It seems that most organizations have put a lot of time and thought into setting up reliable systems for data entry at their facilities. For example:

*Yeah, our- I really get on my staff with the HMIS, because [Interviewer: You see the usefulness] especially, like, towards the ending of the fiscal year. Like, you know, reports are due, you know? So, like, ours one, like, every month, um, the supervisors that does have access to HMIS, they do monthly reports, yeah. So they have to keep the HMIS up to date.*

On the other hand, intake and encounter data related to outreach services did seem to generate less confidence than the shelter data. According to one provider, outreach workers may attempt to recreate their records based on a loose recollection of what they tend to do on a weekly basis:

*Can I tell you Krissy that most people I think, they’re doing it like in bulk. [Interviewer: Okay, so like end of the month?] End of the month, right? Can you remember what you did with the guy at week 1 as you know? It’s like.. that’s what they’re doing, you know, and it’s like – maybe some of the time they just- ‘cause they’d be outreach in certain areas on certain points of the week.*

Another provider explained that having to do intakes and paperwork while out on the streets is often overly-burdensome and can get in the way of building rapport with clients:

*Um, I think there’s been instances of lots of poor reporting and it’s just because the people inputting it are overwhelmed by the information they have to take. I know I have- I fault in poor reporting HMIS, you know, it’s gotten to the point where I’m so focused on the client, I understand that paperwork is important, but it’s- if all I gotta do is just check off a box, I’m gonna go through it as quick as possible. If all I gotta do is just type whatever little thing I can, I’m gonna minimalize those paperwork so I can focus in on my guy. ‘Cause I feel like it’s important just to focus on the client and not so much on the paperwork…Yeah, um, I- you know, when I get a phone call saying that we’re going into a community to do coordinated outreach, I get excited. And then everyone says, “Oh, you need to bring in your surveys and your intake packets.” And, I’m like, that sucks because nobody wants to sit out in the sun. I don’t wanna sit out in the sun and do surveys with them. I know they don’t wanna sit out in the sun and answer questions like how long they’ve been in jail after I first met them. I think that taking those kinds of tools with you in the field to conduct outreach is one of the most negative things that you can do.*
It would seem that there are unique features related to outreach work that make these services more difficult to reliably capture in HMIS. Outreach is often performed out on beaches and streets rather than in the office. They are also perhaps attempting to build trust and relationships with clients who may be more service resistant than those who present at shelters. It is likely that these factors combine to make both the gathering and entering of accurate client information more difficult for outreach services.

Another area of participant concern related to data quality was that of “unknown” exits. At least three service providers talked about concerns over exit data. Some of these unknown exits were thought to be related to clients leaving services without reporting why or where they were going and some were thought to be poor reporting on the part of service providers. The high rates of unknown exits are particularly challenging for the current study as they prevent an accurate assessment of whether clients that leave services are indeed leaving homelessness:

But if you could track each individual person by client number across-you know, okay, they were in my TRANSITIONAL PROGRAM and then they exited and were never seen again. Was that a successful exit or was that a disappearing kinda exit. And- ‘cause those are two very different things. You know, I don’t know how you do that… ‘Cause on one hand, if you’re still in the system, that might be a good thing because you’re getting services as opposed to you dropped out of the system and are not accessing anything. You know, and ke- and separating that out from you’re not in the system because you are housed and stable. Yeah, that’s hard.

Limitations of the HMIS database. In addition to the concerns about data quality discussed above, service providers also mentioned some of the other ways in which they see the HMIS database as having limitations. Some participants discussed the fact that the current system was not able to easily generate the data reports that they needed or that they did not perceive it to have much impact on their day-to-day operations:

Um…I think generally it’s just a- a necessary evil that we’re all willing to do. You know, you just plug it in, crank it out and, ah, it helps me when I’m doing my numbers at the
end of the year of looking at who the data are- who was here, how long did they stay, 
blah, blah, blah. Um, I think- I don’t use the reports that it can generate for as much stuff 
as- it doesn’t affect my life, you know, I don’t need that data that often. Um, so, obviously 
it doesn’t tell the whole story of a family’s life, of why they’re here.

Several others echoed these concerns that the data collected in HMIS cannot give a full picture of 
what is going on with clients. For example:

_HMIS, I think the way it’s supposed to function makes sense. You can track your guys 
easier. You can figure out what their timeline in homelessness is. You can see who 
they’re working with. Um.. but the- the things we put in there don’t really reflect a lot of 
what our guys are going through. Um, which is understandable. There’s only so much 
information data can really reflect._

Despite these limitations on the range and usefulness of the information in the HMIS database, 
some providers did discuss the ways the system could be used to inform their work. One 
participant described this as trying to figure out “_the metrics that matter_” by identifying “_those 
households who were able to get out of homelessness quick. Learn from that._” Additionally, 
several providers talked about the new overhaul to the system that is currently underway. These 
participants seemed to have high hope for the new system and anticipated it being more useful in 
terms of accessing the kinds of data that might usefully inform their work.
Chapter 6. Results II: Latent Class Growth Analysis

The quantitative analysis was aimed at understanding if it is possible to statistically group service users according to their service usage patterns. Additionally, it is important to know what kinds of factors might be associated with the different group trajectories. Using a participatory approach and beginning with the opinions and ideas of service users and service providers described above, the current study focused on the characteristics and qualities participants thought might most impact the service trajectories of homeless individuals. Specifically, I used the individual and family level factors derived from these interviews as a catalyst for generating a list of candidate variables to be explored in relation to understanding the statistically derived classes of homeless trajectories.

Variables and Data Processing

The data set for this analysis came from the Hawai‘i Homeless Management Information System, a large administrative database that houses intake, encounter, and exit information for all federally and state funded homeless services for adults in the state. These data were acquired with the help of the Hawai‘i State Department of Human Services Homeless Programs Office, the Partners in Care/Bridging the Gap Data Committee, and the University of Hawai‘i Center on the Family. Staff at the Center on the Family provided me with de-identified HMIS data for all service users enrolled during the 2010 fiscal year (July 1, 2009 - June 30, 2010). The data I received was an unduplicated set of all intake, exit, and encounter records for this group of 2010 users.

While the participant interviews provided important and useful information about what kinds of individual and family level factors might influence one’s homeless trajectory, the translation of this information into quantitative variables presented a number of challenges. First,
because the data set was generated from an administrative database, rather than collected by the research team, I was limited to selecting candidate variables from among those already available in the HMIS data set. Second, as alluded to above, the HMIS data set was rife with missing information where providers either had not collected or did not enter a full set of data for each client. Some data points were more reliably entered than others, and so the candidate variables for analysis were also limited by which bits of information were complete enough for use. Finally, exit data was less complete than data collected when clients were registered into a program (intake data). Therefore, outcome variables, such as whether or not clients exited to permanent housing, were not reliable enough to use with confidence.

Table 9 lists each individual/family level factor derived from the qualitative analysis and which variables were generated from the HMIS data set to match those factors. Because of the high level of missing data within the HMIS system, data often underwent additional processing before they were used in the analysis. For example, many data points were collected at every intake. For those characteristics that might be considered fairly stable or time-invariant, such as veteran status, the information across all available intakes were pooled to determine if a service user had ever reported a veteran status at any time in their service history. In addition to matching the available HMIS variables to the individual/family level factors described by participants, Table 9 also indicates how each variable was processed before use in the present analysis. Providing this information is an attempt to be as transparent as possible about data processing techniques.
Table 9. Individual and Family Factors from Qualitative Results and Potential HMIS Data Points to Match.

<table>
<thead>
<tr>
<th>Individual/Family Level Themes</th>
<th>HMIS Variable</th>
<th>Collection Time</th>
<th>Data Processing</th>
<th>% Final Missing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Demographic Factors</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age or Developmental Stage</td>
<td>Date of Birth</td>
<td>At entry to system</td>
<td>Calculated age as 2009-year of birth</td>
<td>0.0%</td>
</tr>
<tr>
<td>Gender</td>
<td>Sex</td>
<td>At entry to system</td>
<td>Transgender categories recoded into male or female</td>
<td>0.0%</td>
</tr>
<tr>
<td>Ethnic or Cultural Group</td>
<td>Hispanic ID</td>
<td>At entry to system</td>
<td>“Unknown” and “refused” coded as missing</td>
<td>5.2%</td>
</tr>
<tr>
<td></td>
<td>Primary Race ID</td>
<td>At entry to system</td>
<td>Collapsed some ethnic groups into larger categories</td>
<td>0.5%</td>
</tr>
<tr>
<td></td>
<td>Citizenship Status ID</td>
<td>At entry to system</td>
<td>Eliminated categories that were not used (0% endorsed)</td>
<td>2.7%</td>
</tr>
<tr>
<td></td>
<td>Lifetime Resident ID/Length of Residence</td>
<td>At entry to system/at each intake</td>
<td>Any available length of residence data was used to calculate length of time in Hawai’i at 7/1/2009. Lengths of time were collapsed into categories.</td>
<td>12.0%</td>
</tr>
<tr>
<td><strong>Household Composition</strong></td>
<td>Family Status ID</td>
<td>Each intake</td>
<td>Calculated if ever entered as single, couple, single parent, two parent, or multigenerational household</td>
<td>18.5%</td>
</tr>
<tr>
<td></td>
<td>Group ID</td>
<td>Each intake</td>
<td>Group IDs used to calculate average group size across all intakes</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Intake Location</strong></td>
<td>Program ID</td>
<td>Each intake</td>
<td>Calculated geographic location of first intake</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Background Experience Variables</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Criminal Justice Background</td>
<td>Criminal Justice ID</td>
<td>Each intake</td>
<td>Calculated if ever (at any intake) endorsed one of several different kinds of criminal justice involvement</td>
<td>10.1%</td>
</tr>
<tr>
<td>Veteran Status</td>
<td>Veteran Status</td>
<td>Each intake</td>
<td>Calculated if ever indicated at any intake that they were a veteran</td>
<td>7.0%</td>
</tr>
<tr>
<td>History of Domestic Violence</td>
<td>Domestic Violence ID</td>
<td>Each intake</td>
<td>Calculated if ever indicated at any intake that they experienced domestic violence</td>
<td>7.7%</td>
</tr>
<tr>
<td>Education</td>
<td>Education Type ID</td>
<td>Each intake</td>
<td>Only looked at first intake record to determine level of education at first intake</td>
<td>11.1%</td>
</tr>
<tr>
<td>Economic Factors</td>
<td>Employment Status ID</td>
<td>Each intake</td>
<td>Only looked at first intake record to determine if were employed at first intake</td>
<td>9.0%</td>
</tr>
<tr>
<td><strong>Health Related Issues</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Health Issues or Disabilities</td>
<td>Physical Disability ID</td>
<td>Each intake</td>
<td>Calculated if ever endorsed at any intake having a physical disability</td>
<td>6.3%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Mental Illness ID</td>
<td>Each intake</td>
<td>Calculated if ever endorsed at any intake having a mental illness</td>
<td>5.6%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Substance Abuse</td>
<td>Each intake</td>
<td>Calculated if ever endorsed at any intake having drug or alcohol problem</td>
<td>6.3%</td>
</tr>
</tbody>
</table>

6 Unless otherwise stated, indications of “unknown” or “refused” were treated as missing data across all variables.

7 While shelters that exclusively served victims of domestic violence were not required to enter data into the HMIS, many shelters in the system do encounter domestic violence victims.
Several of the variables described in Table 9 were composite variables that pooled information across different intake time points. Combining information across time makes a number of logical assumptions that should be recognized. It assumes that if a trait is endorsed on one occasion but not another, that this is due to the fact that either the provider did not have access to that information at the time or that the status was acquired at a later date. For example, one could (theoretically at least) enter the homeless service system as a civilian and then later become a veteran, thus signaling a change in status. It is perhaps more likely that at one intake the service provider had more information about the client’s status than at another. If the combined “history of veteran status” variable is intended to capture whether one was ever a veteran, then either of these scenarios is acceptable. However, if a veteran status was either entered as a mistake or if a service user endorsed veteran status illegitimately (that is, was not a veteran and claimed to be) at any point, then the “history of veteran status” variable would inaccurately label that service user has having been a veteran. In this way the combined variable is perhaps more vulnerable to “false positives.” Additionally, combining information across time may result in better or more complete information for the service users with multiple intakes because they have more time points from which to gather information.

Other variables, such as ethnicity and gender, were processed in a way that combined similar categories in order to generate groups with enough members to be meaningfully analyzed. For example, 11 individuals in the newcomers of 2010 cohort endorsed the gender category of “transgender to female.” However, this represented only 0.24% of the total sample, and thus did not provide enough variability for meaningful analysis. Therefore, whenever there were similar instances of very small representation, categories that were judged to be similar were combined in order to create large enough groups for analysis. Because transgender to
female individuals would likely identify more as female than male, they were included in the female gender category. While not perfect, this process was the result of careful consideration and was simply practically necessary.

Finally, the main set of service use variables that formed the backbone of the latent class growth analysis also underwent some data processing in order to be usable. For each service user a “first start of services” date was calculated based on their earliest intake in the HMIS system. From this first time point, a series of successive time points was calculated every 30 days (later combined for 60 day intervals) and tracked service usage through the following 4-year period (1,440 days). For emergency and transitional shelter usage, the number of days spent in each shelter type per 30-day period was calculated using a script in the FileMaker Pro (Version 14.0.4) database software. This script was designed to determine the number of days per monthly period based on the date of intake and the date of exit. For example, if the shelter intake happened midway through the first 30 day time period and an exit occurred midway through time point two, the script calculated the portion of time period one (in days) that the user was enrolled and then calculated the portion of time point two that the user remained enrolled in shelter services.

As one does not usually receive consistent service coverage while enrolled in outreach services, these service variables were calculated differently. At the beginning of outreach services a service user was enrolled by a particular outreach program. Then each time an outreach worker from that program followed up with that service user, they entered an encounter record. Theoretically, a service user could (though this is often avoided if possible) be enrolled in multiple outreach programs at the same time. While exit data does exist for outreach programs, these are less reliable than shelter exit data, which typically represent the point when a service
user physically exits the facility. An outreach worker could simply lose track of a client and then exit them after a certain amount of time had passed without contact. Thus, the exit time point from outreach services does not necessarily represent a meaningful break with services. Therefore, the FileMaker Pro script calculated the number of outreach intakes and encounters that occurred within each 30-day time period and did not use or rely on outreach exit data.

**Sample**

The total number of all individuals enrolled in homeless services in the 2010 fiscal year was 14,982. Almost a quarter (3,350 or 22.4%) of these were children under the age of 18. Of the remaining 10,673 adults who were enrolled in services during the FY 2010, 4,655 individuals (43.6%) were adults new to the HMIS system that year. That is, they had no prior intake record during the previous years, dating back to 2006. The remaining 6,018 adult service users (56.4%) enrolled in services during the 2010 FY were either “stayers” held over from the year before (e.g., those who had not yet completed a 2 year transitional shelter program) or were “returnees” who had reentered services in FY 2010 after having exited services in a previous year. The latent class growth analysis for the current study only used the group of “newcomers” because these service users could be tracked from first entry to the system. This makes for a clearer understanding of the homeless trajectories than if the analysis were to begin at different points along each person’s journey.

The HMIS system not only registers and tracks individuals, but also households. It does so by designating a head of household for each family unit. It is important to note that the present study used all adults new to services rather than limiting the sample to heads of households. That is, if a household consisted of two or more adults, all of these individuals were “counted”

---

8 The terms “stayers,” “newcomers”, and “returnees” were borrowed from Yuan et al.’s (2014) Homeless Service Utilization Report: Hawai’i 2014.
separately in the analysis. Household composition can be fluid across time as partnerships form and dissolve. By including all adults, the present study is flexible in being able to track those who go separate ways over time. However, in tracking individuals rather than households, the present study likely over-represents family units. For example, the 622 individuals in the sample who entered services at one point or another as part of a two-parent household likely represent 311 or so households. This does not necessarily indicate that these 311 households remained two-parent entities over the entire course of the study time period.

**Demographic characteristics of the sample.** The sample consisted of all those who could be confirmed as adults (i.e., had a valid birthdate and 18 or older) and who had no HMIS entry record prior to the 2010 fiscal year \(N = 4655\). The average age was 38.40 years old \((SD = 13.05)\), with a minimum age of 18 and a maximum of 87. Table 10 shows a breakdown of the age groups and gender within the sample. As discussed above, for the purposes of the statistical analysis those who identified as transgender female to male \((n = 2, \text{ or } 0.04\%)\) were included in the male group and transgender male to female \((n = 11, \text{ or } 0.24\%)\) were included in the female group. More of the sample was male \((n = 2,792, \text{ or } 60.0\%)\) than female \((n = 1,862, \text{ or } 40.0\%).

<table>
<thead>
<tr>
<th>Age</th>
<th>Number of Individuals</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>1465</td>
<td>31.5%</td>
</tr>
<tr>
<td>30-39</td>
<td>1069</td>
<td>23.0%</td>
</tr>
<tr>
<td>40-49</td>
<td>1075</td>
<td>23.1%</td>
</tr>
<tr>
<td>50-59</td>
<td>793</td>
<td>17.0%</td>
</tr>
<tr>
<td>60-69</td>
<td>210</td>
<td>4.5%</td>
</tr>
<tr>
<td>70 and up</td>
<td>43</td>
<td>1.0%</td>
</tr>
<tr>
<td>Missing</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>4655</td>
<td>100.1%</td>
</tr>
</tbody>
</table>

Table 10. Age and Gender Breakdown of the 2010 HMIS Newcomer Adult Sample.

<table>
<thead>
<tr>
<th>Gender</th>
<th>Number of Individuals</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>2792</td>
<td>60.0%</td>
</tr>
<tr>
<td>Female</td>
<td>1862</td>
<td>40.0%</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>4655</td>
<td>100.0%</td>
</tr>
</tbody>
</table>
Tables 11 and 12 describe the ethnic makeup of the sample. About 11.4% \((n = 530)\) identified as Hispanic. In addition to being asked whether they identified as Hispanic or not (Table 11), service users were also asked to identify their “primary race.” The HMIS database does include a section allowing service users to identify as more than one race. However, for the purposes of the present statistical analysis, only the primary ethnic identity as selected by the service user was included.

Table 11. Breakdown of Those who Identified as Hispanic in the 2010 HMIS Newcomer Adult Sample.

<table>
<thead>
<tr>
<th>Identified as Hispanic</th>
<th># Individuals</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>530</td>
<td>11.4%</td>
</tr>
<tr>
<td>No</td>
<td>3885</td>
<td>83.5%</td>
</tr>
<tr>
<td>Missing</td>
<td>240</td>
<td>5.2%</td>
</tr>
<tr>
<td>Total</td>
<td>4655</td>
<td>100.1%</td>
</tr>
</tbody>
</table>

Because several of the ethnic groups were represented in fairly small proportions within the sample, those that were thought to be similar in terms of both cultural background and relative social status in Hawai‘i were combined. Okamura’s (2008) “Ethnicity and Inequality in Hawai‘i” served as the main guiding source in this regard. While fully acknowledging the loss of diversity associated with this approach, it was necessary to have groups large enough to be meaningfully analyzed with the present methodological approach.

The largest ethnic group in the sample \((n = 1689, \text{ or } 36.3\%)\) was Caucasian/White. Those who identified as Native Hawaiian represented the second largest ethnic group \((n = 1160, \text{ or } 24.9\%)\), followed by Micronesians \((n = 422, \text{ or } 9.1\%)\). The Filipino \((6.3\%)\), African American/Black \((5.4\%)\), Other Pacific Islander \((4.7\%)\), Asian \((4.2\%)\), Marshallese \((4.1\%)\), Portuguese \((2.3\%)\) and Native American \((2.2\%)\) ethnic groups were each represented at moderate to low rates.
Table 12. Breakdown of the Primary Ethnic Identity of the 2010 HMIS Newcomer Adult Sample.

<table>
<thead>
<tr>
<th>Primary Ethnicity</th>
<th># Individuals</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian/White</td>
<td>1689</td>
<td>36.3%</td>
</tr>
<tr>
<td>Native Hawaiian</td>
<td>1160</td>
<td>24.9%</td>
</tr>
<tr>
<td>Micronesian</td>
<td>422</td>
<td>9.1%</td>
</tr>
<tr>
<td>Filipino</td>
<td>291</td>
<td>6.3%</td>
</tr>
<tr>
<td>African American/Black</td>
<td>250</td>
<td>5.4%</td>
</tr>
<tr>
<td>Other Pacific Islander</td>
<td>219</td>
<td>4.7%</td>
</tr>
<tr>
<td>Asian</td>
<td>197</td>
<td>4.2%</td>
</tr>
<tr>
<td>Marshallese</td>
<td>192</td>
<td>4.1%</td>
</tr>
<tr>
<td>Portuguese</td>
<td>107</td>
<td>2.3%</td>
</tr>
<tr>
<td>Native American</td>
<td>104</td>
<td>2.2%</td>
</tr>
<tr>
<td>Missing</td>
<td>24</td>
<td>0.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4655</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Table 13 shows the breakdown of citizenship status in the sample. The HMIS database allowed for 11 citizenship statuses. However, many of these (e.g., Green Card, Visa, and Illegal Alien) do not appear to have been used by those entering data. These were eliminated from the analysis and from the table below. Most of the individuals in the sample \( n = 3782, 81.2\% \) were U.S. Citizens. There were about 583 COFA Nationals (12.5\%), and the remaining service users were either U.S. Nationals \( n = 57 \) or 1.2\%) or Non-U.S. Citizens \( n = 106 \) or 2.3\%). The U.S. National label covers those from U.S. territories that do not grant citizenship status (e.g., American Samoa).

Table 13. Citizen Status Breakdown of the 2010 HMIS Newcomer Adult Sample.

<table>
<thead>
<tr>
<th>Citizenship Status</th>
<th># Individuals</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Citizen</td>
<td>3781</td>
<td>81.2%</td>
</tr>
<tr>
<td>COFA National</td>
<td>583</td>
<td>12.5%</td>
</tr>
<tr>
<td>Non-US Citizen</td>
<td>106</td>
<td>2.3%</td>
</tr>
<tr>
<td>US National</td>
<td>57</td>
<td>1.2%</td>
</tr>
<tr>
<td>Missing</td>
<td>128</td>
<td>2.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4655</strong></td>
<td><strong>99.9%</strong></td>
</tr>
</tbody>
</table>
As discussed above in the qualitative results section, “newness” to Hawai‘i is also often an important cultural marker, especially in terms of the politics of homelessness in the state. Therefore, a composite variable capturing “years in Hawai‘i at first intake” was created in order to attempt to capture any difference that might exist between the homeless trajectories of “Locals” versus newer Hawai‘i residents. This variable combined information from the lifetime Hawai‘i residence variable and a set of variables listing the number of days, months, and years in the state at intake. Because of the high amount of missing data on these variables, Filemaker Pro was used to calculate “number of years in Hawai‘i at first entry into the system” by assessing any available residence information from all intakes and making a calculation back to the first entry date. As this process likely yielded more of a rough estimate of length of residence in Hawai‘i than an exact numerical value, the numerical length of time was converted into a categorical variable indicating length of residence as “less than 2 years,” “2 to 10 years,” “more than 10 years, but not lifetime,” and “lifetime resident of Hawai‘i.” Table 14 shows the number of individuals in the sample that fell into each category of residence.

Table 14. Length of Residence in Hawai‘i Breakdown of the 2010 HMIS Newcomer Adult Sample.

<table>
<thead>
<tr>
<th>Length of Residence</th>
<th># Individuals</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 years</td>
<td>1185</td>
<td>25.5%</td>
</tr>
<tr>
<td>2-10 years</td>
<td>644</td>
<td>13.8%</td>
</tr>
<tr>
<td>More than 10 years, but not lifetime</td>
<td>534</td>
<td>11.5%</td>
</tr>
<tr>
<td>Lifetime resident of Hawai‘i</td>
<td>1733</td>
<td>37.2%</td>
</tr>
<tr>
<td>Missing</td>
<td>599</td>
<td>12.0%</td>
</tr>
<tr>
<td>Total</td>
<td>4655</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Lifetime residents made up the largest portion of the sample (n = 1,733, or 37.2%). The second largest group was comprised of those who had lived in Hawai‘i for less than 2 years at the time of their first entry to the service system (n = 1,185, or 25.5%). Another 13.8% (n = 644)
of the sample had resided in Hawai‘i for 2 to 10 years prior to their first HMIS intake, followed by 11.5% \( (n = 535) \) who had lived in the state for more than 10 years, but not their whole lives.

Finally, Table 15 shows the geographic first entry location for individuals in the sample. This variable was calculated using the zip code of the service provider location at which the individual first entered service. The majority of the sample entered services on the island of O‘ahu \( (n = 3,021, \text{ or } 64.9\%) \), followed by Hawai‘i County \( (n = 721, \text{ or } 15.5\%) \), Maui County \( (n = 687, \text{ or } 14.8\%) \), and finally Kaua‘i County \( (n = 226, \text{ or } 4.9\%) \).

Table 15. Length of Residence in Hawai‘i Breakdown of the 2010 HMIS Newcomer Adult Sample.

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th># Individuals</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honolulu or Waikiki</td>
<td>1729</td>
<td>37.1%</td>
</tr>
<tr>
<td>Other O‘ahu location</td>
<td>1292</td>
<td>27.8%</td>
</tr>
<tr>
<td>Hawai‘i County</td>
<td>721</td>
<td>15.5%</td>
</tr>
<tr>
<td>Maui County</td>
<td>687</td>
<td>14.8%</td>
</tr>
<tr>
<td>Kaua‘i County</td>
<td>226</td>
<td>4.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4655</strong></td>
<td><strong>100.1%</strong></td>
</tr>
</tbody>
</table>

**Household composition of the sample.** In addition to de-identified individual numerical IDs, each service user was given a group identification number for each intake. In this way, it was possible to track which users came in and out of services together. These group ID codes were used to calculate a group size for each intake record for each service user. In many instances service user group size appeared to be fairly fluid. This is to be expected as new children are born, partnerships form and dissolve, and other life changes occur over the years. Therefore, if a service user had multiple intakes, the group size variable used here was calculated by averaging all the intake group sizes over the course of the study period. This gives a rough picture of the approximate family size and allows for some accounting of this fluidity. The overall average group size for the newcomer sample was 1.77 \( (SD = 1.42) \), with a minimum
group of 1 person and the largest group consisting of 10 people. Table 16 shows a breakdown of different proportions of average group size for the sample.

Most \((n = 3053\) or \(65.6\%\)) of the sample consisted of single person households. Another \(13.0\% \(n = 606\)) had an average group size greater than 1 and smaller than 2, indicating a transition at some point between a single person household and a 2-person household. This group likely includes both couples that have joined or parted over time and individuals who gain (through birth or child custody changes) or lose a child over time. The remaining \(21.4\%\) are groups of between 2 and 10 individuals and are more likely to represent families with children.

Table 16. Breakdown of Average Intake Group Size for the 2010 HMIS Newcomer Adult Sample.

<table>
<thead>
<tr>
<th>Average Group Size</th>
<th># Individuals</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exactly 1.0</td>
<td>3053</td>
<td>65.6%</td>
</tr>
<tr>
<td>1.1-2.0</td>
<td>606</td>
<td>13.0%</td>
</tr>
<tr>
<td>2.1-3.0</td>
<td>417</td>
<td>9.0%</td>
</tr>
<tr>
<td>3.1-4.0</td>
<td>250</td>
<td>5.4%</td>
</tr>
<tr>
<td>4.1-5.0</td>
<td>160</td>
<td>3.4%</td>
</tr>
<tr>
<td>5.1-6.0</td>
<td>90</td>
<td>1.9%</td>
</tr>
<tr>
<td>&gt;6.0</td>
<td>79</td>
<td>1.7%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4655</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Another indicator of family composition was the HMIS family status variable. However, this particular intake data point had a fairly high rate of missing data. Additionally, because of the fluidity of family statuses, I decided to combine family status data across all intakes. This resulted in a set of variables indicating if an individual had ever (at any intake) entered services as a single person, as a couple with no children, as a single parent, as a couple with children, or as an intergenerational family. The variables indicating single parent and couple with children also included the HMIS statuses of pregnant single person or pregnant couple.
Table 17 shows the relative frequencies for these family composition variables. A large majority \((n = 2504, \text{or } 81.5\%)\) of the sample had entered services as a single person household at least once over the study period. The second most frequent family composition was single parents \((n = 844, \text{or } 18.1\%)\), followed by couples with children \((n = 622, \text{or } 13.4\%)\), couples without children \((n = 254, \text{or } 5.5\%)\) and intergenerational families \((n = 28, \text{or } 0.6\%)\). A total of 860 participants \((18.5\%)\) had missing data for this variable.

Table 17. Breakdown of Household Composition Status for the 2010 HMIS Newcomer Adult Sample.

<table>
<thead>
<tr>
<th>Household Type</th>
<th># Individuals</th>
<th>% of Sample*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Entered as Single Person</td>
<td>2504</td>
<td>81.5%</td>
</tr>
<tr>
<td>Ever Entered as Couple without Children</td>
<td>254</td>
<td>5.5%</td>
</tr>
<tr>
<td>Ever Entered as Single Parent</td>
<td>844</td>
<td>18.1%</td>
</tr>
<tr>
<td>Ever Entered as Couple with Children</td>
<td>622</td>
<td>13.4%</td>
</tr>
<tr>
<td>Ever Entered as Intergenerational Family</td>
<td>28</td>
<td>0.6%</td>
</tr>
<tr>
<td>Missing</td>
<td>860</td>
<td>18.5%</td>
</tr>
</tbody>
</table>

*Because these variables used all possible intake records to calculate if service users had ever entered as each family type, individuals could have entered in more than one family constellation and the percentages, therefore, add up to greater than 100%.

**Background experience variables.** A variety of HMIS variables were also available regarding the background experiences of service users. Table 18 indicates the proportions of 2010 newcomers who ever affirmed having a veteran status, criminal justice involvement, or domestic violence victimization. Veterans made up 10.5\% \((n = 491)\) of the sample, with 7.0\% \((n = 328)\) missing data. About 18.9\% \((n = 879)\) of the sample reported a history of criminal justice involvement, with 10.1\% \((n = 468)\) missing data. A total of 16.0\% \((n = 743)\) of the sample reported experiencing domestic violence, with 7.7\% \((n = 357)\) missing data.
Table 18. Breakdown of History of Veteran Status, Criminal Justice Involvement, and Domestic Violence for the 2010 HMIS Newcomer Adult Sample.

<table>
<thead>
<tr>
<th></th>
<th>Response</th>
<th># Individuals</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Veteran Status (Ever Identified as Veteran)</td>
<td>Yes</td>
<td>491</td>
<td>10.5%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>3836</td>
<td>82.4%</td>
</tr>
<tr>
<td></td>
<td>Missing</td>
<td>328</td>
<td>7.0%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>4655</td>
<td>99.9%</td>
</tr>
<tr>
<td>History of Criminal Justice Involvement (Ever Reported)</td>
<td>Yes</td>
<td>879</td>
<td>18.9%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>3308</td>
<td>71.1%</td>
</tr>
<tr>
<td></td>
<td>Missing</td>
<td>468</td>
<td>10.1%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>4655</td>
<td>100.1%</td>
</tr>
<tr>
<td>History of Domestic Violence Victimization (Ever Reported)</td>
<td>Yes</td>
<td>743</td>
<td>16.0%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>3555</td>
<td>76.4%</td>
</tr>
<tr>
<td></td>
<td>Missing</td>
<td>357</td>
<td>7.7%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>4655</td>
<td>100.1%</td>
</tr>
</tbody>
</table>

The HMIS database also collects a number of data points related to education, employment, income, and benefits. However, the amount of missing data associated with these variables was problematic. The present study focused on only two variables to capture income and education information. Table 19 describes these variables and the proportions of the newcomer sample that fall within each category. Over a third (36.5%, $n = 1701$) of the sample listed high school diploma as their highest level of education at first intake. An additional 7.6% ($n = 353$) had acquired a GED, and 23.0% ($n = 1,070$) had completed some post-high school education. About a fifth (21.8%, $n = 1,015$) had not acquired a high school diploma or GED. Most (74.6%, $n = 3,471$) of the newcomer sample reported that they were not employed at first intake to homeless services, while 16.5% ($n = 766$) reported employment.
Table 19. Breakdown of Education and Employment at First Intake for the 2010 HMIS Newcomer Adult Sample.

<table>
<thead>
<tr>
<th>Response</th>
<th># Individuals</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education at First Entry</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school diploma</td>
<td>1015</td>
<td>21.8%</td>
</tr>
<tr>
<td>GED</td>
<td>353</td>
<td>7.6%</td>
</tr>
<tr>
<td>High school diploma</td>
<td>1701</td>
<td>36.5%</td>
</tr>
<tr>
<td>Some level of post-high school education</td>
<td>1070</td>
<td>23.0%</td>
</tr>
<tr>
<td>Missing</td>
<td>516</td>
<td>11.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4655</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td><strong>Employment at First Entry</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>766</td>
<td>16.5%</td>
</tr>
<tr>
<td>No</td>
<td>3471</td>
<td>74.6%</td>
</tr>
<tr>
<td>Missing</td>
<td>418</td>
<td>9.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4655</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

**Health variables.** Table 20 shows the most reliable available health and disability information for the 2010 newcomer sample. A little over a quarter of the sample (n = 1,257, or 27.0%) had at least one intake reporting a history of mental illness; 22.6% (n = 1,051) had at least one report of substance abuse issues; 18.9% (n = 880) had at least one report of physical disability. The rates of missing data for these variables ranged from 5.6% to 6.3%.
Table 20. Breakdown of Disability and Health Information for the 2010 HMIS Newcomer Adult Sample.

<table>
<thead>
<tr>
<th>Response</th>
<th># Individuals</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ever Reported Physical Disability</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>880</td>
<td>18.9%</td>
</tr>
<tr>
<td>No</td>
<td>3483</td>
<td>74.8%</td>
</tr>
<tr>
<td>Missing</td>
<td>292</td>
<td>6.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4655</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Ever Reported Mental Illness History</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1257</td>
<td>27.0%</td>
</tr>
<tr>
<td>No</td>
<td>3138</td>
<td>67.4%</td>
</tr>
<tr>
<td>Missing</td>
<td>260</td>
<td>5.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4655</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Ever Reported Substance Abuse History</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Drugs and/or Alcohol)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1051</td>
<td>22.6%</td>
</tr>
<tr>
<td>No</td>
<td>3311</td>
<td>71.1%</td>
</tr>
<tr>
<td>Missing</td>
<td>293</td>
<td>6.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>4655</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

**Overall service usage information.** For the 2010 newcomer sample, 4 years of complete data were available and included FY 2010 to FY 2014. A Filemaker Pro script was created to calculate the number of days of service each client used for every 30-day period (later combined into 60 day segments), beginning from their first available intake. The sections below present the average trends of service use for the sample across emergency shelter, transitional shelter, outreach, rapid rehousing and homeless prevention services during the study time period.

*Emergency shelter services.* Table 21 describes the breakdown of emergency shelter intakes and number of days of service use across the four-year study period. The total number of emergency shelter intakes per individual ranged from 0 (n = 2,843, 60.9%) to 10. The average number of emergency shelter intakes for the sample was 0.57 (SD = 0.94). Only about a third (n = 1,821, 39.1%) of the newcomer sample used emergency shelter services during the study
period. Of these, most \((n = 1,317, 72.3\%)\) had only one intake record; 17.6\% had 2 intakes, 5.5\% had 3 intakes, and the remaining 4.6\% had from 4 to 10 intakes.

Table 21. Breakdown of the Number of Emergency Shelter Intakes and Service Days for the 2010 HMIS Newcomer Adult Sample, FY 2010 to FY 2014.

<table>
<thead>
<tr>
<th>Number of Emergency Shelter Intakes</th>
<th>Number of Individuals</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Emergency Shelter Intake</td>
<td>2834</td>
<td>60.9%</td>
</tr>
<tr>
<td>1 Intake</td>
<td>1317</td>
<td>28.3%</td>
</tr>
<tr>
<td>2 Intakes</td>
<td>320</td>
<td>6.9%</td>
</tr>
<tr>
<td>3 Intakes</td>
<td>101</td>
<td>2.2%</td>
</tr>
<tr>
<td>4-10 Intakes</td>
<td>83</td>
<td>1.8%</td>
</tr>
<tr>
<td>Total</td>
<td>4655</td>
<td>100.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Emergency Shelter Days</th>
<th>Number of Individuals</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Emergency Shelter Intake</td>
<td>2834</td>
<td>60.9%</td>
</tr>
<tr>
<td>1-30 Days</td>
<td>545</td>
<td>11.7%</td>
</tr>
<tr>
<td>31-90 Days</td>
<td>569</td>
<td>12.2%</td>
</tr>
<tr>
<td>91-180 Days</td>
<td>350</td>
<td>7.5%</td>
</tr>
<tr>
<td>181-360 Days</td>
<td>227</td>
<td>4.9%</td>
</tr>
<tr>
<td>361-720 Days</td>
<td>95</td>
<td>2.0%</td>
</tr>
<tr>
<td>&gt;720 Days</td>
<td>35</td>
<td>0.8%</td>
</tr>
<tr>
<td>Total</td>
<td>4655</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Emergency shelter usage averaged 47.33 days \((SD = 120.28)\) and ranged from 0 days to 1,238 days, which is roughly the equivalent of 3.4 years. Of the 1,821 individuals in the sample who used emergency shelter services, most \((n = 1,464, or 80.4\%)\) used an accumulated total of 6 months or less of these services across the 4 year follow-up period. An additional 12.5\% \((n = 227)\) used between 6 to 12 months of emergency shelter services, and 7.1\% of the newcomer group \((n = 130)\) used more than a year of aggregated services. A small group, 0.8\% of the entire sample, used more than 720 days (approximately two years) of emergency shelter services.

**Transitional shelter services.** Table 22 shows the numbers of transitional shelter intakes and days of use across the 4-year study period. Because transitional shelters traditionally follow
a longer service model and allow clients to stay for up to two years, sample individuals tended to have fewer transitional shelter intakes and more transitional shelter days than was the case for emergency shelter usage. The average number of transitional intakes was 0.33 ($SD = 0.60$) and ranged from 0 to 4 intakes. A smaller proportion of the sample consisted of transitional shelter users ($n = 1,263$, or 27.1%) than was the case for emergency shelter users ($n = 1,821$, or 39.1%). The overwhelming majority of the transitional shelter users ($n = 1,037$, 82.1%) had only one transitional intake.

While transitional shelter usage tended to see fewer intakes than emergency shelter usage, indicating fewer repeating stays, users tended to stay in transitional shelter for much longer than in emergency shelters. The sample had an average of 97.60 days ($SD = 219.17$) of transitional shelter usage, ranging from 0 days ($n = 3,392$, or 72.9%) to 1,361 days, roughly 3.7 years. Of the 1,263 transitional shelter users in the newcomer sample, about half ($n = 623$, or 49.3%) used between 181 (~6 months) and 720 (~2 years) days. Only about a third ($n = 439$, 34.8%) of transitional shelter users had 6 months or less of transitional usage days, and 15.9% ($n = 201$) had more than 720 (~2 years) days of usage.
Table 22. Breakdown of the Number of Transitional Shelter Intakes and Service Days for the 2010 HMIS Newcomer Adult Sample, FY 2010 to FY 2014.

<table>
<thead>
<tr>
<th>Number of Transitional Shelter Intakes</th>
<th>Number of Individuals</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Transitional Shelter Intake</td>
<td>3392</td>
<td>72.9%</td>
</tr>
<tr>
<td>1 Intake</td>
<td>1037</td>
<td>22.3%</td>
</tr>
<tr>
<td>2 Intakes</td>
<td>185</td>
<td>4.0%</td>
</tr>
<tr>
<td>3-4 Intakes</td>
<td>41</td>
<td>0.9%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4655</strong></td>
<td><strong>100.1%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Transitional Shelter Days</th>
<th>Number of Individuals</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Transitional Shelter Intake</td>
<td>3392</td>
<td>72.9%</td>
</tr>
<tr>
<td>1-30 Days</td>
<td>76</td>
<td>1.6%</td>
</tr>
<tr>
<td>31-90 Days</td>
<td>165</td>
<td>3.5%</td>
</tr>
<tr>
<td>91-180 Days</td>
<td>198</td>
<td>4.3%</td>
</tr>
<tr>
<td>181-360 Days</td>
<td>318</td>
<td>6.8%</td>
</tr>
<tr>
<td>361-720 Days</td>
<td>305</td>
<td>6.6%</td>
</tr>
<tr>
<td>&gt;720 Days</td>
<td>201</td>
<td>4.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4655</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

*Outreach services.* The outreach service usage data had a slightly different format compared to the transitional and emergency shelter data. Because outreach services usually entail visits with clients out in the community, rather than prolonged stays in shelters, the available outreach service data included both intake dates and encounter dates. Therefore, each of these encounter visits (and the intake date) was counted as a service day, rather than calculating the total “stay” in outreach services. Table 23 shows the distribution of total outreach intakes and days of service across the newcomer sample for the 4 years following their first intake to services. The sample had an average of 0.96 outreach intakes ($SD = 0.80$), ranging from 0 intakes ($n = 1,258, 27.0\%$) to 4 intakes ($n = 59, 1.3\%$). Most of the 3,397 individuals who used outreach services had only one intake ($n = 2,577, 75.9\%$).

The outreach intake records were associated with a number of encounter visits. The sample had an average of 10.07 encounters ($SD = 34.96$), ranging from 0 ($n = 1,271, 27.3\%$) to
711 encounters (roughly 2 years of accumulated service). Of the 3,384 individuals who used outreach services, most \((n = 2,345, 69.3\%)\) had 5 or fewer encounters. Another 18.4\% \((n = 624)\) had between 6 and 25 encounter visits. However, a good number of the newcomer outreach service users \((n = 415, 12.3\%)\) had more than 26 encounter visits.

Table 23. Breakdown of the Number of Outreach Intakes and Service Days for the 2010 HMIS Newcomer Adult Sample, FY 2010 to FY 2014.

<table>
<thead>
<tr>
<th>Number of Outreach Intakes</th>
<th>Number of Individuals</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Outreach Intake</td>
<td>1258</td>
<td>27.0%</td>
</tr>
<tr>
<td>1 Intake</td>
<td>2577</td>
<td>55.4%</td>
</tr>
<tr>
<td>2 Intakes</td>
<td>610</td>
<td>13.1%</td>
</tr>
<tr>
<td>3 Intakes</td>
<td>151</td>
<td>3.2%</td>
</tr>
<tr>
<td>4 Intakes</td>
<td>59</td>
<td>1.3%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4655</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Outreach Days</th>
<th>Number of Individuals</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Outreach Intake</td>
<td>1258</td>
<td>27.0%</td>
</tr>
<tr>
<td>1 Day</td>
<td>1453</td>
<td>31.2%</td>
</tr>
<tr>
<td>2-5 Days</td>
<td>901</td>
<td>19.4%</td>
</tr>
<tr>
<td>6-10 Days</td>
<td>325</td>
<td>7.0%</td>
</tr>
<tr>
<td>11-50 Days</td>
<td>486</td>
<td>10.4%</td>
</tr>
<tr>
<td>51-100 Days</td>
<td>123</td>
<td>2.6%</td>
</tr>
<tr>
<td>101-200 Days</td>
<td>82</td>
<td>1.8%</td>
</tr>
<tr>
<td>&gt;200 Days</td>
<td>27</td>
<td>0.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4655</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

Some individuals had an encounter record dated for the same day as the intake record, and others did not. Therefore, some outreach intakes were not associated with any encounter records. This may be a discrepancy in the practices of different agencies or workers, where some would register an encounter on the day of intake and others would not. For this reason, when calculating the number of days in outreach services, intake dates and encounter dates were both
counted as a days of service, but if an intake and encounter occurred on the same day, only the intake date was counted.

During the service provider interviews I was informed that often outreach workers will need to “certify” or confirm one’s homelessness before individuals are able to access shelter services. The relatively high frequency of low levels of outreach service use could be an indication that outreach services are indeed often a gateway or entry point, serving to quickly refer clients to other services. However, 5% of the newcomer service users (n = 232) received 50 days or more of outreach service, indicating a much more prolonged pattern of usage.

*Rapid rehousing and homeless prevention services.* Rapid rehousing and homeless prevention services are both newer service types for Hawai‘i and are aimed at taking a more preventative approach to homelessness by either providing funding and services to rapidly rehouse individuals and families that have recently become homeless or by providing financial support and service to keep at-risk individuals and families housed (homeless prevention).

Table 24 shows the number of service users in the sample who received rapid rehousing or homeless prevention services within 4 years of their first HMIS intake record. Only 20 newcomers (0.4%) used rapid rehousing services and 17 (0.4%) used homeless prevention services within this time period. The present study originally intended to include these services in the latent class growth analysis. However, because of the relatively low frequency of their use, they were not included in that part of the analysis. For the purposes of determining which service user groups were likely to have prolonged service stays (i.e., longer than 3 years), any rapid rehousing or homeless prevention service use that occurred in year 4 was counted as days spent in the system.
Table 24. Number of Rapid Rehousing and Homeless Prevention Service Intakes for the 2010 HMIS Newcomer Adult Sample, FY 2010 to FY 2014.

<table>
<thead>
<tr>
<th>Number of Rapid Rehousing Intakes</th>
<th>Number of Individuals</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Intake</td>
<td>4635</td>
<td>99.6%</td>
</tr>
<tr>
<td>1 Intake</td>
<td>20</td>
<td>0.4%</td>
</tr>
<tr>
<td>Total</td>
<td>4655</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Homeless Prevention Intakes</th>
<th>Number of Individuals</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Intakes</td>
<td>4638</td>
<td>99.6%</td>
</tr>
<tr>
<td>1 Intake</td>
<td>17</td>
<td>0.4%</td>
</tr>
<tr>
<td>Total</td>
<td>4655</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*Year 4 service usage.* Table 25 indicates the distribution of service usage days that occurred from month 37 to month 48 (year 4). The majority of the newcomer sample (n = 4,001, or 86.0%) did not use any emergency shelter, transitional shelter, outreach, rapid rehousing, or homeless prevention service days after year 3. Therefore, year 3 was set as the cut-off date for the latent class growth analysis in order to better understand and capture the variation in service use that occurred in the years of most frequent use. The year 4 data was instead used as an outcome criterion to determine if membership in one or more of the classes was predictive of a more prolonged service stay (i.e., into year 4). Because many transitional shelter programs allow for shelter stays of up to 2 years, a 2-year stay in the system is not necessarily associated with more chronicity. Rather, for these program types, 2-year stays are fairly routine. Choosing the end of year 3 as a cut-off, therefore, allows for transitional stays to have run their course and as such is more likely to capture the kind of prolonged service use that might indicate higher levels of risk for chronic homeless stays.

To calculate the total number of service days in year 4, all of the days for each type of service were simply summed. This included any emergency shelter, transitional shelter, outreach,
rapid rehousing, or homeless prevention services. If more than one type of service was received on the same day, it was counted as 2 days of service. For example, a service user could theoretically be staying in an emergency shelter while also receiving outreach services, though it is my understanding that providers try to avoid this kind of duplication. The choice was made to count same day service twice because the duplication of services in itself could be considered an indication of extensive service use that should be captured. Therefore, the total number of “days” of services in year 4 could exceed the total 360 days available for that “year” of services. The sample had an average of 9.54 days of service in year 4 ($SD = 34.96$), and ranged from 0 days of service use ($n = 4,001, 86.0\%$) to 410 days of service use. Given the fact that the sample cohort was new to the Hawai‘i HMIS service system, and thus less likely to be chronically homeless, that 14.0\% were still using services in year 4 is perhaps concerning from a systems perspective.

Table 25. Number of Days of Service Use in Year 4 for the 2010 HMIS Newcomer Adult Sample.

<table>
<thead>
<tr>
<th>Number of Service Use in Year 4</th>
<th>Number of Individuals</th>
<th>% of Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Services</td>
<td>4001</td>
<td>86.0%</td>
</tr>
<tr>
<td>1-30 Days</td>
<td>369</td>
<td>7.9%</td>
</tr>
<tr>
<td>31-90 Days</td>
<td>108</td>
<td>2.3%</td>
</tr>
<tr>
<td>91-180 Days</td>
<td>87</td>
<td>1.9%</td>
</tr>
<tr>
<td>181-360 Days</td>
<td>83</td>
<td>1.8%</td>
</tr>
<tr>
<td>361-410 Days</td>
<td>7</td>
<td>0.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4655</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

**Longitudinal Analysis of Service Usage Data**

While the descriptive analysis of the service usage data above can be informative in identifying the overall average service use for the sample, because it was collapsed across time it is not able to show how that service use is patterned. For a more nuanced understanding of service usage patterns, latent growth curves and latent class growth analysis (LCGA) were used. Specifically, the present analyses used LCGA to explore whether there are two or more distinct
developmental trajectories of homeless service use in Hawai‘i (research question 2). Jung and Wickrama (2008) recommend a five step process for identifying latent growth curve models:

1. Specify a single-class latent growth curve model
2. Specify an unconditional latent class model without covariates or distal outcomes
3. Determine the number of classes
4. Address convergence issues
5. Specify a conditional latent class model with covariates

The present study used these five steps as a guide while testing various growth curve models.

**Step 1: Single-class latent growth curve model.** For the initial step a single-class latent growth curve model was fit using Mplus (Version 7) software. Latent growth curves are an extension of structural equation modeling and allow researchers to determine the underlying (or latent) variables that describe a trajectory across time. This approach was used to model the main trends of service use for the sample across three service types: emergency shelter, transitional shelter, and outreach services. In order to reduce the computational load of the analysis, the service usage data was collapsed into 60-day time increments, allowing for 18 time points for each type of service and tracking the sample for 3 years (entry to month 36). Because there were three distinct types of major homeless services (emergency shelter, transitional shelter, and outreach services) available for longitudinal study and because each may have different, distinct patterns of use, three separate parallel growth curves were fit for this initial single-class model (see page 119 of the Mplus User’s Guide for parallel growth curves, Muthén & Muthén, 2015).

Both Geiser (2012) and Ram and Grimm (2007) describe the importance of considering the shape of the trajectory when fitting a growth curve. After examining the Mplus plots for the 3 parallel curves, it appeared as if the service usage patterns for the three services might have a
quadratic shape rather than a linear trajectory. Subsequently, several single-class (as well as multi-class) models were run to test whether a linear, quadratic, or latent basis approach (Ram & Grimm, 2007) would best fit the developmental trajectories of service use.

Because having three parallel growth curves introduced a significant amount of complexity that increased the computational load and complicated the interpretation of the resulting models, it was decided that the most straightforward and simple approach would produce a more interpretable model. Therefore, the results presented here will include only the linear growth curve models. The latent growth terms for the linear single-class parallel growth curve model are presented below in Table 26. The model was constrained by setting the variance of each latent growth term at 0.

Table 26. Latent Growth Terms for the Single-Class, Parallel Emergency Shelter, Transitional Shelter, and Outreach Service Growth Curves, Month 1 to 36.

<table>
<thead>
<tr>
<th>Latent Growth Term</th>
<th>Estimated Mean</th>
<th>Standard Error</th>
<th>Z Score</th>
<th>Two-Tailed P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Intercept</td>
<td>3.774</td>
<td>0.209</td>
<td>18.078</td>
<td>0.000</td>
</tr>
<tr>
<td>Emergency Slope</td>
<td>-0.209</td>
<td>0.013</td>
<td>-16.243</td>
<td>0.000</td>
</tr>
<tr>
<td>Transitional Intercept</td>
<td>9.177</td>
<td>0.302</td>
<td>30.341</td>
<td>0.000</td>
</tr>
<tr>
<td>Transitional Slope</td>
<td>-0.480</td>
<td>0.019</td>
<td>-25.007</td>
<td>0.000</td>
</tr>
<tr>
<td>Outreach Intercept</td>
<td>0.760</td>
<td>0.052</td>
<td>14.646</td>
<td>0.000</td>
</tr>
<tr>
<td>Outreach Slope</td>
<td>-0.037</td>
<td>0.003</td>
<td>-12.423</td>
<td>0.000</td>
</tr>
</tbody>
</table>

This model describes emergency shelter use within the sample as beginning at approximately the 4-day (per 60-day period) level \(M_{\text{emergency intercept}} = 3.774, z = 18.078, p < .01\), followed by a steady decrease in the use of emergency services across the 3-year timespan \(M_{\text{emergency slope}} = -0.209, z = -16.243, p < .01\). Figure 1 shows the estimated and sample means for the emergency shelter growth trajectory.
Figure 1. Single-Class Growth Curve for Emergency Shelter Use from Entry into Services through 36 Months.

As might be expected, given the longer service stays inherent in the transitional approach, the transitional single-class growth curve had both highest model estimated initial intercept 
\( M_{\text{transitional intercept}} = 9.177, z = 30.341, p < .01 \) and the most sharply decreasing slope 
\( M_{\text{transitional slope}} = -0.482, z = -25.007, p < .01 \) compared to other service types. Figure 2 shows the estimated and sample means for the single-class transitional growth curve.

Figure 2. Single-Class Growth Curve for Transitional Shelter Use from Entry into Services through 36 Months.
Finally, the outreach single class curve had the lowest latent intercept value \( M_{\text{outreach intercept}} = 0.760, z = 14.646, p < .01 \) and the most modest slope \( M_{\text{outreach slope}} = -0.037, z = 12.423, p < .01 \). Figure 3 shows the estimated and sample means for the outreach latent growth curve.

Figure 3. Single-Class Growth Curve for Outreach Service Use from Entry into Services through 36 Months.

Each latent growth term was significant at the 0.01 level. However, model fit indicators showed that the overall single-class model was not a good fit for the data. The chi-square test statistic \( \chi^2 = 66539.416 \) was significant at the 0.05 level, indicating poor model fit. While this model fit indicator is often not reliable for many models (Geiser, 2015), the RMSEA (0.097) and SRMR (0.278) were also both higher than is typically considered acceptable. The poor fit of the single-class growth curve model is a good indication that there is a high level of variability in the data that might be better represented using latent classes to describe the growth curves of different subgroups within the sample rather than attempting to fit all participants with the same curve.

**Steps 2 and 3: Fitting latent classes 2-6.** The next two steps in fitting an LCGA model as recommended by Jung and Wickrama (2008) are “specify an unconditional latent class model
without covariates or distal outcomes” and “determine the number of classes.” After fitting the single-class model described above, an additional latent variable was introduced to the model. Latent class growth curves estimate both the underlying growth curve using latent slope and latent intercept terms (as in the model above) and a set number of underlying latent classes (a categorical latent term). This process allows the researcher to fit a model based on a predetermined number of classes. When fitting LCGA models there are two major concerns often discussed in the literature (e.g., Geiser, 2015; Jung & Wickrama, 2008): 1) how to choose the appropriate number of classes and which model fit indices to use for this and 2) convergency issues. Both concerns shaped the present analysis.

One of the major issues to consider in using LCGA is class enumeration (Nylund, Asparouhov, & Muthén, 2007), the determination of the number of classes to be used in the model. Muthén (2003) has proposed a set of criteria for determining class enumeration. When assessing a latent class growth model, he recommended weighing a number of statistical criteria, such as the Bayes Information Criteria (BIC), the Lo-Mendell-Rubin likelihood ratio test (LMR LRT), and the skewness and kurtosis test (SK). More recently, Nylund et al. (2007) used a Monte Carlo simulation study to compare various indicators for determining class enumeration in latent class analysis and growth mixture models. They found that the BIC was fairly useful in reliably indicating class number. They also found that a likelihood-based technique, the bootstrap likelihood ratio test (BLRT), performed most consistently in identifying the correct number of classes in a variety of analyses. Because the model used for the LCGA in this study was fairly complex and computationally intensive, only the BIC statistic was available as a model fit index to judge the optimal number of classes. Lower BIC values indicate better model fit.
However, two additional model evaluation criteria were also discussed in Geiser (2015): entropy and mean class assignment probabilities. Geiser (2015) describes entropy as “a summary measure for the quality of classification in an LCA model.” The entropy measure ranges from 0 to 1, with values closer to 1 indicating a model that classifies subjects with more accuracy. Additionally, the mean class assignment probabilities indicate how reliably individuals are assigned to each class (Geiser, 2015). In latent class models, individuals can have a certain degree of probability of falling into more than one class. Thus, mean class probabilities closer to 1 indicate that classes are fairly discrete in that individuals have lower chances of being classified into alternative groups.

In addition to deciding class enumeration and model fit, another important concern for LCGA analysis is the issue of convergence and local solutions:

> The problem of local solutions is where during curve estimation a largest value (maximum) or smallest value (minimum) that a function takes is identified for only a given area on that curve, but that is not necessarily the largest of smallest value for the entire curve (i.e., the global minimum or maximum)...In mixture modeling, parameters are estimated by the method of maximum likelihood and are iterative in nature (e.g., EM algorithm). Ideally, the iteration will result in successful convergence on the global maximum solution (Jung and Wickrama, 2008, p. 305).

Because local solutions and non-convergence (i.e., the model does not converge on an acceptable solution) are a concern, often researchers will specify a large number of starts and iterations in order to minimize the chances that these two issues will occur. However, with a model as complex and large as the one in this study, this can significantly increase the computational time required. Additionally, “in general, increasing model complexity by adding classes, adding covariates, allowing across-class variation in covariances matrices can add to computation time, convergence problems, improper solutions, and overall model instability” (Jung and Wickrama,
To aid with convergence and to reduce computational burden, the variance of each latent growth term was set to zero, thus forcing homogenous trajectories within each class.

Following the single-class model specification, several LCGA models were fit with 2 through 6 classes. For each of these models the BIC, entropy, proportional class sizes (how many individuals were assigned to each class), mean class probabilities, and the usefulness or interpretability of the model was considered (see Table 27). How easily any one particular model converged and the parsimony of the resulting model was also considered when choosing how to move forward with the analysis.

Table 27. Select Model Fit Criteria for Classes 1 through 6.

<table>
<thead>
<tr>
<th>Class #</th>
<th>BIC</th>
<th>Entropy</th>
<th>Class Sizes</th>
<th>Other Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1682921.788</td>
<td>-</td>
<td>All Same Class</td>
<td>See above</td>
</tr>
<tr>
<td>2</td>
<td>1616333.646</td>
<td>0.997</td>
<td>Class 1: 89.3%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Class 2: 10.7%</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>1584988.846</td>
<td>0.996</td>
<td>Class 1: 87.1%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Class 2: 10.7%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Class 3: 2.2%</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>1559935.296</td>
<td>0.996</td>
<td>Class 1: 85.3%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Class 2: 9.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Class 3: 2.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Class 4: 2.1%</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>1537862.087</td>
<td>0.997</td>
<td>Class 1: 84.0%</td>
<td>Possible convergence issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Class 2: 9.6%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Class 3: 2.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Class 4: 1.9%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Class 5: 1.8%</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>1523923.496</td>
<td>0.996</td>
<td>Class 1: 81.8%</td>
<td>Possible convergence issues</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Class 2: 9.7%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Class 3: 2.9%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Class 4: 2.7%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Class 5: 1.7%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Class 6: 1.1%</td>
<td></td>
</tr>
</tbody>
</table>

Using the criteria above as a guide, the four-class growth model was chosen as the basis for the rest of the following analyses. The BIC for the four-class model was lower than that of
the three-class model, indicating a better fit for the data. While the five- and six-class models also have decreasing BIC values (possibly indicating better fit), the model runs showed that the best loglikelihood was not replicated (indicating possible local solutions or convergence issues). Moreover, the additional groups added by the five- and six-class models were very small groups of less than 3% of the sample. The usefulness of continuing to add classes that represent only small numbers of service users was also weighed when choosing the four-class model.

Finally, the entropy (0.996) and mean class probabilities indicated that the four-class model was able to classify participants with a high level of accuracy. For example, the lowest class probability (class 4) was 0.977, indicating that a subject in class 4 had a 97.7% chance of being assigned to class 4 and a 2.3% chance of being assigned to a different class. In terms of latent class models, this probability is considered very high and indicates good classification. That the four-class model (BIC = 1559935.296) fit the data better than the single-class growth curve (BIC = 1682921.788) is a good indication that there are very likely two or more (in this case 4) distinct trajectories of homeless service usage (research question 2a). The latent growth terms and relative class proportions (research question 2b) for the four-class LCGA model are presented below in Table 28. This model describes two classes that consist of what might be considered typical or non-problematic service usage and two classes of higher, more problematic service use. Each class will be described in more detail below.
Table 28. Class Size Proportions and Latent Growth Terms for the Four-Class Parallel
Emergency Shelter, Transitional Shelter, and Outreach Service Growth Curves, Month 1 to 36.

<table>
<thead>
<tr>
<th>CLASS 1: Low Service Use</th>
<th>Number of individuals: 3966</th>
<th>85.2% of sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latent Growth Term</td>
<td>Estimated Mean</td>
<td>Standard Error</td>
</tr>
<tr>
<td>Emergency Intercept</td>
<td>2.013</td>
<td>0.256</td>
</tr>
<tr>
<td>Emergency Slope</td>
<td>-0.128</td>
<td>0.021</td>
</tr>
<tr>
<td>Transitional Intercept</td>
<td>1.849</td>
<td>0.270</td>
</tr>
<tr>
<td>Transitional Slope</td>
<td>-0.119</td>
<td>0.018</td>
</tr>
<tr>
<td>Outreach Intercept</td>
<td>0.711</td>
<td>0.024</td>
</tr>
<tr>
<td>Outreach Slope</td>
<td>-0.036</td>
<td>0.002</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 2: Typical Transitional Shelter Use</th>
<th>Number of individuals: 452</th>
<th>9.7% of sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latent Growth Term</td>
<td>Estimated Mean</td>
<td>Standard Error</td>
</tr>
<tr>
<td>Emergency Intercept</td>
<td>2.164</td>
<td>0.329</td>
</tr>
<tr>
<td>Emergency Slope</td>
<td>-0.132</td>
<td>0.026</td>
</tr>
<tr>
<td>Transitional Intercept</td>
<td>72.071</td>
<td>0.294</td>
</tr>
<tr>
<td>Transitional Slope</td>
<td>-4.593</td>
<td>0.031</td>
</tr>
<tr>
<td>Outreach Intercept</td>
<td>0.402</td>
<td>0.104</td>
</tr>
<tr>
<td>Outreach Slope</td>
<td>-0.017</td>
<td>0.009</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 3: Atypical Transitional Shelter Use</th>
<th>Number of individuals: 127</th>
<th>2.7% of sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latent Growth Term</td>
<td>Estimated Mean</td>
<td>Standard Error</td>
</tr>
<tr>
<td>Emergency Intercept</td>
<td>12.258</td>
<td>0.246</td>
</tr>
<tr>
<td>Emergency Slope</td>
<td>-0.806</td>
<td>0.024</td>
</tr>
<tr>
<td>Transitional Intercept</td>
<td>22.088</td>
<td>0.108</td>
</tr>
<tr>
<td>Transitional Slope</td>
<td>2.041</td>
<td>0.016</td>
</tr>
<tr>
<td>Outreach Intercept</td>
<td>1.521</td>
<td>0.091</td>
</tr>
<tr>
<td>Outreach Slope</td>
<td>-0.059</td>
<td>0.008</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASS 4: Potential Chronic Service Use</th>
<th>Number of individuals: 110</th>
<th>2.4% of sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latent Growth Term</td>
<td>Estimated Mean</td>
<td>Standard Error</td>
</tr>
<tr>
<td>Emergency Intercept</td>
<td>54.621</td>
<td>0.134</td>
</tr>
<tr>
<td>Emergency Slope</td>
<td>-2.023</td>
<td>0.011</td>
</tr>
<tr>
<td>Transitional Intercept</td>
<td>3.310</td>
<td>0.421</td>
</tr>
<tr>
<td>Transitional Slope</td>
<td>-0.124</td>
<td>0.029</td>
</tr>
<tr>
<td>Outreach Intercept</td>
<td>3.248</td>
<td>0.056</td>
</tr>
<tr>
<td>Outreach Slope</td>
<td>-0.130</td>
<td>0.005</td>
</tr>
</tbody>
</table>
Class 1: Low service use. Class 1 was the largest subgroup identified by the model (n = 3966, or 85.2%) and consisted of low levels of service use across all three service types. Initial estimated emergency shelter use within this class ($M_{\text{emergency intercept}} = 2.013, z = 7.861, p < .01$) was lower than for all other classes and was followed by a steady decrease in use of emergency services across the 3-year study timespan ($M_{\text{emergency slope}} = -0.128, z = -6.127, p < .01$). Figure 4 shows the estimated and sample means for the class 1 emergency shelter growth trajectory.

Figure 4. Class 1 Growth Curve for Emergency Shelter Use from Entry into Services through 36 Months.

The class 1 initial estimated transitional shelter use was also very low for this group ($M_{\text{transitional intercept}} = 1.849, z = 6.856, p < .01$), followed by a steady decrease in use of transitional services across the 3-year timespan ($M_{\text{transitional slope}} = -0.119, z = -6.782, p < .01$). Figure 5 shows the estimated and sample means for the class 1 transitional shelter growth trajectory.
Finally, class 1 had the second lowest initial estimated outreach service levels ($M_{outreach\ intercept} = 0.711, \ z = 29.310, \ p < .01$), and a steady decrease in use of services across the 3-year study timespan ($M_{outreach\ slope} = -0.036, \ z = -16.247, \ p < .01$). Figure 6 shows the estimated and sample means for the class 1 outreach service use growth trajectory.

Overall, class 1 is characterized by low levels of initial service use with little to no continued use of any type of service days by the end of the 36-month period. It was the group with
the lowest levels of emergency and transitional shelter use and had the second lowest outreach service use. Therefore, this group, consisting of the large majority (85.2%) of these newcomers to the HMIS service system, was labeled the low service use group.

*Class 2: Typical transitional shelter use.* The second largest group of newcomers \((n = 452, \text{ or } 9.7\%)\) was distinguishable by their high number of transitional shelter days, which on average continued across an extended period of time. This pattern of service use, however, is typical of families in transitional shelters, who are allowed to stay in these programs for up to 2 years, and does not necessarily represent problematic patterns of repeated service use. Despite the high levels of transitional shelter use, class 2’s initial model-estimated emergency shelter use was the second lowest, \((M_{\text{emergency intercept}} = 2.164, \ z = 6.585, \ p < .01)\) and also followed a steady decrease in use across the 3-year study timespan \((M_{\text{emergency slope}} = -0.132, \ z = -5.086, \ p < .01)\). Figure 7 shows the estimated and sample means for the class 2 emergency shelter growth trajectory.

Figure 7. Class 2 Growth Curve for Emergency Shelter Use from Entry into Services through 36 Months.

The class 2 initial model-estimated level of transitional shelter use was much higher than any other group \((M_{\text{transitional intercept}} = 72.071, \ z = 244.973, \ p < .01)\), followed by a steady and
noticeable decrease in use of transitional services across the 3-year timespan ($M_{\text{transitional slope}} = -4.593, \ z = -105.445, \ p < .01$). Figure 8 shows the estimated and sample means for the class 2 transitional shelter growth trajectory.

Figure 8. Class 2 Growth Curve for Transitional Shelter Use from Entry into Services through 36 Months.

Another indicator of typical, non-problematic service use for this group was the fact that class 2 had the lowest model-estimated initial outreach service levels ($M_{\text{outreach intercept}} = 0.402, \ z = 3.859, \ p < .01$), which continued to decrease across the 36-month period ($M_{\text{outreach slope}} = -0.017, \ z = -2.003, \ p < .05$). Figure 9 shows the estimated and sample means for the class 2 outreach service use growth trajectory.
Overall, class 2 seemed to follow a pattern typical of most transitional shelter users, with high and prolonged levels of transitional shelter use that drop-off steadily to a near zero level of shelter use by the end of the 36-month study period. This group also showed some initial emergency shelter use that dropped off fairly quickly. Again, this is a typical and unproblematic pattern as many transitional shelter users first access emergency shelter and then are referred to transitional services. Given these expected patterns and the very low levels of outreach service use, this class was labeled “typical transitional shelter use,” and despite the high number of transitional shelter days, was considered, along with class 1, to represent an unproblematic homeless trajectory.

Class 3: Atypical transitional shelter use. Class 3 (n = 127, or 2.7%) also had notably high levels of transitional shelter use. However, unlike class 2, this group started out with lower levels of transitional use and showed an increasing average number of days towards the end of the study period. Additionally, unlike class 2, this group also had moderate to high levels of emergency shelter and outreach service use. In fact, of all the classes, class 3 had the second highest model-estimated level of initial emergency shelter use ($M_{\text{emergency intercept}} = 12.258, z =$}
49.906, p < .01). However, emergency shelter use for this group did decrease across the 3-year study timespan ($M_{\text{emergency slope}} = -0.806, z = -33.669, p < .01$). Figure 10 shows the estimated and sample means for the class 3 emergency shelter growth trajectory.

Figure 10. Class 3 Growth Curve for Emergency Shelter Use from Entry into Services through 36 Months.

The class 3 model-estimated initial level of transitional shelter use was higher than most other groups ($M_{\text{transitional intercept}} = 22.088, z = 205.238, p < .01$), and was second only to class 2. However, this group had a positive latent slope, indicating a trend of increasing use of transitional services across the 3-year timespan ($M_{\text{transitional slope}} = -2.041, z = 125.146, p < .01$). The transitional latent slope for this class was the only growth term in any of the classes with a positive slope. Figure 11 shows the estimated and sample means for the class 3 transitional shelter growth trajectory.
Finally, class 3 had the second highest level of model-estimated initial outreach service use ($M_{\text{outreach intercept}} = 1.521, z = 16.677, p < .01$), decreasing somewhat across the 36-month period ($M_{\text{outreach slope}} = -0.059, z = -7.4493, p < .01$). Figure 12 shows the estimated and sample means for the class 3 outreach service use growth trajectory.

Because class 3 was distinguished primarily by high transitional shelter use, but showed patterns of service use outside what one would expect for the typical transitional shelter user, this group was labeled “atypical transitional shelter use.” The most notable element of atypical
transitional service use was this group’s increasing use of these services towards the end of the 36-year period. This, combined with the moderate to high levels of emergency and outreach service use, is an indication of a problematic and prolonged homeless trajectory.

Class 4: Potential chronic service use. Class 4 (n = 110, or 2.4%) was distinguishable by very high levels of both emergency shelter and outreach service use. This pattern is fairly typical of those who might be considered chronically homeless. However, the individuals in this sample were new to the HMIS service system so it is notable that they were showing high and persistent levels of service use. Class 4 had by far the highest level of model-estimated initial emergency shelter use, (M_{emergency intercept} = 54.621, z = 406.893, p < .01) and although there was still a good amount of service use by the 36-month mark, there was a decreasing trend across the 3-year study timespan (M_{emergency slope} = -2.023, z = -189.985, p < .01). Figure 13 shows the estimated and sample means for the class 4 emergency shelter growth trajectory.

Figure 13, Class 4 Growth Curve for Emergency Shelter Use from Entry into Services through 36 Months.

![Class 4 Estimated means vs Class 4 Sample means](image)

Despite the high levels of use for other service types, class 4 did not tend to use many transitional shelter days. They had the second lowest model-estimated initial level of transitional shelter use (M_{transitional intercept} = 3.310, z = 7.869, p < .01), with a decreasing trend in use across the
3-year study timespan \( (M_{\text{transitional slope}} = -0.124, z = -4.265, p < .01) \). Figure 14 shows the estimated and sample means for the class 4 transitional shelter growth trajectory.

**Figure 14. Class 4 Growth Curve for Transitional Shelter Use from Entry into Services through 36 Months.**

![Class 4 Growth Curve](image)

Class 4 had the highest level of model-estimated initial outreach service use \( (M_{\text{outreach intercept}} = 3.248, z = 57.643, p < .01) \), decreasing somewhat across the 36-month period \( (M_{\text{outreach slope}} = -0.130, z = -25.600, p < .01) \). Figure 15 shows the estimated and sample means for the class 4 outreach service use growth trajectory.

**Figure 15. Class 4 Growth Curve for Outreach Service Use from Entry into Services through 36 Months.**

![Class 4 Growth Curve](image)
Along with class 3, class 4 represented a group with problematic and prolonged service use. The pattern of high and fluctuating emergency shelter and outreach service use seen in class 4 is what one might expect from the stereotypical single chronically homeless individual. As transitional shelters tend to target families, it is not surprising that the transitional shelter use for this group is very low. However, since the sample represents newcomers to the HMIS database rather than a cross-section of service users, who may be expected to show higher levels of chronic service use, this class may represent those who are vulnerable to becoming chronically homeless during their stay in the system. Thus class 4 was labeled “potential chronic service use.”

**Step 4: Address convergence issues.** To ensure a trustworthy model a high number of starts and iterations (500, 20) were used to allow for model convergence and to reduce the chances of obtaining local solutions. Jung and Wickrama (2008) also recommended using the OPTSEED function in Mplus to rerun the analysis with the two best loglikelihood values from the original model. This procedure was followed for the four-class model described above and the model estimates were replicated when rerun using the top two loglikelihood values. This is an indication that that local solutions are likely not an issue of concern for this model.

**Step 5: Covariates.** The final step in fitting an LCGA model as prescribed by Jung and Wickrama (2008) was to “specify a conditional latent class model with covariates.” This allows researchers to include variables of interest in the latent class model whereby the influence of the variables are taken into account as part of the class and model formation. However, due to the large amount of missing data associated with the covariates of interest in this study, as well as
the complexity of the parallel process model, it was not practical to include the covariates in the latent class model as it had been conceptualized.⁹

In lieu of this, individuals in the sample were assigned to their most probable class and predictor and outcome variables were examined using a series of multinomial logistic and linear regressions. Specifically, four multinomial logistic regression models were used to explore whether group membership probabilities were related to demographic characteristics, family composition, personal history or health-related variables (research question 2c). This is not the preferred method of analysis because: 1) the variables of interest were not included in model formation, and 2) because it cannot account for the fact that individuals can have a non-zero probability of being assigned to more than one class. However, in the case of the current model, the class probabilities were so high (greater than or equal to 0.977), that the second issue is not a large concern. Additionally, this approach to LGCA is not uncommon in the literature (e.g., Chen, Culhane, Metraux, Park, & Venable, 2015; Rhebergen et al., 2012; Rzewuska, Mallen, Strauss, Belcher, & Peat, 2015).

Therefore, highest probability class assignments for the four-class model were exported and used in subsequent models to better understand class differences among a number of predictor and outcome variables. A series of four multivariate, multinomial logistical regression models were fit using Mplus software, which allowed for the MLR estimation of missing variables. The predictor variables of interest for these models were chosen along thematically similar lines. First, the association between demographic variables and class membership was examined (model 1). Second, household composition variables were examined (model 2). Third,

---

⁹ One initial attempt at including the covariates in the model, for example, ran for almost three weeks straight without producing usable results.
a model was fit to analyze the association of background experience variables with class membership (model 3). Finally, variables related to health issues were explored (model 4).

**Model 1: Demographic predictor variables.** Model 1 examined the association of select demographic characteristics with class membership using the largest class, the low service use class (class 1), as the reference class. The demographic variables examined in relation to class membership included age, gender, ethnicity, citizenship, length of residence in Hawai‘i, and island of first entry to services. The results of the model 1 multinomial logistic regression are shown in Table 29, which will be referred to throughout this subsection. The results are reported as odds ratios with 95% confidence intervals. Odds ratios (OR) greater than 1.00 indicate an increased probability of being assigned to a particular class rather than the reference class (class 1, low service use), and ORs below 1.00 indicate a decreased probability of being assigned to that class rather than the reference class. The odds ratio is considered to significantly predict higher or lower chances of class membership versus the reference class at the 0.05 level if the 95% confidence interval is either entirely above the 1.00 cut-off or entirely below it (i.e., it does not span across the 1.00 mark).
Table 29. Model 1 results: Odds ratios and associated 95% confidence intervals from a multinominal logistic regression analysis associating demographic characteristics with homeless trajectories 2-4 using the low service use trajectory (class 1) as the reference group.

<table>
<thead>
<tr>
<th>Demographic Characteristic</th>
<th>Class 2 (Typical Transitional)</th>
<th>Class 3 (Atypical Transitional)</th>
<th>Class 4 (Potential Chronic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>1.298* (1.053-1.600)</td>
<td>1.234 (0.852-1.788)</td>
<td>0.608* (0.392-0.943)</td>
</tr>
<tr>
<td>Higher age</td>
<td>1.026 (0.946-1.113)</td>
<td>1.081 (0.937-1.247)</td>
<td>1.444* (1.271-1.640)</td>
</tr>
<tr>
<td>Identifies as Hispanic</td>
<td>1.677* (1.222-2.302)</td>
<td>1.210 (0.619-2.363)</td>
<td>1.036 (0.522-2.058)</td>
</tr>
<tr>
<td>Primary Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian/White</td>
<td>Reference</td>
<td>Reference</td>
<td>Reference</td>
</tr>
<tr>
<td>Native Hawaiian</td>
<td>1.815* (1.271-2.592)</td>
<td>1.794 (0.962-3.346)</td>
<td>0.763 (0.410-1.421)</td>
</tr>
<tr>
<td>Micronesian</td>
<td>3.015* (1.412-6.439)</td>
<td>2.754 (0.955-7.943)</td>
<td>0.771 (0.291-2.048)</td>
</tr>
<tr>
<td>Filipino</td>
<td>1.854* (1.158-2.967)</td>
<td>1.339 (0.503-3.568)</td>
<td>0.978 (0.416-2.300)</td>
</tr>
<tr>
<td>African</td>
<td>1.735</td>
<td>2.335 (0.878-6.215)</td>
<td>0.552 (0.197-1.542)</td>
</tr>
<tr>
<td>American/Black</td>
<td>1.675 (0.990-3.040)</td>
<td>1.793 (0.646-4.982)</td>
<td>0.423 (0.103-1.738)</td>
</tr>
<tr>
<td>Other Pacific Islander</td>
<td>2.217* (1.334-3.684)</td>
<td>1.793 (0.646-4.982)</td>
<td>0.423 (0.103-1.738)</td>
</tr>
<tr>
<td>Asian</td>
<td>1.874* (1.101-3.190)</td>
<td>1.075 (0.301-3.848)</td>
<td>0.583 (0.206-1.648)</td>
</tr>
<tr>
<td>Marshallese</td>
<td>8.898* (4.182-18.933)</td>
<td>15.683* (5.287-46.521)</td>
<td>0.239 (0.029-1.992)</td>
</tr>
<tr>
<td>Portuguese</td>
<td>1.396 (0.643-3.032)</td>
<td>3.513* (1.129-10.932)</td>
<td>1.739 (0.544-5.565)</td>
</tr>
<tr>
<td>Native American</td>
<td>0.257 (0.034-1.918)</td>
<td>2.369 (0.541-10.376)</td>
<td>1.192 (0.352-4.040)</td>
</tr>
<tr>
<td>COFA Status</td>
<td>2.558* (1.270-5.153)</td>
<td>3.356* (1.325-8.496)</td>
<td>3.045* (1.194-7.764)</td>
</tr>
<tr>
<td>Less than 2 years in HI</td>
<td>0.885 (0.648-1.209)</td>
<td>1.333 (0.817-2.175)</td>
<td>1.524 (0.901-2.579)</td>
</tr>
<tr>
<td>Lifetime resident of HI</td>
<td>2.222* (1.572-3.140)</td>
<td>2.386* (1.362-4.179)</td>
<td>1.606 (0.893-2.887)</td>
</tr>
<tr>
<td>Island of First Entry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>O'ahu</td>
<td>Reference</td>
<td>Reference</td>
<td>Reference</td>
</tr>
<tr>
<td>Hawai'i</td>
<td>0.160* (0.088-0.252)</td>
<td>0.021* (0.003-0.153)</td>
<td>0.135* (0.042-0.437)</td>
</tr>
<tr>
<td>Maui</td>
<td>0.645* (0.404-0.921)</td>
<td>0.439* (0.222-0.868)</td>
<td>0.788 (0.456-1.361)</td>
</tr>
<tr>
<td>Kaua'i</td>
<td>0.585 (0.290-1.000)</td>
<td>0.374 (0.107-1.305)</td>
<td>0.445 (0.137-1.438)</td>
</tr>
</tbody>
</table>

*Significant at 0.05 level.

Note: The sample size for this model was slightly smaller than for the other models ($N = 4,405$). Because several of the variables had missing data, in order to reduce the complexity of the model, a small portion ($n = 250, 5.4\%$) of individuals were excluded from the analysis so as not to have to include another level of missing data estimation.
One advantage of including the demographic characteristics together in one model is the ability to control for related variables when examining their influence over class membership. For example, ethnicity may be related to length of residence in Hawai‘i as well as island of first entry to the system. The above model shows the odds ratios for each demographic characteristic, indicating the odds of an individual following the class 2-4 trajectories rather than the low service use class 1 trajectory after controlling for the other demographic variables in the model.

The results shown in Table 29 indicate that being female significantly increased the probability of an individual following the traditional transitional service user trajectory (class 2: OR 1.298, 95% confidence interval [CI] 1.053-1.600) and decreased the probability of following the potential chronic service use trajectory (class 4: 0.608, 95% CI 0.392-0.943). Table 30 shows the distribution of age and gender characteristics across all 4 classes as well as in the sample as a whole. Indeed, while most of the sample was male (60.0%), over half of the class 2 service users were female (n = 231, or 51.1%). Conversely, only a quarter of the potential chronic service use group was female (n = 29, or 26.4%). The other high transitional shelter use class (class 3, atypical transitional shelter use) also had high numbers of women (n = 64, or 50.4%), but this association was not statistically significant (OR 1.234, 95% CI 0.852-1.788).

Age was only significantly associated with membership in class 4, where older individuals were at amplified risk of following the potential chronic trajectory (OR 1.444, 95% CI 1.271-1.640). Comparing the number of individuals in each age bracket across the four classes (Table 30), it is clear that the potential chronic homeless service use group had a higher mean age (44.60 vs. 38.44) than the low service use group, a much larger proportion of individuals in their 50’s (34.5% vs 16.8%), and a much lower proportion of individuals aged 18-
29 years (13.6% vs 31.3%). Age was not significantly associated with the other two trajectories (classes 2 and 3).

Table 30. Breakdown of Age and Gender: Number of Individuals in Each Class and Total Sample.

<table>
<thead>
<tr>
<th>Demographic Characteristic</th>
<th>Class 1 (Low Service Use)</th>
<th>Class 2 (Typical Transitional)</th>
<th>Class 3 (Atypical Transitional)</th>
<th>Class 4 (Potential Chronic)</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>1538 (38.8%)</td>
<td>231 (51.1%)</td>
<td>64 (50.4%)</td>
<td>29 (26.4%)</td>
<td>1862 (40.0%)</td>
</tr>
<tr>
<td>Male</td>
<td>2427 (61.2%)</td>
<td>221 (48.9%)</td>
<td>63 (49.6%)</td>
<td>81 (73.6%)</td>
<td>2792 (60.0%)</td>
</tr>
<tr>
<td>Missing</td>
<td>1 (0.0%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>1 (0.0%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3966</strong></td>
<td><strong>452</strong></td>
<td><strong>127</strong></td>
<td><strong>110</strong></td>
<td><strong>4655</strong></td>
</tr>
</tbody>
</table>

| Mean age                  | 38.44 (SD = 13.04)       | 36.71 (SD = 12.89)            | 37.61 (SD = 12.45)              | 44.60 (SD = 11.74)           | 38.40 (SD = 13.05) |

<table>
<thead>
<tr>
<th>Age Groups</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18-29</td>
<td>1241 (31.3%)</td>
<td>162 (35.8%)</td>
<td>47 (37.0%)</td>
<td>15 (13.6%)</td>
<td>1465 (31.5%)</td>
</tr>
<tr>
<td>30-39</td>
<td>899 (22.7%)</td>
<td>123 (27.2%)</td>
<td>28 (22.0%)</td>
<td>19 (17.3%)</td>
<td>1069 (23.0%)</td>
</tr>
<tr>
<td>40-49</td>
<td>944 (23.8%)</td>
<td>78 (17.3%)</td>
<td>22 (17.3%)</td>
<td>31 (28.2%)</td>
<td>1075 (23.1%)</td>
</tr>
<tr>
<td>50-59</td>
<td>668 (16.8%)</td>
<td>64 (14.2%)</td>
<td>23 (18.1%)</td>
<td>38 (34.5%)</td>
<td>793 (17.0%)</td>
</tr>
<tr>
<td>60-69</td>
<td>179 (4.5%)</td>
<td>20 (4.4%)</td>
<td>6 (4.7%)</td>
<td>5 (4.5%)</td>
<td>210 (4.5%)</td>
</tr>
<tr>
<td>70 and older</td>
<td>35 (0.9%)</td>
<td>5 (1.1%)</td>
<td>1 (0.8%)</td>
<td>2 (1.8%)</td>
<td>43 (0.9%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3966</strong></td>
<td><strong>452</strong></td>
<td><strong>127</strong></td>
<td><strong>110</strong></td>
<td><strong>4655</strong></td>
</tr>
</tbody>
</table>

Table 31 shows the number of individuals in each class according to their primary ethnic identification. The ethnic group categories represent the ethnicity and race data from the HMIS, where individuals chose the group with which they primarily identified (labeled primary race).

As described above, several of the smaller ethnic groups were combined in order to create categories large enough of meaningful analysis. Therefore, the “Other Pacific Islander” category in the present analyses represents a combination of the HMIS categories of Samoan, Guamanian/Chamorro, Tongan, and Other Pacific Islander. The “Asian” category represents the HMIS designations of Chinese, Japanese, Korean, Vietnamese, Asian Indian, and other Asian.
Table 31. Breakdown of Ethnicity: Number of Individuals in Each Class and the Total Sample.

<table>
<thead>
<tr>
<th></th>
<th>Class 1 (Low Service Use)</th>
<th>Class 2 (Typical Transitional)</th>
<th>Class 3 (Atypical Transitional)</th>
<th>Class 4 (Potential Chronic)</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identified as Hispanic</td>
<td>451 (11.4%)</td>
<td>59 (13.1%)</td>
<td>10 (7.9%)</td>
<td>10 (9.1%)</td>
<td>530 (11.4%)</td>
</tr>
<tr>
<td>Non-Hispanic</td>
<td>3284 (82.8%)</td>
<td>389 (86.1%)</td>
<td>117 (92.1%)</td>
<td>95 (86.4%)</td>
<td>3885 (83.5%)</td>
</tr>
<tr>
<td>Missing</td>
<td>231 (5.8%)</td>
<td>4 (0.9%)</td>
<td>0 (0.0%)</td>
<td>5 (4.5%)</td>
<td>240 (5.2%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3966</strong></td>
<td><strong>452</strong></td>
<td><strong>127</strong></td>
<td><strong>109</strong></td>
<td><strong>4655</strong></td>
</tr>
</tbody>
</table>

**Primary Ethnicity**

<table>
<thead>
<tr>
<th></th>
<th>Class 1 (Low Service Use)</th>
<th>Class 2 (Typical Transitional)</th>
<th>Class 3 (Atypical Transitional)</th>
<th>Class 4 (Potential Chronic)</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian/White</td>
<td>1559 (39.3%)</td>
<td>67 (14.8%)</td>
<td>16 (12.6%)</td>
<td>47 (42.7%)</td>
<td>1689 (36.3%)</td>
</tr>
<tr>
<td>Native Hawaiian</td>
<td>977 (24.6%)</td>
<td>134 (29.6%)</td>
<td>28 (22.0%)</td>
<td>21 (19.1%)</td>
<td>1160 (24.9%)</td>
</tr>
<tr>
<td>Micronesian</td>
<td>291 (7.3%)</td>
<td>88 (19.5%)</td>
<td>28 (22.0%)</td>
<td>15 (13.6%)</td>
<td>422 (9.1%)</td>
</tr>
<tr>
<td>Filipino</td>
<td>246 (6.2%)</td>
<td>33 (7.3%)</td>
<td>5 (3.9%)</td>
<td>7 (6.4%)</td>
<td>291 (6.3%)</td>
</tr>
<tr>
<td>African American/Black</td>
<td>222 (5.6%)</td>
<td>17 (3.8%)</td>
<td>6 (4.7%)</td>
<td>5 (4.5%)</td>
<td>250 (5.4%)</td>
</tr>
<tr>
<td>Other Pacific Islander</td>
<td>186 (4.7%)</td>
<td>26 (5.8%)</td>
<td>5 (3.9%)</td>
<td>2 (1.8%)</td>
<td>219 (4.7%)</td>
</tr>
<tr>
<td>Asian</td>
<td>169 (4.3%)</td>
<td>21 (4.6%)</td>
<td>3 (2.4%)</td>
<td>4 (3.6%)</td>
<td>197 (4.2%)</td>
</tr>
<tr>
<td>Marshallese</td>
<td>104 (2.6%)</td>
<td>57 (12.6%)</td>
<td>30 (23.6%)</td>
<td></td>
<td>192 (4.1%)</td>
</tr>
<tr>
<td>Portuguese</td>
<td>91 (2.3%)</td>
<td>8 (1.8%)</td>
<td>4 (3.1%)</td>
<td>4 (3.6%)</td>
<td>107 (2.3%)</td>
</tr>
<tr>
<td>Native American</td>
<td>98 (2.5%)</td>
<td>1 (0.2%)</td>
<td>2 (1.6%)</td>
<td>3 (2.7%)</td>
<td>104 (2.2%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3966</strong></td>
<td><strong>452</strong></td>
<td><strong>127</strong></td>
<td><strong>109</strong></td>
<td><strong>4655</strong></td>
</tr>
</tbody>
</table>

Because Caucasian/White service users were the most numerous ethnic group in the sample \( n = 1559, \) or 39.3\%), they were used as the reference group in the multinomial logistic regression model 1. Those who identified as Hispanic (OR 1.677, 95% CI 1.271-2.592), Native Hawaiian (OR 1.815, 95% CI 1.271-2.592), Micronesian (OR 3.015, 95% CI 1.412-6.439), Filipino (OR 1.854, 95% CI 1.158-2.967), other Pacific Islander groups (OR 2.217, 95% CI 1.334-3.684), Asian (OR 1.874, 95% CI 1.101-3.190) and Marshallese (OR 8.898, 95% CI
4.182-18.933) all had statistically higher odds of following the traditional transitional service use trajectory (class 2) versus the low service use trajectory (class 1) than did the Caucasian/White service users. Only those identifying as Marshallese (OR 15.683, 95% CI 5.287-46.521) and those identifying as Portuguese (OR 3.513, 95% CI 1.129-10.932) had statistically significant increased odds of following the atypical transitional trajectory versus the low service use trajectory than did Caucasian/White service users. After controlling for the other demographic characteristics, there were no statistically significant associations between ethnicity and the potential chronic service use trajectory.

Table 31 indicates that there are noticiably smaller proportions of Caucasian/White service users in the two high transitional use groups (class 2: \( n = 67, \) or 14.8%; class 3: \( n = 16, \) or 12.6%) versus the low service use group (\( n = 1559, \) or 39.3%) and the potential chronic service use group (\( n = 47, \) or 42.7%). The highest proportions of service users in the typical transitional use group identified as Native Hawaiian (\( n = 134, \) or 29.6%), followed by Micronesians (\( n = 88, \) or 19.5%). Additionally, those identifying as Marshallese (\( n = 30, \) or 23.6%), Native Hawaiian (\( n = 28, \) or 22.0%), and Micronesian (\( n = 28, \) or 22.0%) made up over two-thirds of the atypical transitional service use group.

Table 32 shows the citizenship status of each class and for the total sample. Because the proportions of U.S. Nationals and non-U.S. Citizens were so small, only the COFA National status was used as a predictor in the multinomial logistic regression. After controlling for the influence of ethnicity, a citizen status of COFA National significantly amplified a service user's risk of following all three extended and high-use service trajectories rather than the low service use trajectory (class 2: OR 2.558, 95% CI 1.270-5.153; class 3: OR 3.356, 95% CI, 1.325-8.496; class 4: OR 3.045, 95% CI 1.194-7.764). Indeed, U.S. Citizens were proportionally more
represented in the low service use (84.1%) and potential chronic use categories (80.9%), while COFA Nationals were noticeably overrepresented in both transitional groups, but especially the atypical transitional group, where they represented almost half (44.9%) of the individuals in that class.

Table 32. Breakdown of Citizenship Status: Number of Individuals in Each Class and the Total Sample.

<table>
<thead>
<tr>
<th>Citizen Status</th>
<th>Class 1 (Low Service Use)</th>
<th>Class 2 (Typical Transitional)</th>
<th>Class 3 (Atypical Transitional)</th>
<th>Class 4 (Potential Chronic)</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Citizen</td>
<td>3334 (84.1%)</td>
<td>289 (63.9%)</td>
<td>69 (54.3%)</td>
<td>89 (80.9%)</td>
<td>3781 (81.2%)</td>
</tr>
<tr>
<td>COFA National</td>
<td>368 (9.3%)</td>
<td>142 (31.4%)</td>
<td>57 (44.9%)</td>
<td>16 (14.5%)</td>
<td>583 (12.5%)</td>
</tr>
<tr>
<td>Non-US Citizen</td>
<td>96 (2.4%)</td>
<td>8 (1.8%)</td>
<td>0 (0.0%)</td>
<td>2 (1.8%)</td>
<td>106 (2.3%)</td>
</tr>
<tr>
<td>US National</td>
<td>47 (1.2%)</td>
<td>9 (2.0%)</td>
<td>1 (0.8%)</td>
<td>3 (2.7%)</td>
<td>57 (1.2%)</td>
</tr>
<tr>
<td>Missing</td>
<td>121 (3.1%)</td>
<td>4 (0.9%)</td>
<td>0 (0.0%)</td>
<td>3 (2.7%)</td>
<td>128 (2.7%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3966</strong></td>
<td><strong>452</strong></td>
<td><strong>127</strong></td>
<td><strong>110</strong></td>
<td><strong>4655</strong></td>
</tr>
</tbody>
</table>

Table 33 shows the length of residence in Hawai‘i for each class and for the total sample. In the interest of parsimony, only the “less than two years residence” and “lifetime residence” categories were included in the multinomial logistic regression, thus comparing these groups to those who were neither lifetime residents or new (less than 2 years) to the state at first entry to services. Lifetime residence in the state was statistically associated with a likelihood of following both the typical (OR 2.222, 95% CI 1.572-3.140) and atypical (OR 2.386, 95% CI 1.362-4.179) transitional service use trajectories. Being new to the state (less than 2 years) was associated with increased (but not significant at the 0.05 level) odds of problematic service use (class 3: OR 1.333, 95% CI 0.817-2.175; class 4: 1.525, 95% CI 0.901-2.579). Those who were newest to the state were more represented in these two groups (class 3, 33.1% and class 4, 35.5%) than in the low service use group (25.5%) or the typical transitional service pattern (20.6%). Lifetime
residents of the state, on the other hand, were overrepresented in both transitional groups (typical, 48.9% and atypical, 37.8%), though they comprised the largest proportion of all four classes.

Table 33. Breakdown of Length of Residence in Hawai‘i at First Intake to Services: Number of Individuals in Each Class and the Total Sample.

<table>
<thead>
<tr>
<th>Length of Residence</th>
<th>Class 1 (Low Service Use)</th>
<th>Class 2 (Typical Transitional)</th>
<th>Class 3 (Atypical Transitional)</th>
<th>Class 4 (Potential Chronic)</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 years</td>
<td>1011 (25.5%)</td>
<td>93 (20.6%)</td>
<td>42 (33.1%)</td>
<td>39 (35.5%)</td>
<td>1185 (25.5%)</td>
</tr>
<tr>
<td>2-10 years</td>
<td>515 (13.0%)</td>
<td>86 (19.0%)</td>
<td>25 (19.7%)</td>
<td>18 (16.4%)</td>
<td>644 (13.8%)</td>
</tr>
<tr>
<td>More than 10 years, but not lifetime</td>
<td>478 (12.1%)</td>
<td>35 (7.7%)</td>
<td>10 (7.9%)</td>
<td>11 (10.0%)</td>
<td>534 (11.5%)</td>
</tr>
<tr>
<td>Lifetime resident of Hawai‘i</td>
<td>1424 (35.9%)</td>
<td>221 (48.9%)</td>
<td>48 (37.8%)</td>
<td>40 (36.4%)</td>
<td>1733 (37.2%)</td>
</tr>
<tr>
<td>Missing</td>
<td>538 (13.6%)</td>
<td>17 (3.8%)</td>
<td>2 (1.6%)</td>
<td>2 (1.8%)</td>
<td>599 (12.0%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3966</strong></td>
<td><strong>452</strong></td>
<td><strong>127</strong></td>
<td><strong>110</strong></td>
<td><strong>4655</strong></td>
</tr>
</tbody>
</table>

Finally, Table 34 shows the distribution of geographic first service entry location for each class and for the total sample. After controlling for the other demographic factors, first accessing services on neighbor islands tended to be associated with a lower probability of following the typical transitional, atypical transitional, and potential chronic service use trajectories versus the low service use trajectory. However, only the odds associated with entering services on Hawai‘i (class 2: OR 0.160, 95% CI 0.088-0.252; class 3: OR 0.021, 95% CI 0.003-0.153; class 4: OR 0.135, 95% CI 0.042-0.437) and Maui (class 2: 0.645, 95% CI 0.404-0.921; class 3: OR 0.439, 95% CI 0.222-0.868) reached significance.
Table 34. Breakdown of Geographic Area of First Intake to Services: Number of Individuals in Each Class and the Total Sample.

<table>
<thead>
<tr>
<th>Geographic Area</th>
<th>Class 1 (Low Service Use)</th>
<th>Class 2 (Typical Transitional)</th>
<th>Class 3 (Atypical Transitional)</th>
<th>Class 4 (Potential Chronic)</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honolulu or Waikiki</td>
<td>1476 (37.2%)</td>
<td>135 (29.9%)</td>
<td>52 (40.9%)</td>
<td>66 (60.0%)</td>
<td>1729 (37.1%)</td>
</tr>
<tr>
<td>Other O‘ahu location</td>
<td>973 (24.5%)</td>
<td>237 (52.4%)</td>
<td>61 (48.0%)</td>
<td>21 (19.1%)</td>
<td>1292 (27.8%)</td>
</tr>
<tr>
<td>Hawai‘i County</td>
<td>695 (17.5%)</td>
<td>21 (4.6%)</td>
<td>1 (0.8%)</td>
<td>4 (3.6%)</td>
<td>721 (15.5%)</td>
</tr>
<tr>
<td>Maui County</td>
<td>617 (15.6%)</td>
<td>44 (9.7%)</td>
<td>10 (7.9%)</td>
<td>16 (14.5%)</td>
<td>687 (14.8%)</td>
</tr>
<tr>
<td>Kaua‘i County</td>
<td>205 (5.2%)</td>
<td>15 (3.3%)</td>
<td>2 (2.4%)</td>
<td>3 (2.7%)</td>
<td>226 (4.9%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3966</strong></td>
<td><strong>452</strong></td>
<td><strong>127</strong></td>
<td><strong>110</strong></td>
<td><strong>4655</strong></td>
</tr>
</tbody>
</table>

Model 2: Household composition variables. The household composition variables examined in relation to class membership included the average group size as well as several family status variables. Table 35 shows the odds ratios from the multinomial logistic regression model exploring these household composition variables.

Table 35. Model 2 results: Odds ratios and associated 95% confidence intervals from a multinomial logistic regression analysis associating household composition characteristics with homeless trajectories 2-4 using the low service use trajectory (class 1) as the reference group.

<table>
<thead>
<tr>
<th>Household Composition Variables</th>
<th>Class 2 (Typical Transitional)</th>
<th>Class 3 (Atypical Transitional)</th>
<th>Class 4 (Potential Chronic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher Average Group Size</td>
<td>1.498* (1.412-1.589)</td>
<td>1.278* (1.154-1.416)</td>
<td>0.848 (0.670-1.073)</td>
</tr>
<tr>
<td>Household Composition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever Entered as Couple</td>
<td>1.014 (0.620-1.660)</td>
<td>0.998 (0.415-2.399)</td>
<td>1.522 (0.748-3.098)</td>
</tr>
<tr>
<td>Ever Entered as Single Parent</td>
<td>1.791* (1.370-2.342)</td>
<td>2.088* (1.347-3.238)</td>
<td>1.120 (0.682-1.840)</td>
</tr>
<tr>
<td>Household</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever Entered as Two Parent</td>
<td>2.804* (2.146-3.664)</td>
<td>6.054* (3.886-9.433)</td>
<td>1.157 (0.621-2.156)</td>
</tr>
<tr>
<td>Household</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ever Entered as Intergenerational Family</td>
<td>3.238* (1.304-8.044)</td>
<td>12.949* (4.823-34.746)</td>
<td>3.159 (0.334-29.924)</td>
</tr>
</tbody>
</table>

*Significant at the 0.05 level
Table 36 shows a breakdown of different proportions of average group size for each class and for the total sample. Most \((n = 3053\) or 65.6\%) of the sample consisted of single person households (group size of 1). As might be expected given that transitional shelters tend to serve families, a higher average group size was associated with higher odds of following both the typical \((OR 1.498, 95\% CI 1.412-1.589)\) and atypical \((OR 1.278, 95\% CI 1.154-1.416)\) transitional service use patterns. Indeed, the two transitional service trajectory groups had much higher proportions of individuals with an average group size of 3 to 5 \((class 2: n = 143, or 31.6\%; class 2: n = 42, or 33.1\%)\) than did the low service use group \((n = 381, 9.6\%)\) or the potential chronic service use group \((n = 5, 7.3\%).\)

Table 36. Breakdown of Average Group Size Across All Intakes: Number of Individuals in Each Class and the Total Sample

<table>
<thead>
<tr>
<th>Average Group Size</th>
<th>Class 1 (Low Service Use)</th>
<th>Class 2 (Typical Transitional)</th>
<th>Class 3 (Atypical Transitional)</th>
<th>Class 4 (Potential Chronic)</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group mean for average group size</td>
<td>1.60 ((SD = 1.26))</td>
<td>3.07 ((SD = 1.94))</td>
<td>2.71 ((SD = 1.61))</td>
<td>1.45 ((SD = 1.11))</td>
<td>1.77 ((SD = 1.42))</td>
</tr>
<tr>
<td>Exactly 1.0</td>
<td>2812 ((70.9%))</td>
<td>121 ((26.8%))</td>
<td>38 ((29.9%))</td>
<td>82 ((74.5%))</td>
<td>3053 ((65.6%))</td>
</tr>
<tr>
<td>1.1-1.9</td>
<td>152 ((3.8%))</td>
<td>17 ((3.8%))</td>
<td>9 ((7.1%))</td>
<td>12 ((10.9%))</td>
<td>190 ((4.1%))</td>
</tr>
<tr>
<td>2.0-2.9</td>
<td>439 ((11.1%))</td>
<td>80 ((17.7%))</td>
<td>25 ((19.7%))</td>
<td>6 ((5.5%))</td>
<td>417 ((9.0%))</td>
</tr>
<tr>
<td>3.0-3.9</td>
<td>248 ((6.3%))</td>
<td>82 ((18.1%))</td>
<td>20 ((15.7%))</td>
<td>3 ((2.7%))</td>
<td>250 ((5.4%))</td>
</tr>
<tr>
<td>4.0-4.9</td>
<td>133 ((3.4%))</td>
<td>61 ((13.5%))</td>
<td>22 ((17.3%))</td>
<td>2 ((1.8%))</td>
<td>160 ((3.4%))</td>
</tr>
<tr>
<td>5.0-5.9</td>
<td>92 ((2.3%))</td>
<td>43 ((9.5%))</td>
<td>4 ((3.1%))</td>
<td>3 ((2.7%))</td>
<td>90 ((1.9%))</td>
</tr>
<tr>
<td>6.0 or more</td>
<td>90 ((2.3%))</td>
<td>48 ((10.6%))</td>
<td>9 ((7.1%))</td>
<td>2 ((1.8%))</td>
<td>79 ((1.7%))</td>
</tr>
<tr>
<td>Total</td>
<td>3966</td>
<td>452</td>
<td>127</td>
<td>110</td>
<td>4655</td>
</tr>
</tbody>
</table>

Table 37 shows the relative frequencies for the family composition variables. Those who had ever entered services as single parent had higher odds of following both the typical \((OR 1.791, 95\% CI 1.370-2.342)\) and atypical \((OR 2.088, 95\% CI 1.347-3.238)\) transitional service use trajectories than those who had not. A similar pattern held true for those entering as two-
parent (class 2: OR 2.804, 95% CI 2.146-3.664; class 3: 6.054, 95% CI 3.886-9.433) and
intergenerational (class 2: OR 3.238, 95% CI 1.304-8.044; class 3: OR 12.949, 95% CI 4.923-
34.746) households. In short, families with children were more likely to use both typical and
atypical levels of transitional shelter services. However, the magnitude of the odds for those who
had entered as two-parent and intergenerational families suggests a particularly increased risk for
following the atypical transitional trajectory. Those who had ever entered as a two-parent (class
2: 32.5%; class 3: 46.5%) or intergenerational household (class 2: 1.8%; class 3: 6.3%) were
indeed overrepresented in the two transitional classes and especially so in the atypical
transitional group. Additionally, a comparably larger portion of both the low service use group \(n = 2239, \text{ or } 56.5\%\) and potential chronic service use group \(n = 91, \text{ or } 82.7\%\) had entered
services as a single person household at least once in their service history (compared to 29.0%
and 33.9% for the other classes).

Table 37. Breakdown of Household type: Number of Individuals in Each Class and the Total Sample.

<table>
<thead>
<tr>
<th>Household Type*</th>
<th>Class 1 (Low Service Use)</th>
<th>Class 2 (Typical Transitional)</th>
<th>Class 3 (Atypical Transitional)</th>
<th>Class 4 (Potential Chronic)</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Entered as Single Person</td>
<td>2239 (56.5%)</td>
<td>131 (29.0%)</td>
<td>43 (33.9%)</td>
<td>91 (82.7%)</td>
<td>2504 (81.5%)</td>
</tr>
<tr>
<td>Ever Entered as Couple without Children</td>
<td>219 (5.5%)</td>
<td>19 (4.2%)</td>
<td>6 (4.7%)</td>
<td>10 (9.1%)</td>
<td>254 (5.5%)</td>
</tr>
<tr>
<td>Ever Entered as Single Parent</td>
<td>680 (17.1%)</td>
<td>107 (23.7%)</td>
<td>34 (26.8%)</td>
<td>23 (20.9%)</td>
<td>844 (18.1%)</td>
</tr>
<tr>
<td>Ever Entered as Couple with Children</td>
<td>403 (10.2%)</td>
<td>147 (32.5%)</td>
<td>59 (46.5%)</td>
<td>13 (11.8%)</td>
<td>622 (13.4%)</td>
</tr>
<tr>
<td>Ever Entered as Intergenerational Family</td>
<td>11 (0.3%)</td>
<td>8 (1.8%)</td>
<td>8 (6.3%)</td>
<td>1 (0.9%)</td>
<td>28 (0.6%)</td>
</tr>
<tr>
<td>Missing</td>
<td>731 (18.4%)</td>
<td>110 (24.3%)</td>
<td>16 (12.6%)</td>
<td>3 (2.7%)</td>
<td>18.5%</td>
</tr>
</tbody>
</table>

*Because these variables used all possible intake records to calculate if service users had ever entered as each family type, individuals could have entered in more than one family constellation and the percentages, therefore, add up to greater than 100%.
Model 3: Background experience variables. The background experience variables examined in relation to class membership included history of veteran status, criminal justice involvement, and domestic violence, as well as level of education and employment at entry to services. Table 38 shows the odds ratios associated with these background experience variables.

Table 38. Model 3 results: Odds ratios and associated 95% confidence intervals from a multinomial logistic regression analysis associating background experience characteristics with homeless trajectories 2-4 using the low service use trajectory (class 1) as the reference group.

<table>
<thead>
<tr>
<th>Background Experience Variables</th>
<th>Class 2 (Typical Transitional)</th>
<th>Class 3 (Atypical Transitional)</th>
<th>Class 4 (Potential Chronic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Veteran Status</td>
<td>0.941 (0.676-1.309)</td>
<td>1.080 (0.602-1.937)</td>
<td>1.191 (0.675-2.099)</td>
</tr>
<tr>
<td>Any Criminal Justice History</td>
<td>0.927 (0.718-1.197)</td>
<td>0.672 (0.418-1.081)</td>
<td>1.279 (0.821-1.993)</td>
</tr>
<tr>
<td>History of Domestic Violence</td>
<td>1.055 (0.804-1.384)</td>
<td>1.531 (0.985-2.380)</td>
<td>0.891 (0.533-1.491)</td>
</tr>
<tr>
<td>Entered Services without High School Diploma or GED</td>
<td>1.216 (0.963-1.536)</td>
<td>2.506* (1.717-3.658)</td>
<td>1.060 (0.671-1.673)</td>
</tr>
<tr>
<td>Entered Services as Employed</td>
<td>3.259* (2.624-4.047)</td>
<td>2.009* (1.311-3.079)</td>
<td>0.739 (0.420-1.301)</td>
</tr>
</tbody>
</table>

*Significant at the 0.05 level

Table 39 indicates the proportions of individuals in each class and in the total sample who ever affirmed having a history of veteran status, criminal justice involvement, or domestic violence victimization. While the potential chronic service use category had higher proportions of veterans ($n = 15$, or 13.6%) and those with a history of criminal justice involvement ($n = 28$, or 25.5%) than the low service use class (10.6% and 18.9%, respectively), these factors did not result in significantly higher odds of having a potential chronic use trajectory. Likewise, the atypical transitional service use group had slightly higher proportions of those with a history of domestic violence. However, this association approached but did not meet statistical significance (OR 1.531, 95% CI 0.985-2.380).
Table 39. Number of Individuals with a History of Veteran Status, Criminal Justice Involvement, and Domestic Violence for Each Class and the Total Sample.

<table>
<thead>
<tr>
<th>History of Veteran Status</th>
<th>Class 1 (Low Service Use)</th>
<th>Class 2 (Typical Transitional)</th>
<th>Class 3 (Atypical Transitional)</th>
<th>Class 4 (Potential Chronic)</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>419 (10.6%)</td>
<td>44 (9.7%)</td>
<td>13 (10.2%)</td>
<td>15 (13.6%)</td>
<td>491 (11%)</td>
</tr>
<tr>
<td>No</td>
<td>3221 (81.0%)</td>
<td>406 (89.8%)</td>
<td>114 (89.8%)</td>
<td>95 (86.4%)</td>
<td>3836 (82%)</td>
</tr>
<tr>
<td>Missing</td>
<td>326 (8.2%)</td>
<td>2 (0.4%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>328 (7.0%)</td>
</tr>
<tr>
<td>Total</td>
<td>3966</td>
<td>452</td>
<td>127</td>
<td>110</td>
<td>4655</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History of Criminal Justice Involvement</th>
<th>Class 1 (Low Service Use)</th>
<th>Class 2 (Typical Transitional)</th>
<th>Class 3 (Atypical Transitional)</th>
<th>Class 4 (Potential Chronic)</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>749 (18.9%)</td>
<td>82 (18.1%)</td>
<td>20 (15.7%)</td>
<td>28 (25.5%)</td>
<td>879 (19%)</td>
</tr>
<tr>
<td>No</td>
<td>2766 (69.7%)</td>
<td>354 (78.3%)</td>
<td>107 (84.3%)</td>
<td>81 (73.6%)</td>
<td>3308 (71%)</td>
</tr>
<tr>
<td>Missing</td>
<td>451 (11.4%)</td>
<td>354 (78.3%)</td>
<td>0 (0.0%)</td>
<td>1 (0.9%)</td>
<td>468 (10%)</td>
</tr>
<tr>
<td>Total</td>
<td>3966</td>
<td>452</td>
<td>127</td>
<td>110</td>
<td>4655</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>History of Domestic Violence Victimization</th>
<th>Class 1 (Low Service Use)</th>
<th>Class 2 (Typical Transitional)</th>
<th>Class 3 (Atypical Transitional)</th>
<th>Class 4 (Potential Chronic)</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>624 (15.7%)</td>
<td>73 (16.2%)</td>
<td>28 (22.0%)</td>
<td>18 (16.4%)</td>
<td>743 (16.0%)</td>
</tr>
<tr>
<td>No</td>
<td>2995 (75.5%)</td>
<td>369 (81.6%)</td>
<td>99 (78.0%)</td>
<td>92 (83.6%)</td>
<td>3555 (76%)</td>
</tr>
<tr>
<td>Missing</td>
<td>347 (8.7%)</td>
<td>10 (2.2%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
<td>357 (8%)</td>
</tr>
<tr>
<td>Total</td>
<td>3966</td>
<td>452</td>
<td>127</td>
<td>110</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 40 describes the education level and employment status at entry for each class and for the total population. Because lacking a high school diploma is the most likely indicator of risk, this education group was compared to all of the others combined (having a GED or higher level of education). The results of the multinomial logistic regression indicated that those without a high school diploma or GED equivalent were significantly more likely to follow the atypical transitional service use trajectory than the low service use trajectory (OR 2.506, 95% CI 1.717-3.658).
Table 40. Breakdown Employment and Education at Entry to Services: Number of Individuals in Each class and the Total Sample.

<table>
<thead>
<tr>
<th>Education at First Entry</th>
<th>Class 1 (Low Service Use)</th>
<th>Class 2 (Typical Transitional)</th>
<th>Class 3 (Atypical Transitional)</th>
<th>Class 4 (Potential Chronic)</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>No high school diploma</td>
<td>827 (20.9%)</td>
<td>113 (25.0%)</td>
<td>49 (38.6%)</td>
<td>26 (23.6%)</td>
<td>1015 (21.8%)</td>
</tr>
<tr>
<td>GED</td>
<td>311 (7.8%)</td>
<td>31 (6.9%)</td>
<td>2 (1.6%)</td>
<td>9 (8.2%)</td>
<td>353 (7.6%)</td>
</tr>
<tr>
<td>High school diploma</td>
<td>1423 (35.9%)</td>
<td>185 (40.9%)</td>
<td>46 (36.2%)</td>
<td>47 (42.7%)</td>
<td>1701 (36.5%)</td>
</tr>
<tr>
<td>Post-high school education</td>
<td>930 (23.4%)</td>
<td>99 (21.9%)</td>
<td>18 (14.2%)</td>
<td>23 (20.9%)</td>
<td>1070 (23.0%)</td>
</tr>
<tr>
<td>Missing</td>
<td>475 (12.0%)</td>
<td>24 (5.3%)</td>
<td>12 (9.4%)</td>
<td>5 (4.5%)</td>
<td>516 (11.1%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3966</strong></td>
<td><strong>452</strong></td>
<td><strong>127</strong></td>
<td><strong>110</strong></td>
<td><strong>4655</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employment at First Entry</th>
<th>Yes</th>
<th>No</th>
<th>Missing</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>556 (14.0%)</td>
<td>166 (36.7%)</td>
<td>31 (24.4%)</td>
<td>13 (11.8%)</td>
</tr>
<tr>
<td>No</td>
<td>3007 (75.8%)</td>
<td>279 (61.7%)</td>
<td>88 (69.3%)</td>
<td>97 (88.2%)</td>
</tr>
<tr>
<td>Missing</td>
<td>403 (10.2%)</td>
<td>7 (1.5%)</td>
<td>8 (6.3%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3966</strong></td>
<td><strong>452</strong></td>
<td><strong>127</strong></td>
<td><strong>110</strong></td>
</tr>
</tbody>
</table>

Having employment was significantly associated with higher odds of following both transitional service use trajectories (class 2: OR 3.259, 95% CI 2.624-4.047; class 3: OR 2.009, 95% CI 1.311-3.079). Indeed, over a third \((n = 166, \text{ or } 36.7\%\) of the typical transitional service use group was employed at entry to services, compared to only 16.5\% \((n = 766)\) for the total sample. It is notable that even the atypical transitional service use group, with prolonged and possibly problematic service trajectories was associated with relatively high levels of employment \((n = 31, \text{ or } 24.4\%\) compared to the low service use group \((n = 556, \text{ or } 14.0\%\).

Model 4: Health variables. The health variables examined in relation to class membership included physical disability status, mental illness, and substance abuse. Table 41
shows the odds ratios for model 4. Having a physical disability was significantly associated with the more prolonged and problematic service use trajectories (class 3: OR 1.869, 95% CI 1.199-2.913; class 4: OR 2.229, 95% CI 1.424-3.491). However, mental health and substance abuse issues did not significantly predict membership in either the atypical transitional or potential chronic service use classes versus the low service use class.

Table 41. Model 4 results: Odds ratios and associated 95% confidence intervals from a multinomial logistic regression analysis associating health characteristics with homeless trajectories 2-4 using the low service use trajectory (class 1) as the reference group.

<table>
<thead>
<tr>
<th>Health Status Variables</th>
<th>Class 2 (Typical Transitional)</th>
<th>Class 3 (Atypical Transitional)</th>
<th>Class 4 (Potential Chronic)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Endorsed Having Physical Disability</td>
<td>1.160 (0.892-1.508)</td>
<td>1.869* (1.199-2.913)</td>
<td>2.229* (1.424-3.491)</td>
</tr>
<tr>
<td>Ever Endorsed Having Mental Illness</td>
<td>0.557* (0.443-0.717)</td>
<td>0.669 (0.429-1.044)</td>
<td>1.024 (0.657-1.595)</td>
</tr>
<tr>
<td>Ever Endorsed Having Substance Abuse Issues</td>
<td>1.212 (0.959-1.533)</td>
<td>1.076 (0.709-1.633)</td>
<td>1.358 (0.882-2.090)</td>
</tr>
</tbody>
</table>

*Significant at the 0.05 level

Table 42 shows the number of individuals reporting these health and disability issues for each class and the total sample and indicates that the two problematic service trajectory classes did have higher rates of physical disability (class 3: 28.4%; class 4: 36.4%) compared to the total sample (18.9%). It is notable that all four classes had some level of substance abuse, ranging from 22.1% (n = 875) in the low service use class to 32.7% (n = 36) in the potential chronic service use class. A similar pattern held for mental health issues, which affected anywhere from 20.4% (typical transitional, n = 92) to 38.2% (potential chronic, n = 36) of each group. Having a mental illness did significantly predict lower odds of following the typical transitional service use trajectory versus the low service use trajectory, indicating lower levels of mental health issues in the typical transitional group.
Table 42. Number of Individuals Reporting Health and Disability Status for Each Class and for the Total Sample.

<table>
<thead>
<tr>
<th>Class 1 (Low Service Use)</th>
<th>Class 2 (Typical Transitional)</th>
<th>Class 3 (Atypical Transitional)</th>
<th>Class 4 (Potential Chronic)</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ever Reported Physical Disability</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>718 (18.1%)</td>
<td>86 (19.0%)</td>
<td>36 (28.3%)</td>
<td>40 (36.4%)</td>
</tr>
<tr>
<td>No</td>
<td>2957 (74.6%)</td>
<td>365 (80.8%)</td>
<td>91 (71.7%)</td>
<td>70 (63.6%)</td>
</tr>
<tr>
<td>Missing</td>
<td>291 (7.3%)</td>
<td>1 (0.2%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3966</td>
<td>452</td>
<td>127</td>
<td>110</td>
</tr>
</tbody>
</table>

| **Ever Reported Mental Illness History** | | | | |
| Yes | 1090 (27.5%) | 92 (20.4%) | 33 (26.0%) | 42 (38.2%) | 1257 (27.0%) |
| No | 2618 (66.0%) | 358 (79.2%) | 94 (74.0%) | 68 (61.8%) | 3138 (67.4%) |
| Missing | 258 (6.5%) | 2 (0.4%) | 0 (0.0%) | 0 (0.0%) | 260 (5.6%) |
| **Total** | 3966 | 452 | 127 | 110 | 4655 |

| **Ever Reported Substance Abuse History (Drugs and/or Alcohol)** | | | | |
| Yes | 875 (22.1%) | 109 (24.1%) | 31 (24.4%) | 36 (32.7%) | 1051, (22.6%) |
| No | 2800 (70.6%) | 341 (75.4%) | 96 (75.6%) | 74 (67.3%) | 3311 (71.1%) |
| Missing | 291 (7.3%) | 2 (0.4%) | 0 (0.0%) | 0 (0.0%) | 293 (6.3%) |
| **Total** | 3966 | 452 | 127 | 110 | 4655 |

*Model 5: Number of days of service in year 4 outcome.* A final linear regression model was fit in Mplus using class membership as dummy coded independent variables predicting number of days of service use from month 37 to month 48 (year 4). As the LCGA model was fit using only months 1-36 (years 1-3) of service use, the year 4 service variable served as an indicator of continued levels of service use. Because the HMIS exit data was deemed unreliable due to high levels of exits to “unknown destinations,” few outcome variables were available for this dataset. Year 4 service use, however, can indicate if individuals either remain in or return to the system, and thus serves as a rough indicator of problematic outcomes. Table 43 shows the
results from this model (r-squared = 0.14, SE = 0.024, p < 0.01), indicating that membership in class 3 (atypical transitional: \( \beta = 93.189, SE = 10.380, p < 0.01 \) and class 4 (potential chronic: \( \beta = 36.799; SE = 8.087, p < 0.01 \) was associated with rates of year 4 homeless service use significantly higher than that of the low service use group. However, membership in the typical transitional class was not associated with significantly higher year 4 service use (\( \beta = 3.996, SE = 1.804, p = 0.071 \)).

Table 43. Model 5: Regression Results Predicting Number of Days of Service Use in Year 4 (month 37-48) Based on Class Membership.

<table>
<thead>
<tr>
<th></th>
<th>Regression Coefficient</th>
<th>Standard Error</th>
<th>Two-Tailed P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intercept (Mean of Low Service use class)</td>
<td>5.743</td>
<td>0.492</td>
<td>0.000</td>
</tr>
<tr>
<td>Class 2 (Typical Transitional)</td>
<td>3.996</td>
<td>1.804</td>
<td>0.071</td>
</tr>
<tr>
<td>Class 3 (Atypical Transitional)</td>
<td>93.189*</td>
<td>10.380</td>
<td>0.000</td>
</tr>
<tr>
<td>Class 4 (Potential Chronic)</td>
<td>36.799*</td>
<td>8.087</td>
<td>0.000</td>
</tr>
</tbody>
</table>

*Significant at the 0.05 level

Table 44 shows relative proportions of year 4 service use for each class and for the total sample. The large majority of the sample (\( n = 4001, 86.0\% \)) had no additional homeless service use in year 4. However, the proportions of individuals with year 4 service use ranged widely across classes. Both the low service use group (\( n = 479, or 12.1\% \) and the typical transitional group (\( n = 45, or 10.0\% \) had relatively low numbers of individuals with year 4 service use, compared to the atypical transitional group (\( n = 82, or 64.6\% \) and the potential chronic group (\( n = 48, or 43.6\% \). These results give support to the characterization of the atypical transitional and potential chronic service use trajectories as prolonged and problematic patterns of service use.
Table 44: Breakdown of Year 4 Service Use: Number of Individuals in Each Class and the Total Sample.

<table>
<thead>
<tr>
<th>Class</th>
<th>Class 1 (Low Service Use)</th>
<th>Class 2 (Typical Transitional)</th>
<th>Class 3 (Atypical Transitional)</th>
<th>Class 4 (Potential Chronic)</th>
<th>Total Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>5.74 (SD = 31.061)</td>
<td>9.74 (SD = 45.961)</td>
<td>98.93 (SD = 117.301)</td>
<td>42.54 (SD = 85.044)</td>
<td>9.54 (SD = 34.96)</td>
</tr>
</tbody>
</table>

**Number of Days of Service Use in Year 4**

<table>
<thead>
<tr>
<th>No Services</th>
<th>3487 (87.9%)</th>
<th>407 (90.0%)</th>
<th>45 (35.4%)</th>
<th>62 (56.4%)</th>
<th>4001 (86.0%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-30 Days</td>
<td>319 (8.0%)</td>
<td>22 (4.9%)</td>
<td>9 (7.1%)</td>
<td>19 (17.3%)</td>
<td>369 (7.9%)</td>
</tr>
<tr>
<td>31-90 Days</td>
<td>71 (1.8%)</td>
<td>3 (0.7%)</td>
<td>25 (19.7%)</td>
<td>9 (8.2%)</td>
<td>108 (2.3%)</td>
</tr>
<tr>
<td>91-180 Days</td>
<td>49 (1.2%)</td>
<td>9 (2.0%)</td>
<td>18 (14.2%)</td>
<td>11 (10.0%)</td>
<td>87 (1.9%)</td>
</tr>
<tr>
<td>181-360 Days</td>
<td>36 (0.9%)</td>
<td>11 (2.4%)</td>
<td>28 (22.0%)</td>
<td>8 (7.3%)</td>
<td>83 (1.8%)</td>
</tr>
<tr>
<td>361-410 Days</td>
<td>4 (0.1%)</td>
<td>0 (0.0%)</td>
<td>2 (1.6%)</td>
<td>1 (0.9%)</td>
<td>7 (0.2%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3966</strong></td>
<td><strong>452</strong></td>
<td><strong>127</strong></td>
<td><strong>110</strong></td>
<td><strong>4655</strong></td>
</tr>
</tbody>
</table>

As a summation of the quantitative findings, distinct group membership profiles (research question 2d) will be discussed in more detail in the following chapter. The discussion chapter will also bring together the qualitative and quantitative results by discussing research question 3: whether a typology of homeless service usage in the context of the Hawai‘i homeless service system can be developed in a way that accounts for both the statistically derived findings and the intuitive and experience-based knowledge of those who have lived experience with the system. Before moving on, however, participant reactions to a preliminary iteration of the above results will be discussed briefly.

**Participant Reactions to the LCGA Results**

During the stage 3 interviews with the service provider and service user participants, preliminary data from the LCGA analysis were presented and discussed. These data included graphs of the 4 class trajectories, approximate class proportions, and preliminary information
about the characteristics associated with each group (relative age, gender, ethnicity, etc.). The results presented were very similar to if not exactly the same as the ones presented here. Participants were asked if the results made sense to them and if they disagreed with or were not sure about anything presented. Many of the participants reported that the LCGA results did, “by and large” make sense to them. For example:

But yeah! Yes! It does make sense. And, you know, that shows how important data is. Inputting data. Data, data, data. And that’s the only way we can see our, um, improvements or what needs to improve, what’s lacking, what’s missing (SP).

It looks like that to me, just looking at the graph. Looking at the graph, it looks- it’s definitely familiar. ‘Cause emergency shelter, you know, you go up and down, up and down- Oh- kick me out- Uh.. You’re comin’ back and yuh- ya know and then outreach is like the same thing, you’re tired, hurricane season an’- . And then this is never- this is- yeah, that’s returning the loop (SU).

Several of the participants, like the one above, spontaneously engaged in the process of analyzing and interpreting the results. The participant below, for example, began labeling the classes as we were talking:

Participant: Chronic homeless male.

Interviewer: Yeah, yeah. So does- [Participant: High acuity singles, high acuity families]. That makes sense to you? [Participant: Mh-mm. Yeah]. So that’s, I mean of newcomers, three percent and two percent. So about five percent every year [Participant: Mh-mm] is at risk of becoming chronically homeless, that means the chronically homeless population-.

Participant: Will keep continue to grow.

Interviewer: If we don’t do anything about it. Yeah. Grows by five percent every year.

Participant: Yeah.

Interviewer: Which is a lot. [Participant laughs] Um-

Participant: And they’re the more costly group even though it’s a small percentage there’s- you know, the cost will rise when you get to chronic homelessness. Like see the use of transitional shelters is already costly [Interviewer: Yeah]. Interesting.
Interviewer: Yeah. So it makes some sense?

Participant: Makes sense, yeah (SP).

The one feature of the results that seemed to surprise some participants was that such a high proportion of the sample (around 85% in the preliminary results) had the low service use trajectory. This was the topic of some extended discussion in the service provider focus group interview:

*I’m so distracted by the disproportionate percentages that you got. I’m having a hard time, I’m trying to figure out what that’s about. 85 is such a huge- it makes me wonder how consistently different service providers across the panacea of homeless services are having fidelity to using HMIS if your numbers are so disproportionately that – in that. This- this last group [indicating the potential chronic group] I would think would be higher. The middle group [indicating the typical transitional group] I could see being- maybe right where it’s at, 10% (SP).*

However, after some further discussion that highlighted the fact that the sample consisted of newcomers to the system, who are less prone to patterns of chronic homelessness than those already in the system, the focus group participants agreed that the group proportions did seem more reasonable in that light. It is not surprising that service providers might overestimate the numbers of chronic service users in the homeless system. The individuals that they see on a regular basis and interact with the most are likely to be those who have more complicated homeless trajectories. The large portion of the newcomer group that came and went quickly likely does not draw as much attention or notice as those who have prolonged involvement with services.

While several of the participants expressed agreement with the quantitative results, it should be noted that others seemed perplexed or unsure about the meaning of the graphs and groups. For example, one service provider expressed some agreement with the results, but then also made the following remark:
Yeah this is- this whole thing is the little hard for me to grasp. This was great [indicating the qualitative themes]. I understood all of that, but this is still- I mean I hear what you’re saying, I just don’t know that I understand how it works. But, um, I think that’s- all this kind of stuff that’s very helpful to understand the population and where they are and what we need to do to solve the problem (SP).

Additionally, one service user also expressed confusion with regards to the quantitative results, and really did not show much interest in comparison to the qualitative results:

*Interviewer:* Yeah, yeah and I was a little worried that all the graphs and numbers and things might just- kinda put people off [*Participant:* Yeah]. Yeah.

*Participant:* I mean, it’s not like a put off but, ya know, it’s something to think about. And I think I just get confused by the days and the months like ‘cause it- how many months and how many days or? [SU].
Chapter 7. Discussion

The following discussion of the mixed-methods approach to understanding homeless trajectories in Hawai‘i will be framed around the three research questions that drove the project. Research question 1 dealt mainly with the qualitative arm of the study and research question 2 dealt primarily with the quantitative results, while research question 3 was designed to bring these two perspectives together. As stated previously the research questions were as follows:

1) How are differing homeless experiences understood and explained by those with experience using or working in the homeless service system in Hawai‘i?

2) Are there two or more distinct trajectories of homeless service usage within the Hawai‘i homeless service system?
   a. What kind of developmental trajectories can be identified based on the total number of days spent enrolled in a homeless program during 60-day increments from 2010-2014?
   b. What proportion of individuals within the sample follow each trajectory?
   c. Are group membership probabilities related to individual demographic characteristics, family composition, or personal history variables?
   d. Using these group membership probabilities, what characteristics can be considered to create distinct profiles of group membership?

3) Can a typology of homeless service usage in the context of the Hawai‘i homeless service system be developed in a way that accounts for both the statistically derived findings using latent class growth analysis and the intuitive and experience-based knowledge of those who have lived experience with the system?

Each of these questions will be reviewed and discussed below.
Research Question 1: Participant Explanations of Differing Homeless Experiences

It was clear from the stage 1 and stage 3 interviews that participants had given careful thought to the factors that might impact one’s homeless trajectory. Service providers and service users alike easily engaged in discussions around elements that might help or hinder progress out of homelessness. Additionally, while not explicitly using an ecological perspective, participants did spontaneously discuss factors that could impact homelessness at a variety of different ecological levels. They discussed individual characteristics or background experiences that might help or hinder one’s progress, as well as what organizations and programs do to help or hinder homeless individuals. They also listed larger, more abstract factors that impact homelessness at the systems level and at the community or society level.

**Individual and family level factors.** The interview questions were primarily geared towards asking participants for their views of the individual level factors that might impact someone’s experience of homelessness and their progress in obtaining permanent housing. Because of this, the individual and family level category was the most robust and yielded a number of themes that were then used to inform the quantitative analysis. These themes included the impact of demographic characteristics, such as one’s age or developmental stage, ethnic or cultural background, and family composition. Participants also listed a number of background experiences that might influence a person’s homeless trajectory including involvement with the criminal justice system, education level, veteran status, and other general economic factors. Health issues, such as physical illness and disabilities, mental health issues, and substance abuse problems were also discussed at length in terms of the various ways that these issues might influence and be influenced by being homeless. Finally, participants discussed two personal or social factors that might also provide protective influences or potential complications to one’s
homeless journey: the quality of social support available and one’s personal willingness and perseverance when engaging with services and pursuing housing.

Many of these characteristics were analyzed, though often imperfectly, in the quantitative portion of the study, including age, ethnicity, family composition, history of criminal justice involvement, education level, veteran status, economic factors, and health information, among others. The personal and social characteristic themes, however, were much more difficult to quantify and so were not available for use in the quantitative model. A number of the factors participants pointed to as potentially contributing to more complicated homeless trajectories were, in fact, associated with class differences. For example, several participants highlighted individuals from the Compact of Free Association (COFA) Nations as being particularly vulnerable to longer experiences of homelessness and the quantitative analysis did show that these groups were at increased risk of following the high-use, problematic service trajectories. Additionally, observations that Native Hawaiian and other Pacific Islander populations are more likely to experience family homelessness lined up with the quantitative analysis as well, where these groups had statistically higher odds of being in the traditional transitional shelter use group. As transitional shelters typically serve families, this is a good indication that these groups might be at increased risk of family homelessness.

However, it is important to note that the participants typically did not discuss these individual and family level factors in a vacuum. They often also discussed organizational, systemic, and community level factors that might contribute to these increased risks. For example, some service provider participants discussed how funding rules limited the range of services available to COFA Nationals because they do not have U.S. Citizen status. Additionally, others spoke of the history of U.S. military and colonial involvement in Micronesia and Hawai‘i
and linked this to current vulnerabilities. Still others hinted that COFA Nationals are at risk for discrimination in the local housing market.

Indeed, when Shinn et al. (1998) and Shelton et al. (2012) discussed observed individual level differences in relation to homelessness, they linked differing patterns between African American and White populations to possible housing market discrimination and other systemic and structural inequalities. Additionally, there is some research evidence that COFA Nationals do experience elevated levels of discrimination in the local context of Hawai‘i. Talmy (2010), for example, documented overt (from the students) and subtle (from adults) acts of racism directed at COFA National students in a Hawai‘i public school ESL classroom. Therefore, while the individual and family level factors were enormously helpful to informing the quantitative arm of the study, the higher level organizational, systemic, and community level factors were critical to ensuring that these individual level factors did not essentialize, stereotype, or blame the groups that they were describing.

**Program and organizational level factors.** In discussing the various factors that might influence one’s homeless trajectory many participants spoke extensively about both the ways that programs could positively impact one’s experience and how bad experiences with homeless services could derail one’s progress. Two of the major themes that emerged in relation to programs and organizations suggested that programs that strive to provide comprehensive support across a wide range of needs and did so in a thoughtful and trustworthy way could have enormous positive impacts on their clients. Another organizational level theme had to do with the requirements involved with following program rules and milestones and suggested that these rules and requirements could be helpful to some and prohibitive to others.
That several service users actively defended the need for rules and requirements in homeless services runs counter to the views presented by Tsemberis et al. (2004), who argued that rules and requirements represented a significant barrier to services for most homeless clients, who saw them as “a series of hurdles.” These authors thus advocate for a housing first approach which eliminates many of the typical requirements (e.g., sobriety, classes, treatment, etc.) found in homeless programming. That service users themselves expressed diverse preferences and needs related to program requirements suggests that having a wide range and balance of approaches within the service system could be beneficial in providing support for those who need or want requirements, while also making sure that groups are not being shut out of services because they cannot or are not willing to meet these standards.

**Systems level factors.** Participants also described a number of systems level factors that might influence differing homeless trajectories. These included how high levels of bureaucracy in the system could impede service user progress, the importance of good collaboration and adequate funding levels in helping to address homelessness, how issues or problems in related systems could impact homeless service users, and how varying systemic approaches to homelessness could differentially impact a range of subpopulations among the homeless. Each of these systemic factors could have influences on organizational and individual level issues that impact the lives of those who are homeless.

The idea that differing “initiatives” and approaches to homelessness could differentially impact service users is an important one to consider in light of the quantitative results. It suggests that the individual level characteristics associated with the different service use trajectories could change based on systemic decisions about how to address homelessness. For example, several participants discussed their observations that veterans may now be a less vulnerable group
because the service system has made ending veteran homelessness a priority. This population is now experiencing an influx of funding and services, including specially dedicated housing vouchers. As one service provider astutely pointed out, whichever group is targeted with housing vouchers tends to be the one most likely to be successfully housed (see also Shinn et al., 1998). Therefore, it is important to remember that the risks and vulnerabilities highlighted by the quantitative analysis are not innate or constant. Risk levels can change over time as systemic approaches and community and society level factors shift.

**Community and society level factors.** One of the factors cited most frequently and discussed most extensively by participants was the community and society level factor of affordable housing. Participants cited lack of affordable housing as the major limiting factor in addressing homelessness in Hawai‘i. Without enough affordable housing, low income individuals continue to be at risk of homelessness, programs cannot effectively exit clients into permanent housing, and the homeless service system will likely continue to struggle with high rates of homelessness (Quigley et al., 2001). Therefore, while the individual level factors explored in relation to the latent class growth analysis may impact one’s vulnerability to a more complicated homeless trajectory, they likely do not impact the over rates of homelessness. This is consistent with what Lee et al., (2010) call “housing squeeze hypothesis,” which explains homelessness as an interaction between macro-level factors and individual vulnerabilities. In fact, the very high proportion (85.2%) of the newcomer sample that had relatively brief spells of homeless service usage could be indicative of a housing market in which many individuals and families are forced to rely on homeless services for short periods because they have been temporarily “squeezed” out of housing.
Along with affordable housing barriers, participants also discussed a number of other issues that they saw as being root causes of homelessness in the state. These root causes included the influence of a capitalist system on creating a large group of low status, low income individuals, the destructive consequences of colonization throughout the Pacific, and widespread poverty, among others. Several participants understood homelessness as a symptom of these larger problems and proposed that the root issues would need to be acknowledged and addressed in order to truly solve the problem of homelessness.

Other community and society level factors that were discussed as influencing experiences of homelessness in the State of Hawai‘i included public perception and willingness to help with the issue and public policy decisions. Both of these factors speak to the social construction of the issue of homelessness in the public conscienteness (Christens et al., 2007). How homelessness is viewed and understood by the community (public perception) will directly affect the interventions (public policy) designed to address the problem and thus is an important factor in thinking about a systems change approach (Foster-Fishman et al., 2007). Public policy level interventions often trickle down across systems and organizational levels and have important impacts on how homelessness is experienced by individuals and families in the state. These factors serve as additional reminders that homeless experiences are not static, but are open to change and suggest community attitudes as a potential target for instigating that change.

**Concluding thoughts.** The enthusiasm with which the follow-up participants embraced the 4-level structure of the qualitative analysis (Individual and Family Level Factors, Program and Organizational Level Factors, Systems Level Factors, and Community and Society Level Factors) lends further support to the usefulness of explaining the variety of homeless experiences in terms of a social ecological model (Bronfenbrenner, 2005; Kloos et al., 2011). Many
participants seemed to want to discuss the complex variety of factors and issues that impact homelessness and welcomed this researcher-imposed structure as a way to capture that complexity. Additionally, it served as a useful way to contextualize and externalize the individual and family level influences explored in the next section.

**Research Question 2: Exploring Trajectories of Homeless Service Usage in Hawai‘i**

Research question 2 included four sub-questions, all aimed at exploring whether it was possible to describe two or more statistically distinct trajectories of homeless service usage based on information in the Hawai‘i State Homeless Management Information System (HMIS). This exploration of service patterns used a latent class growth analysis (LCGA) approach to grouping individuals based on the similarity of their type, frequency, and duration of service use across time. Each of the sub-questions related to research question 2 will be discussed in more detail below.

**Research question 2a: Identifying developmental trajectories.** Research question 2a asked, “what kind of developmental trajectories can be identified based on the total number of days spent enrolled in a homeless program during 60-day increments from 2010-2014?” For the purposes of this study “a homeless program” was defined as an emergency shelter, transitional shelter, or outreach service program in the State of Hawai‘i that is tracked in the state Homeless Management Information System. Most homeless services in the state, with the exception of those exclusively serving minors and victims of domestic violence, do indeed enter their services into this database because many federal, state, and county funders stipulate this as a requirement. The sample (N = 4,655) included all adult service users who entered the HMIS database for the first time in the fiscal year 2010. The present study was then able to track the service use of each of these 4,655 newcomers for 36 months (plus a 12 month follow-up period) following their first
intake to HMIS services (FY 2010 - FY 2014). Using the LCGA approach, the service users were grouped based on their patterns of service use across time, including which services they used (emergency shelter, transitional shelter, and outreach services), the frequency of use (how many days they used each service per every 60-day period), and the duration of use (tracking them from entry to month 36).

This approach built on and added to current understandings of homeless trajectories in a number of ways. First, it followed McAllister et al.’s (2010) recommendation of expanding homeless service usage typologies to include a time-patterned, rather than time-aggregated, approach. Using LCGA to follow households over the course of several years and grouping them accordingly allowed for a nuanced view of typical patterns of movement in the system. Since the goal of any homeless service system is to move individuals as effectively and efficiently as possible out of the service system and into permanent housing, understanding these service patterns can aid stakeholders in identifying groups with prolonged and problematic service patterns. Likewise, understanding the factors associated with speedy and successful exit to permanent housing can also suggest protective factors and successful strategies that could be more effectively harnessed in the future.

Second, this approach updates and expands upon Kuhn and Culhane’s (1998) study of service usage patterns to include a larger range of homeless services. The present study has followed service users across a number of programs, including emergency shelter programs, transitional shelter programs, and street outreach programs. This has created a typology that is not limited to shelter users, but also includes a population of unsheltered homeless adults who had contact with outreach services.
Taking this approach, the present study yielded four distinct trajectories of service use: a low service use trajectory, a typical transitional shelter use trajectory, an atypical transitional shelter use trajectory, and a potential chronic service use trajectory. As one might expect, the low service use trajectory was characterized by relatively low initial levels of emergency shelter, transitional shelter, and/or outreach service use. Additionally, service users in the group showed a steady decline in service use across all three service types throughout the 36-month period. Figure 16 summarizes the low service use trajectory.

Figure 16. Summary of the Low Service Use Trajectory (Class 1): Emergency Shelter, Transitional Shelter, and Outreach Service Growth Curves, Entry to Month 36.*

*For ease of viewing only sample means were included. To compare estimated means please see Results II above.

The typical transitional shelter use trajectory showed very high levels of transitional shelter use, especially in the early months following initial entry to services, but showed relatively low levels of emergency and outreach service use. Notably, for this service pattern the high numbers of initial transitional shelter days gave way to a steadily decreasing number of transitional days toward the latter end of the study period. All three service use levels for this trajectory were very low by month 36. As transitional shelter programs are typically characterized by large numbers of service days and stays extending up to two years, this
trajectory was not considered particularly problematic or unusual (Culhane et al., 2007). Figure 17 shows the overall service pattern for the typical transitional shelter use trajectory.

Figure 17. Summary of the Typical Transitional Shelter Use Trajectory (Class 2): Emergency Shelter, Transitional Shelter, and Outreach Service Growth Curves, Entry to Month 36.*

By contrast, the atypical transitional shelter trajectory was noticeably different from the typical transitional shelter trajectory in two major ways. First, the atypical trajectory showed higher levels of emergency shelter and outreach service use. Second, the atypical trajectory showed a pattern of increasing, rather than decreasing transitional shelter use across the 36-month study period. The moderate to high levels of emergency shelter and outreach service use early on in this trajectory, combined with a later-onset increase in transitional shelter use, indicates that service users following this trajectory were likely using several months of emergency shelter and/or outreach services before entering transitional shelter services. This pattern, resulting in a more prolonged trajectory of service usage indicates a complicated or problematic pattern of service use. Figure 18 shows the overall pattern of service use for the atypical transitional shelter use trajectory.
Finally, the potential chronic use trajectory was characterized by high levels of emergency shelter and/or outreach service use. While these levels did gradually decrease across the 36-month study period for this group, there were still fairly high levels of service use of both types at the latter end of this trajectory. Therefore, along with the atypical transitional shelter trajectory, the potential chronic service use trajectory was considered to be a pattern indicating a more prolonged and problematic experience of homelessness. Figure 19 shows the overall pattern of service use for the potential chronic service use trajectory.
Figure 19. Summary of the Potential Chronic Use Trajectory (Class 4): Emergency Shelter, Transitional Shelter, and Outreach Service Growth Curves, Entry to Month 36.*

*For ease of viewing only sample means were included. To compare estimated means please see Results II above.

A linear regression model using dummy coded class membership to predict number of days of service usage in the year following the LCGA study period (i.e. month 37-48) found both the atypical transitional service use group and the potential chronic use group were associated with significantly higher levels of year 4 service days compared to the majority of service users (the low service use group).

**Research question 2b: sample proportions for each trajectory.** The LCGA approach grouped individuals in the sample according to their homeless service trajectories. The way the model is calculated in Mplus (Version 7) each individual can “belong” to more than one group in that they can have some probability of following each trajectory. However, the individuals in the present study had very high probabilities of falling more or less exclusively into one class. Thus, individuals were assigned to their most probable class and the proportions of the individuals in the sample that followed each of the four service trajectories described above were examined.

Most of the sample in the present study (85.2%) followed the low service use trajectory and another 9.7% of the sample followed the typical transitional use trajectory, both of which
were considered unproblematic patterns of service usage. The low service use trajectory roughly aligns with the classic Kuhn and Culhane (1998) “transitional” service use category, which they described as having a low number of shelter stays of relatively short duration. In their study this class composed about 80% of their sample of single person households in emergency shelters and was generally a group with few complicating problems.

In a separate study classifying the shelter use patterns of family households, Culhane et al. (2007) also found a high proportion of “transitional” (i.e., low use, 72-80%, depending on location) service users, but also found a fairly high rate of “chronic” shelter use (i.e., low to moderate number of stays of long duration) among families (17.9-21.5%), depending on location). They noted, however, that the families that exhibited this “chronic” pattern did not tend to have a high rate of complicating problems and interpreted the high rate of extended shelter use among families as a product of the transitional shelter model rather than as problematic extended stays. The typical transitional shelter use trajectory in the present study, therefore, lines up roughly with this “chronic” pattern of family service usage.

While the proportions of service users following each of these trajectories in the present study may appear to diverge from those reported in Kuhn and Culhane (1998) and Culhane et al. (2007), on closer examination there a few logical explanations for the differences. First, the Kuhn and Culhane (1998) study sample included a cross-section of single homeless service users in emergency shelter settings. Link et al. (1990) have noted that cross-sectional samples are prone to over-representing chronic service users and under-representing those who have brief homeless stays. In using a sample of “newcomers” to the homeless system, the present study attempted to avoid this pitfall, and, therefore, slightly higher proportions (85.2% vs ~80%) of low service use patterns are not a particularly unexpected finding.
Similarly, because it followed a cohort sample rather than a cross-sectional sample, the present study would also be likely to show a smaller proportion of the longer-term transitional shelter using families than Culhane et al.’s (2007) study. In fact, given that transitional shelter programs are generally two years long, one might expect a 1-year cohort sample to represent roughly half of the overall transitional shelter population. Indeed, in the present study the traditional transitional group was 9.7% of the total sample, compared to Culhane et al.’s (2007) 17.9-21.5% of “chronic” service use families.

In addition to the 80% “transitional” service use group, the original Kuhn and Culhane (1998) typology of single homeless service users included an “episodic” group of about 10% and a “chronic” service use group, which consisted of another 10%. The episodic pattern was described as having many shelter stays of varying durations and the chronic use pattern was exemplified by fewer stays of relatively long duration. Both types were characterized as problematic patterns of service use. In the present study, proportionally fewer individuals followed the two more prolonged and problematic service use trajectories, with 2.7% of the sample in the atypical transitional shelter use group and another 2.4% of the sample in the potential chronic service use group. Additionally, the present study includes no distinction between “episodic” and “chronic” service use. Given that the heterogeneity of the “episodic” category in the Kuhn and Culhane (1998) typology has been since criticized (McAllester et al., 2010, 2011) and that the label “chronic” is currently applied to both categories in federal definitions (Kertesz et al., 2005), episodic service use was not thought to be a particularly useful categorization for the present findings. The smaller proportion of services users with problematic trajectories in the present study can again be explained by the use of a cohort rather than cross-sectional sample, and by the fact that both single persons and adults in families were included in
the same sample, thus allowing for the addition of a new non-problematic extended use category (typical transitional).

While the two problematic use groups in the study sample were fairly small, together they represent 5.3% of adults entering the HMIS system for the first time in FY 2010. It is important to note that this number does not include any children that might be following these trajectories along with their parents. The number of atypical transitional shelter service users especially would likely increase if children were included. If approximately 5% of every cohort of new adult service users (and their children) go on to follow prolonged and problematic service patterns, the size of the chronic homeless population could increase steadily over time unless there was a coinciding similar rate of exit each year. Additionally, as one service provider pointed out, even when the number of individuals following these patterns is low, prolonged and high-use trajectories can be extremely costly for the service system, not to mention the physical and emotional toll it takes on the homeless families and individuals.

**Research question 2c: Factors related to group membership.** Using the feedback from the individual and family level themes from the participant interviews as a rough guide, several demographic, family composition, personal history, and health-related variables were explored in relation to group membership probabilities (research question 2c). A series of multinomial logistic regression models were fit to assess for factors that would significantly increase the odds of following the typical transitional, atypical transitional, and potential chronic service use trajectories versus the low service use trajectory. A brief summary of the significant findings from these analyses is provided below.

*Demographic characteristics.* Several of the demographic characteristics examined in the multinomial linear regression model were significantly related to class membership probabilities.
Higher age was associated with increased odds of following the potential chronic service use trajectory, as was being male. Service users who were women were significantly more likely to belong to the typical transitional service use group. Both associations are congruent with patterns seen in other typologies, where men and women were often found to have different experiences of homelessness (e.g., Aubrey et al., 2012; Bonin et al., 2009) and where patterns of chronic homelessness were associated with those who were older (Kuhn and Culhane, 1998).

Ethnicity was another demographic characteristic that showed a significant relationship to class membership, with those identifying as Hispanic, Native Hawaiian, Micronesian, Filipino, other Pacific Islander groups, Asian, and Marshallese being significantly more likely to follow the traditional transitional service use trajectory when compared to Caucasian/White service users. Additionally, Marshallese and Portuguese service users were significantly more at risk for following the atypical transitional service use trajectory. These results are roughly similar to the results found in other studies in terms of the fact that belonging to a privileged group (e.g., identifying as White) was often associated with differing patterns of homelessness and with higher likelihood for positive outcomes (e.g., Kuhn & Culhane, 1998; Shelton et al., 2012; Shinn et al., 1998) when compared with historically less privileged groups (e.g., African American). As in the continental United States, White people generally enjoy a privileged position in the social context of Hawai‘i (Okamura, 2008). It is not surprising, therefore, that Caucasian/White service users in Hawai‘i had a higher likelihood of following the low service use trajectory than those who were Non-White.

However, in other aspects the ethnic and cultural context of Hawai‘i is markedly different from that of many cities on the mainland and the results of the present study reflect that fact. For instance, it was notable that Caucasian/White service users were as likely as other ethnic groups
to follow the potential chronic use trajectory. This differs significantly from the findings in the classic Kuhn and Culhane (1998) study, where African American service users were more likely to have chronic patterns of homelessness than their White counterparts. Additionally, the results of the present study highlight the complexity of the relationship between ethnicity and inequality in Hawai‘i (Okamura, 2008) by indicating a particularly vulnerable group that is likely at present to be relegated to the lowest level of privilege and status in the islands (Talmy, 2010):

Micronesians, Marshallese, and other COFA Nationals. COFA Nationals were at significantly higher risk than those with other citizen status types for following the typical transitional, atypical transitional, and potential chronic service trajectories rather than the low service use pattern.

*Family composition.* Both average household group size and belonging to family households (excluding adult couples without children) showed significant associations with class membership. Having a larger average household group size was significantly related to higher odds of following both transitional trajectories versus the low service use trajectory. Single-parent households, two-parent households, and intergenerational households also all had increased odds of following the two transitional trajectories. Two-parent and intergenerational households were associated particularly high odds of following the atypical transitional shelter use trajectory. This is the first study that I know of that included single persons and persons in families in the same sample when designing a typology of homelessness. While individuals and families often behave differently in terms of their service usage and outcomes (Yuan et al., 2014), data from the present study show that there was some fluidity in an individual’s household type and group size across time. Additionally, both groups are often accessing the
same types of services and coexist in the same system. Therefore it makes sense when considering systemic patterns of service use to include them both.

*Background experience variables.* A number of background experience variables were explored in relation to class membership, including veteran status, criminal justice history, domestic violence, level of formal education, and employment status. Based on the study by Fischer et al. (2008), which found a relationship between criminal justice involvement and both sheltered and unsheltered homelessness, one might expect find higher rates of criminal justice involvement in the two prolonged service use trajectories. However, in the current study, only education level and employment status were significantly related to class membership probabilities. Those with less than a high school diploma or GED equivalent were at increased risk of following the atypical transitional shelter use trajectory. Despite lower levels of educational attainment, the atypical transitional shelter group, along with the typical transitional shelter group, was also associated with higher rates of employment at entry to services.

*Health related variables.* Physical disability, mental illness, and substance abuse status were all explored as characteristics related to class membership. Having a physical disability status was significantly associated with membership in both of the more problematic service use trajectories (atypical transitional and potential chronic), thus indicating a potentially higher level of vulnerability for those with disabilities. Having a mental illness or substance abuse issue was not significantly associated with higher odds of following the more problematic service trajectories versus the low service use trajectory. However, having a mental illness was associated with lower odds of following the traditional transitional shelter trajectory.

Mental health and substance abuse issues were discussed extensively in the participant interviews both as potential contributors to prolonged homelessness and as potential
repercussions of prolonged homelessness. That these issues did not significantly predict which individuals would have more complicated trajectories is notable. However, this is not a particularly unusual finding when considered in the light of other studies. For example, Shinn et al. (2013) found that for families experiencing extreme poverty, mental health, substance abuse, and criminal justice issues did not seem to significantly increase the likelihood of accessing shelter services versus remaining housed. Additionally, upon a two-year follow-up of individuals in their study, Aubry et al. (2012), who had classified homeless individuals according to health, mental health, and substance abuse issues, did not find substantial differences between the groups with regards to later housing stability. They, therefore, concluded that homelessness was “predominantly a ‘poverty problem’ rather than a health problem” (Aubry et al., 2012, p. 157). Results from the present study lend some support this conclusion.

Final notes about class membership probabilities. It should be noted that while characteristics such as ethnicity, citizen status, residence in the state, family composition, etc. were found to be significantly associated with class membership, the increased or decreased probabilities of class membership described above can be deceptive if not interpreted with care. It is true, for example, that having a COFA National citizen status was associated with increased odds of membership in the typical transitional, atypical transitional, and potential chronic service use classes. However, it is also true that most of the COFA Nationals (63.1%) in the sample, in fact, followed the low service use trajectory. Similarly, while being Native Hawaiian or Micronesian, etc. was associated with higher odds of typical transitional service use, most Native Hawaiians (84.2%) and Micronesians (69.0%), as well as the other groups discussed, followed the low service use trajectory. That is to say, that the results described above addressed
disproportionate likelihoods of belonging to one group or another rather than describing the most likely path of those fitting that characteristic.

**Research question 2d: Class profiles.** Drawing on the characteristics related to class membership it is possible to create rough class profiles to describe the individuals who might be likely to follow each class. However, as noted above, increased probabilities of belonging to a particular class should not be considered a determinant of how all, or even most, individuals fitting that profile might behave. Thus, the pictures painted below are at best loose guides to which services users might be likely to follow each of the four service user trajectories.

*Low service use profile.* Most service users in the newcomer sample followed the low service use trajectory. Therefore, this group had the least distinctive profile because it closely resembled the characteristics of the overall sample. Service users in this group were mostly male. The most numerous ethnicity was White/Caucasian, followed by Native Hawaiian and Micronesian. Most were U.S. Citizens, though COFA Nationals and other citizen status types were also present. Most of those in the low service use group were lifetime citizens of the state, followed by those who had lived in Hawai‘i for less than 2 years. The findings indicate that this service pattern is proportionately more common on the neighbor islands than on O‘ahu, though most of the service users following this trajectory entered services on O‘ahu.

This group had the second lowest mean average group size and had a high portion of single-person households, suggesting that it is dominated by single individuals and smaller family households. The proportions of veterans, those with a history of criminal justice involvement, and those with a history of domestic violence all closely mirrored the total sample characteristics. The same could be said of educational and employment characteristics, as well as health-related issues.
In short, the low service use group had some features that might be considered risk factors or issues of concern, but these factors did not seem to complicate their homeless trajectories. For example, 20.9% of the service users in this group did not have a high school diploma and only 14.0% were employed at entry. Many had physical disabilities, mental health issues, and/or substance abuse issues. In fact, most of those who had endorsed having a substance abuse issue (83.3%) followed the low service use trajectory. The same could be said for mental health issues, disabilities, etc.

*Typical transitional shelter use profile.* The typical transitional shelter use group was distinguishable from the low service use group in that they were more likely to be local and more likely to be families. There was a higher proportion of women in this group than in any other group, possibly indicating a larger portion of single mothers. It also tended to be slightly younger than the low service use group. The most common ethnicity was Native Hawaiian, followed by Micronesian, Caucasian/White, and Marshallese. Most were U.S. Citizens, though there was a much higher proportion of COFA Nationals in this group compared to the low service use group.

Around half of the typical transitional group was lifetime residents of the state. These service users had the highest mean average group size, and had high proportions of those who had ever entered services as a single parent and/or two-parent household. Most had at least a high school diploma and a comparably large percentage were employed at first entry to services. This group had levels of veteran status, criminal justice involvement, domestic violence, physical disability, and substance abuse issues similar to the total sample and to the low service use group. However, it did have noticeably lower rates of reported mental health issues than the low service use group.
In sum, all of these characteristics taken together paint a picture of the typical transitional shelter use group as consisting largely of Local, Native Hawaiian, and other Pacific Islander families. The fact that this group does not have elevated levels of complicating factors, such as health or mental health problems, criminal justice histories, etc., along with its relatively high employment and the fact that it is not significantly more likely to have higher levels of year 4 service use than the low service use group, suggests that its high use of transitional shelter days is perhaps more related to the transitional shelter service model and the lack of affordable housing in the state than it is to a high level of chronicity or prolonged need for services (Culhane et al, 2007).

A typical service use profile. Like the typical transitional group, the atypical transitional shelter use group tended to be more Local, Native Hawaiian, and other Pacific Islander and consisted of more families than the low service use group. It also had a similarly high proportion of women and a similar mean age. However, the atypical transitional shelter use group had higher rates of select complicating issues than did the typical transitional shelter service use group.

Marshallese individuals were the most numerous ethnic group in the atypical transitional shelter use group, followed closely by Native Hawaiians and Micronesians. While a narrow majority were U.S. Citizens, COFA Nationals represented a large portion of this group. The atypical transitional group also had higher portions of newcomers to the islands (less than 2 years residence) than did the typical transitional group. This may be reflective of the fact that several of the COFA Nationals in the atypical group may have been new arrivals to the state.

This group had the second highest mean average group size, and had a comparably high proportion of individuals who had ever entered as a single-parent and/or two-parent household.
Additionally, those who had entered with a two-parent or intergenerational household were at particularly increased odds for following this trajectory. This group had slightly lower rates of criminal justice involvement than the sample as a whole and slightly higher rates of domestic violence victimization. Perhaps one of the most significant risk factors for this group was its lower levels of education compared to the other groups. It had the highest proportion of individuals without a high school diploma or GED equivalent than any other group. Furthermore, there were fewer individuals in the group with post-high school levels of education and with a high school diploma/GED equivalent. Indeed, those with less than a high school education were at significantly increased risk of following this trajectory. It is also notable that this group had a fairly high rate of employment at entry compared to the sample as a whole. Another potential vulnerability for the atypical transitional use group was the relatively high rates of physical disability present. However, the group did not have noticeably higher proportions of mental health or substance abuse issues.

It would seem that those following the atypical transitional shelter use trajectory likely have one or more factors that make them more vulnerable to prolonged or complicated service stays. That two-parent and intergenerational family households experienced particularly high odds of following this trajectory versus the low service use trajectory could indicate that larger families or family households with more than one adult might experience additional barriers in accessing either housing or transitional shelter services or that they may be initially less willing to enter such services.

Another potential risk factor for following this trajectory was having a COFA National citizen status. The fact that COFA Nationals lack citizen status (and the services and benefits associated) may be related their higher risk. Additionally, these groups may struggle with
language and cultural barriers as well as systemic discrimination in the housing market. Lower levels of education may be impacting the ability of some of the individuals and families in this group to earn a livable income, despite the fact that many were employed. Similarly, issues involving mobility and ability to work may be affecting some individuals and families with physical disabilities. In sum, one or more of these vulnerabilities may have complicated the trajectories of those in the atypical transitional shelter use group resulting in a longer period of homeless service use (emergency shelter and outreach services) prior to accessing transitional shelter.

Potential chronic use profile. The final group, those with potential chronic use trajectories, had the highest mean age of all the groups and the majority of group members were men. Caucasian/White individuals were the most numerous ethnic group, followed by Native Hawaiians and Micronesians. A large proportion was U.S. Citizens. Compared to other groups, there was a fairly high proportion of newcomers to the state, though lifetime residents were also represented at levels comparable to those of the sample as a whole. Notably, this group had a much higher rate of those who had entered services through providers centered in Waikiki and Honolulu than any other group.

This group had the lowest mean average group size, and had a comparably low proportion of individuals who had ever entered service in some type of family unit. They had slightly higher rates of criminal justice involvement than the sample as a whole as well as proportionally more veterans. This group’s educational levels more or less mirrored those of the sample as a whole, with perhaps slightly fewer individuals with post-high school education. They had the lowest rates of employment at entry to services.
The potential chronic service use group had higher rates of physical disability, mental health issues, and substances abuse problems than the other three groups. However, only those with physical disabilities were significantly more likely to fall into this group versus the low service use group. In short, the potential chronic service use group tended to have many of the characteristics associated with the stereotypical chronically homeless individual. They tended to be single person households consisting of older men with some level of disability status.

In summary, individuals from a wide variety of backgrounds enter HMIS services, use low levels of service, and exit fairly quickly. Because the low service use group represents such a large majority of the sample, it is fair to say that most families (e.g., 80.6% of those ever entering in single parent households; 65.0% for two-parent households) and single persons (e.g., 89.4% of those ever entering as single person households) follow this pattern. However, there were also a number of individuals and families who spent longer periods of time in services. Two groups of service users (typical and atypical transitional shelter users) who had longer service stays tended to be composed of families, predominantly of Local or Pacific Islander origin. Two-parent and intergenerational households, COFA Nationals, those with disabilities, and those without a high school diploma were overrepresented in the more complicated and prolonged of these two groups, the atypical transitional shelter use group. The third prolonged service use group tended to have higher proportions of older men and single person households, as well as those with physical disabilities, and was predominantly White/Caucasian.

**Research Question 3: Merging the Qualitative and Quantitative Results**

Research question 3 states, “Can a typology of homeless service usage in the context of the Hawai‘i homeless service system be developed in a way that accounts for both the statistically derived findings using latent class growth analysis and the intuitive and experience-
based knowledge of those who have lived experience with the system?” The short answer is, “Yes!” In all, using a mixed methods approach to these analyses was enormously productive. The participant interviews were very helpful and influential in highlighting characteristics which might impact one’s homeless trajectory.

This information was then used to select variables of interest for the LCGA analysis, and this analysis was then brought back to the participants for discussion. That several participants found the results interesting and meaningful to their experiences of the homeless system was heartening and served to lay the groundwork for later dissemination efforts. Service providers in particular seemed eager to consume and use the future research products from this study. A few service users also expressed interest in getting more involved with homeless advocacy efforts following their participation in this study. Both of these were indicators of the fact that results from the study aligned well with participant lived experiences of the homeless system.

However, there were some gaps of understanding related to the methodology chosen (LCGA) and this may have limited the critical feedback that might otherwise have been offered during the follow-up interviews. Future studies with similar aims may do well to include participants in other aspects of the project, such as research question design and more extensive discussion/education around the methods used. Including participants as co-analysts may be even more effective with prior planning and more intensive exchanges of knowledge between researchers and participants. There was some indication that several of the participants (both service providers and service users) might be willing and able to engage in more prolonged participatory processes.
Limitations

The approach taken in the quantitative portion of this study has a number of limitations that are important to recognize. First, the data presented here are limited to those homeless individuals who have accessed at least one of the services in the State of Hawai‘i that enters its service activities into the HMIS database. As such, it does not include homeless individuals who accessed alternative types of services (e.g., less formal church-run shelters or soup kitchens, etc.) or who choose for whatever reason not to access services at all. Because the characteristics and homeless trajectories of those who do not access mainstream homeless services might be different from those who are in the HMIS database, the results from the present study may not generalize to all homeless individuals in the state.

Additionally, though the analyses were able to track HMIS service use, they were not able to track service users outside of that system. Some in the sample could have accessed services outside of the HMIS, artificially deflating their rates of service use in the present study. Not being able to track the service users outside of the HMIS system also resulted in an inability to determine the fate of those who had left the system. It is very likely that some portion of those with low levels of service use exited the HMIS system and returned to literal homelessness without ever accessing services again during the study period. Others still could have left the state but remained homeless, entered an institution (psychiatric hospital, jail, etc.), or passed away. Alternatively, some of those who were classified as “newcomers” in this study may not have, in fact, been newly homeless as they could have had service usage in other states, were using homeless services prior to the institution of the tracking system (about 2006), or had been previously homeless but chose not to access HMIS services.
Therefore, “leaving” (or failing to show up in) HMIS services cannot be considered an unambiguous indication of having left homelessness. Despite this, I do believe that the approach taken here of looking at service usage patterns can be practical as a heuristic guide in that most of those who used high amounts of HMIS services were indeed experiencing more prolonged and complicated homeless journeys and most of those who left and did not reenter services were likely headed to more stable housing. However, the proportions of individuals who follow each trajectory should be understood as exploratory estimates at best. The present analyses were vulnerable to overestimating those in the low service use group because they risk categorizing several unfavorable outcomes (institutionalization, death, etc.) as low use. Additionally, there was the potential for underestimating problematic trajectories in that the approach did not have access to those who choose not to access HMIS services but experienced prolonged homelessness.

Another limitation is related to the availability and quality of the variables used to compare the four service classes. Many of the variables underwent extensive processing, such as combining information across time, to creatively solve issues of missing data. This approach is vulnerable to introducing error (e.g., false positives, as described above) to the dataset. It also oversimplifies the dynamic nature of the variables involved. Individuals often move from one category to another (going from having substance abuse issues to not, having children, separating from partners, etc.), and in the present study these characteristics were treated as stable rather than time-varying. Additionally, there are certainly many other important factors that influence homeless trajectories, such as level of income, that were simply not available with high enough quality for use.
Most of these limitations were related to the fact that administrative data were used. This, by necessity, limited the analytical choices to those supported by the data at hand. The use of the HMIS data did, however, allow for a larger scale analysis than would have been possible otherwise, enabling me to track the service usage patterns of 4,655 individuals across 4 years and throughout the State of Hawai‘i. This kind of system-wide analysis is rarely possible without large administrative systems like the HMIS database and I am very grateful that I was given the opportunity to explore these questions with this dataset.

One final limitation for this project is that the participant interviews, while attempting to include a diversity of perspectives, did not include an individual who could speak from the perspective of a COFA National. Because both the qualitative and quantitative analyses pointed to this group as being particularly vulnerable to more complicated homeless trajectories it would have been advantageous to include someone who could speak to these experiences. Additionally, given that this project has attempted to employ participatory methods in an effort to value the knowledge and experiences of those who are homeless, that COFA Nationals were spoken for throughout this study without being given the opportunity to define their experiences themselves is certainly cause for deep regret.

Despite the above limitations, the present study did advance the literature on homeless service use in a number of ways. First, it added to and expanded past service use typologies by using a time-patterned approach (McAllister et al, 2010, 2011) to understanding homeless subpopulations, and was able to track participants through both sheltered (emergency and transitional) and unsheltered (outreach) service use. Additionally, the present study has highlighted the importance of considering context when examining homelessness and homeless service systems. The individuals and settings related to the service system in Hawai‘i differ from
those on the mainland in a number of important ways, some of which were highlighted above. As an island state with a markedly different cultural climate, it was important to compare the dominant typology identified by Kuhn and Culhane (1998) and used to inform many federal homeless programs with service patterns explored in the context of Hawai‘i.

**Future Directions**

In addition to expanding the current body of academic literature, the present study has the potential to be practically useful. Therefore, future avenues of research and practical application are discussed below. These recommendations are organized by ecological level and guided by systems change theory. A systems change perspective values, among other things, tracing patterns of how individuals and resources enter, move through, and exit complex systems (Foster-Fishman et al., 2007). It also values attempting to understand how distal forces can impact these patterns. This often entails uncovering the root or underlying causes behind problematic patterns:

> When the root of the problem rests in the fundamental nature of the system, attending to second-order change is more likely to lead to more comprehensive and long-term solutions because it requires attention to the underlying root causes of a problem (Foster-Fishman et al., 2007, p. 201).

Attending to root causes and distal forces often draws the focus of researchers and practitioners to issues occurring at the community and macrosystem levels that act to maintain system and individual problems.

**Future research.** The present study is, therefore, best situated as a first step in a longer project of mapping the systemic and structural features of homelessness in Hawai‘i. It has laid the groundwork for a deeper understanding of how service users move through the “black box” of the homeless service system in that it has mapped specific and heterogeneous patterns rather
than considering average tendencies. However, this study was exploratory in nature and further exploration of the multi-level forces that shape homeless experiences in the state is certainly warranted.

At the individual level of analysis, the results presented here have highlighted some potential vulnerabilities and protective factors in terms of the individual characteristics that may impact homeless trajectories. For example, two-parent and multigenerational households, physical disability, lack of a high school diploma, and COFA National citizen status were all found to be risk factors for extended service use. On the other hand, willingness to engage with services and persistence in the face of obstacles were described as protective factors in the qualitative interviews, as was supportive social relationships.

However, for the most part the characteristics evaluated in the quantitative portion of the study were framed as simple binary markers (e.g., having a mental illness or not). More systematic exploration related to the quality or magnitude of factors such as mental illness, substance abuse, criminal justice issues, etc. would certainly add nuance to understanding how these variables impact homeless experiences. For example, mental health issues are diverse and particular disorders (e.g., schizophrenia versus depressive disorders) likely impact homeless trajectories differently. This kind of differential influence was not captured in the present study and warrants further exploration.

Additionally, the availability of quality indicator variables for the quantitative portions of the study was skewed towards those that document the presence or absence of risk factors. Rather than simply exploring the risks related to factors such as substance abuse issues or past experiences with domestic violence, future studies could fruitfully explore protective factors and characteristics that contribute to resiliency. For example, quantitative measures of social support
or network analysis techniques used in conjunction with service usage patterns could shed more light on the importance of supportive social ties as a potential protective factor. Likewise, more reliable and detailed information about income and cash benefits could be used to explore the level at which these factors act as protective agents related to accessing and maintaining permanent housing.

At the program and organization level, certainly more systematic research is needed to better explore the qualitative themes described above. Program evaluation likely already occurs in many homeless service organizations in the state and would provide a much more detailed picture of what kinds of programmatic strategies are helpful to service users. If they do not already, these evaluations may find it useful to include tools to assess whether clients perceive their services to be both comprehensive and trustworthy. Qualitative interviews can be particularly useful for assessing these factors.

At the systems level, certainly the typology described above should be replicated, given the number of limitations related to data quality in the present study as well as the fact that systems are in constant flux, resulting in the potential for shifting service patterns over time. Further exploration of service patterns with additional cohorts would give much greater clarity about whether the results described above are generalizable to the whole of the service system. Additionally, as HMIS data collection practices improve, a more complete understanding of service user movement will also be possible. Presently, service providers collect data related to prior living situation, exit destination, and living situation at exit. If these data points are collected more consistently, future research may be able to better flesh out patterns of movement in and out of the system and to include better assessments of outcome markers.
While not the explicit focus of this study, the qualitative results of this project pointed to a number of systemic and community level factors that could also be more systematically and productively explored in terms of their impact on homeless outcomes. For example, a network analysis of organizations in the homeless service system could highlight patterns of collaboration and suggest possible ways to improve information sharing and cross-system cooperation. Given that issues such as bureaucracy, program requirements, and distrust of services were discussed with some regularity it would also be beneficial to explore and document how individual programs and the system as a whole could reduce these barriers. In his ethnography of homeless women, Elliot Liebow describes the bureaucracy and requirements of homeless services as an attempt (though perhaps not a conscious one) to weed out the “undeserving” among their clients:

As the social service system looks at the women, however, and tries to separate the deserving poor from the underserving, the difficulties are seen to lie with the women. It is the homeless women who are demanding and unreasonable, and the women who are ungrateful and uncooperative, the women who don’t appreciate the fact that the people who make the system work are understaffed and overworked and must go by the rules, or else there’d be chaos. In addition to exclusionary eligibility criteria, a major problem with social service programs is that many homeless people do not have the strength to reach out for them or the persistence to keep trying (p. 3).

Critical ethnography, systematic mapping of service eligibility criteria, and an exploration of service referral patterns would all be worthwhile research pursuits aimed at examining systems level barriers to service. While perhaps painful, these kinds of tools could enable the service system to take stock of the ways it favors those it deems to be more deserving.

Finally, at the macrosystems level researchers and advocates could pursue a number of avenues to better document how larger-scale structural forces such as public policy and discourses related to homelessness and poverty impact the day to day experiences of homeless
individuals. Deeper inquiry into the impacts of policy decisions on individual level outcomes and how these outcomes may vary by group would add much to our understanding of policy effectiveness. Critical examination of discourses related to homelessness and poverty could also be productively used to uncover the myths and misunderstandings that are harbored in our shared social consciousness. Better documenting and exposing these myths can give researchers and advocates more concrete avenues to pursue in terms of shifting the public discourse related to homelessness. Continuing to explore these and other systemic and structural features is necessary for creating the “more long-term and comprehensive” solutions described by systems change researchers.

**Implications for practice.** One way of instigating systems change is to look for strategic “levers” that can affect that change. Foster-Fishman et al. (2007) have described the following characteristics as indicating good levers of change: ability to exert influence across levels, ability to direct system behavior, ability to bridge gaps, and amenable to change. Using these ideas of systems change, this final section will conclude by offering practical targets for future research and action with an eye for highlighting potential levers for change.

*Lever 1: Identify and fill service gaps for vulnerable groups.* At the individual level, the present study has suggested a number of factors that may make individuals and families more vulnerable to extended or repeated service use. Better addressing these vulnerabilities, therefore, represents an obvious avenue for immediate intervention. Perhaps the three vulnerabilities most amenable to service intervention are needs related to physical disability, lack of a high school diploma, and the vulnerability experienced by COFA Nationals.

That physical disability predicted higher odds of following both problematic patterns of service use is concerning. Participant interviews highlighted a number of potential reasons for
higher levels of struggle for those with disabilities. Some participants discussed the difficulty of generating an adequate level of income if disabled and not able to work, including the difficulty of “getting on disability.” Others discussed access issues related to navigating shelter spaces and finding houses to accommodate their needs. Several service providers discussed issues related to the health care system and vulnerabilities created when medical insurance is lost or case management is inadequate. All of these represent potential gaps in service that might be productively explored and addressed in order to close the gap for those with disabilities.

Another potentially vulnerable group was those without a high school diploma or GED equivalent, who were significantly more at risk of following the problematic atypical transitional shelter use trajectory. This suggests a need for service intervention in the form of GED classes or other kinds of job skill training. It is quite possible that this group is able to work but not able to earn the same wages as those with a high school degree. Increasing their employability could help to bypass their prolonged service stays. Building these kinds of resources into homeless services, particularly the transitional shelter model could help stabilize the employment and income potential for this vulnerable group.

Finally, COFA Nationals were at increased risk for all three prolonged or problematic service trajectories. A number of possible explanations for this vulnerability have been discussed at length above and include service eligibility limitations, cultural and language barriers, and systemic discrimination. It is possible that with more intentional support these service users could experience less vulnerability. Changing program edibility rules to include COFA Nationals in a broader range of services would be an important first step. Acquiring or developing cultural competency when serving this group would also be an important factor for service organizations and should include the hiring of COFA National staff. English language training as well as job
skill preparation could aid in reducing cultural barriers to employment success. To the extent that this population also experiences lower educational levels the above recommendations could also apply.

Bridging these individual level gaps in services is an obvious short-term intervention strategy. However, as a lever for second-order change it will likely have limited effectiveness. Interventions at the individual level very seldom have cross-level influences and often have little ability to direct systems level change. Even so, addressing gaps in services is a target which is likely highly amenable to change and can provide some immediate relief to a portion of individuals and families who are currently struggling to get housed.

*Lever 2: Align homeless services with needs as demonstrated by patterns of service use.* At the systems level, another lever for change is a more efficient approach to targeting homeless services. In this respect, the four service use trajectories described above could be used as rough guides to targeting services to the most appropriate service user groups. Because of their relatively low levels of complicating problems, the low service use and traditional transitional shelter use groups may be best served through homeless prevention and rapid rehousing strategies. In describing a service strategy that attempts to intervene and prevent the negative outcomes of prolonged homelessness before they can occur, Culhane et al. (2011) recommend that homeless prevention and rapid rehousing services target those who are not likely to need extended levels of support. In this way, these individuals and families may be able to bypass most other services in the system.

Indeed, that those in the low service use group did not seem to require high levels of service suggests that this may be a more optimal strategy for addressing their temporary housing crises. While the typical transitional shelter use group may on the surface seem to require higher
levels of support given their prolonged transitional shelter use, Culhane et al. (2011) question this premise and suggest that longer shelter stays have not been convincingly shown to improve outcomes. Indeed, the relatively low levels of complicating issues with which this group presented in the present study suggests that they may be just as successful if they bypassed the prolonged transitional shelter stay altogether. Homeless prevention and rapid rehousing programs are currently underway in the state and future systems analyses will likely shed some light on the effectiveness of these strategies. However, as will be discussed in more detail below, the lack of available of affordable housing in the state presents a very real barrier to any plan that proposes to increase homeless prevention and rapid rehousing strategies.

Because of their potential vulnerability to prolonged service use, the atypical transitional shelter group may be more effectively targeted with services by admitting them into transitional shelters earlier in their service trajectories. Their current service patterns suggest that many may be using emergency shelter and/or outreach services for several months before their lagging increase in transitional service days. There are a number of possible explanations for this lag, but in their analysis of service referrals for veteran homeless individuals, Tsai et al. (2013) suggested that service providers might tend to identify higher-functioning individuals as more “ready” for services. While this observation did not pertain specifically to this population or to transitional services, it is quite possible that those with certain complicating issues (intergenerational families, COFA Nationals, those with disabilities or low levels of education) are being seen as less ready for the highly structured settings of transitional shelters. However, making these settings more accessible and appealing to these individuals and families would give them the supportive environment they need to be able to address longer-term goals such as income stability, skill building, and educational issues.
Finally, many research studies have explored the effectiveness of housing first approaches for targeting chronically homeless populations (e.g., Nelson et al., 2013; Tsemberis et al., 2004; Stefancic & Tsemberis, 2007). As the effectiveness of housing first programs seems to have been fairly consistently established, it is likely that the potential chronic service use group would benefit from this approach and other long-term supportive housing services (Culhane et al., 2011). In fact, two such programs are currently underway in Honolulu and are targeting chronically homeless populations. Future studies will no doubt show how these new approaches are impacting the service trajectories of those vulnerable to chronic homelessness.

As a lever for systems change, this service matching approach does seem to have some promising characteristics that indicate the potential for enacting second-order change. Restructuring service priorities at the system level does have the potential to produce effects across ecological levels in that it could help to shape programmatic and organizational attitudes and approaches and would likely influence the individual level experiences of homeless individuals by reducing or eliminating the days they need to spend in homeless services. Additionally, system-wide approaches have a much greater potential for directing system behavior than do program-level interventions. On the other hand, system-wide approaches are much more difficult to enact, resulting in less amenability to change.

**Lever 3: Create More Affordable Housing.** At the community level, the participant interviews and research evidence alike point to the availability of affordable housing as one of the most significant levers for change when it comes to attempts to address homelessness (Quigley et al., 2001). It is the thousand pound elephant in the room. The above strategies for targeting homeless services are severely limited by the lack of affordable housing in Hawai‘i. Those who might otherwise be able to bypass the service system altogether with strategic
Homeless prevention and rapid rehousing approaches will simply have no place to go if affordable housing is not available. In the participant interviews, several service providers discussed issues they’ve faced when service users have housing vouchers in hand and still struggle to find housing. Thus, using a voucher-based approach to reduce other types of service use (as recommended by Culhane et al., 2011) is unlikely to be effective without also addressing the issue of affordable housing.

While it is currently a significant barrier to effectively addressing homelessness, the issue of affordable housing is also a potentially powerful level for change. There is some evidence that even making small or moderate improvements in the level of affordable housing can result in noticeable reductions in rates of homelessness (Quigley et al., 2001). Thus, it has the potential to affect change across a range of ecological levels (e.g., in the homeless system, among programs, and in the lives of individuals). However, addressing the issue of affordable housing requires long-term investment. In an environment where public officials and the community at large expect immediate results without exorbitant cost, addressing affordable housing may require the precursor step of shifting community perceptions of the problem.

*Lever 4: Counteracting Stereotypes and Shifting the Social Imagination.* At the macrolevel, Christens et al. (2007) argued that consideration of the social imagination is critical to sustained systems change. The concept of the social imagination gives weight to shared understandings and worldviews as strong shapers of individual perspective, but also allows for individual and collective agency in changing these shared understandings. They propose that the social imagination can, and in fact must, be changed in order to change social systems. Through research that seeks to illuminate social constructions related to a problem, with special attention
to issues of power that maintain systems’ status quo, one can change the understanding and awareness of the social imagination and thus make way for lasting system change.

The participant interviews presented above highlighted ways in which shared social understandings of homelessness in Hawai‘i have significant impacts on the experiences of individuals who are homeless in the form of the negative effects of stigma and stereotype. These shared understandings often shape the political will (or lack thereof) to enact needed policy change, such as those related to affordable housing. Therefore, one potential lever for systems change is public opinion. Though perhaps not the easiest target for change, changing the local narrative about homelessness and poverty could have wide-ranging positive impacts on the issue.

In this respect, researchers and advocates should continue to humanize the problem and challenge public misperception. The present study can contribute to both of these agendas. The results from the participant interviews are rich with detail about the human struggle of homelessness and have attempted to highlight a variety of individual stories and experiences. In the words of one participant, I have tried to highlight the fact that “everyone has a story.” I have also tried to do justice to the complexity of factors participants cited as important influences on homelessness, including the many systemic and structural forces involved in the problem.

Additionally, the present study empirically challenges some of the pernicious and persistent stereotypes of homelessness. One of the most striking features of the latent class growth analysis was the high proportion of those following the low service use trajectory. Despite the many misperceptions that most people “choose” to be homeless or that homeless populations are rife with substance abuse and mental health issues, the present study indicates that large numbers of individuals in Hawai‘i each year are temporarily and situationally
homeless and that substance abuse and mental health factors likely have little to do with how long they remain without a home.

Dissemination efforts related to this project will, therefore, strongly focus on using the findings of the present study to share thoughtful and empirical information about homeless service use with those in the community. One important role that researchers can play in advocating on behalf of homeless individuals is to carefully challenge myths and inaccurate stereotypes. In that vein, I intend to produce a two-part report to stakeholders describing both the qualitative and quantitative results of this study. Several participants have already expressed interest in reading and using this report. Additionally, as part of my agreement with the stakeholder organizations (Bridging the Gap, Partners in Care, and the State Homeless Programs Office) that provided the HMIS data for this project, I plan to report the significant findings to these influential system representatives.

I believe that many of the issues raised in the qualitative interviews should be more prominently brought into the public discourse, especially issues related to public policy, the root causes of homelessness, and the importance of the community’s willingness to engage with the issue in a helpful and productive way. While many of the qualitative themes may have raised more questions than they answered, presenting these kinds of issues to important stakeholders and to the public in a way that organizes them according to ecological level can provide a useful structure for future discussions related to addressing the problem of homelessness in the state.

Similarly, the quantitative results of the present study, if carefully presented in a way the public can relate to and understand, could be extremely useful in beginning to breakdown myths and stereotypes related to homeless individuals. It is important to highlight the large number of individuals and families who become briefly homeless each year. When viewed in this light, we
are forced to consider homelessness as an issue that affects people who are not very different from our neighbors, friends, and family. Using research in this way can challenge us to see homelessness and the poverty that underlies it not as the problems of those who are mentally ill or addicted, but as a widespread humanitarian problem affecting the community as a whole. Continued efforts by researchers and advocates to demonstrate and highlight similar findings are important levers for change so long as they are persistently and strategically brought into the public forum through interactions with the media and other influential discursive agents.

**Conclusion**

The present study has used participatory, social ecological, and systems change principles to explore service use trajectories in Hawai‘i’s homeless service system. It productively combined findings from qualitative interviews with a quantitative analysis of administrative service usage data to propose a four-class typology of homeless service usage. With three overlapping stages, this approach began with participant viewpoints on differing experiences of the homeless service system. Participants included service providers and service users from across the state. These participant perspectives were then used to guide a latent class growth analysis of service system usage. Finally, through a participatory approach to data analysis, the study participants were asked to comment on the preliminary results from the first two stages. In this way, findings were grounded in the lived knowledge of those with experience of the service system and in the sociocultural context of Hawai‘i.

Through all stages of analysis, a social ecological perspective helped to serve as an anchor point linking interpretation of individual level factors up to systemic and community level influences. Using this perspective, qualitative data were organized into individual and family, program and organization, systemic, and community and society level influences on
homeless trajectories. This proved to be both an effective way to avoid victim blaming and to encourage complex and interrelated explanations of service trajectory differences. Additionally, this approach showed good ecological validity as participants seemed to strongly identify with the four levels of influence.

The final typology of homeless service trajectories yielded four patterns of use: low service use, typical transitional shelter use, atypical transitional shelter use, and potential chronic service use. By far the most numerous group was those with very low levels of service use across all three years. Using a systems change perspective, prolonged and problematic service use trajectories were identified and explored, and potential service interventions were suggested. However, based on existing research (Quigley et al., 2001) and the expert knowledge of participants, the most needed system change is an increase in affordable housing in the state.
References


http://doi.org/10.1023/A:1022176402357


http://doi.org/10.2105/AJPH.2005.064402


http://doi.org/10.1162/003465301750160027

http://doi.org/10.1177/0165025407077751

http://doi.org/10.1007/BF00941623

http://doi.org/10.1017/S0033291711002509

http://doi.org/10.1016/j.jpsychores.2015.05.016

http://search.proquest.com.eres.library.manoa.hawaii.edu/honolulustaradvertiser/docview/1618340233/4224114A5DD04C4APQ/5?accountid=27140


Stefancic, A., & Tsemberis, S. (2007). Housing First for long-term shelter dwellers with psychiatric disabilities in a suburban county: A four-year study of housing access and

http://doi.org/10.1007/s10935-007-0093-9


http://doi.org/10.1007/s10464-005-9007-2


http://doi.org/10.1007/s10464-014-9632-8


http://doi.org/10.2105/AJPH.2013.301322


http://doi.org/10.1300/J147v25n04_02


### Appendix A: Homeless Typology Literature

<table>
<thead>
<tr>
<th>Study</th>
<th>Sample</th>
<th>Basis for grouping</th>
<th>#</th>
<th>Class Labels</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solarz and Bogat (1990)</td>
<td>Adult residents of temporary shelter in Midwestern city (n = 125)</td>
<td>Criminal history, psychiatric history, transiency, history of criminal victimization</td>
<td>7</td>
<td>Low deviancy (45.6%) High victimization (10.4%) High transiency (7.2%) High psychiatric (16.0%) High transiency/high psychiatric (4.0%) High criminality (8.0%) High criminality/high transiency (6.4%)</td>
</tr>
<tr>
<td>Morse, Calsyn, and Burger (1992)</td>
<td>Adult residents of emergency shelter in St. Louis area (n = 248)</td>
<td>Psychopathology, alcoholism, social support, socioeconomic status, health status</td>
<td>4</td>
<td>Economically disadvantaged (53%) Alcohol problems (20%) Mental health problems (17%) Relatively few problems (5%) (Not classified = 6%)</td>
</tr>
<tr>
<td>Mowbray, Bybee, and Cohen (1993)</td>
<td>Adults presenting for mental health services in Michigan. Participants were: 1) unstably housed 2) had a serious mental illness (n = 108)</td>
<td>Community living problems, depression, aggression, psychoticism, substance abuse</td>
<td>4</td>
<td>Hostile/psychotic (35.2%) Depressed (18.5%) Best functioning (27.8%) Substance abusing (18.5%)</td>
</tr>
<tr>
<td>Munoz, Panadero, Santos, and Quiroga (2005)</td>
<td>Representative sample of homeless adults staying in shelter or on street in Madrid, Spain (n = 289)</td>
<td>Stressful life events (List of Threatening Experiences Questionnaire), health, substance abuse, social support</td>
<td>3</td>
<td>Cluster A (mostly economic problems, 48.8%) Cluster B (death of a parent, alcohol use, health problems, older, 31.5%) Cluster C (Childhood trauma and alcohol use, younger, 19.7%)</td>
</tr>
<tr>
<td>Study</td>
<td>Sample</td>
<td>Basis for grouping</td>
<td>#</td>
<td>Class Labels</td>
</tr>
<tr>
<td>-------</td>
<td>--------</td>
<td>-------------------</td>
<td>---</td>
<td>--------------</td>
</tr>
</tbody>
</table>
| Bonin, Fournier, and Blais (2009) | Homeless and precariously housed adults with mental health diagnosis in Canada (n = 369) | Demographic, social network, residential and mental health diagnosis/use of services | 6 | Women (15%)  
Men with schizophrenia (16%)  
Men previously depressed or alcoholic (13%)  
Men with current depressive disorder (17%)  
Men with co-morbidity (23%)  
Men previously with fixed address (15%) |
| Aubry, Klodawsky, and Coulombe (2012) | Homeless individuals recruited in mid-sized Canadian city. Adult males, adult females, male youth, and female youth were equally represented (n = 329) | Mental health, substance abuse, and physical health problems | 4 | Higher functioning (28.7%)  
Substance abuse problems (22.6%)  
Mental Health and substance abuse problems (22.6%)  
Complex physical and mental health problems (21.6%) |
| Shelton, Mackie, van den Bree, Taylor, and Evans (2012) | Segment of large national youth survey, young adults with a history of homelessness (n = 682) | Childhood adversity, present economic disadvantage, mental health diagnosis and treatment, substance abuse issues, past incarceration, and school performance | 4 | Childhood adversity (26%)  
Young offenders (26%)  
Abused depressed (27%)  
Vulnerable African-Americans (21%) |
| Tsai, Kasprow, and Rosenheck (2013) | Administrative data, National sample of homeless veterans (n = 120,852) | Housing history, incarceration history, employment history and current income, medical history, and psychiatric history | 4 | Relatively few problems (22.3%)  
Dual diagnosis (27.5%)  
Poverty-substance abuse-incarceration (39.9%)  
Disabling medical problems (10.4%) |
<table>
<thead>
<tr>
<th>Study</th>
<th>Sample</th>
<th>Basis for grouping</th>
<th>#</th>
<th>Class Labels</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kuhn and Culhane (1998)</strong></td>
<td>Administrative shelter data from Philadelphia and New York (n = 6,897 and 73,263, respectively)</td>
<td>Aggregated number of days homeless (duration) and number of homeless stays (frequency)</td>
<td>3</td>
<td>Transitional (~80%) Episodic (~10%) Chronic (~10%)</td>
</tr>
<tr>
<td><strong>Lennon, McAllister, Kuang, and Herman (2005)</strong></td>
<td>Mentally ill men enrolled in intervention trial (both intervention and control groups) in New York City (n = 96)</td>
<td>Months housed over time (Latent Class Growth Analysis)</td>
<td>4</td>
<td>Unlikely to be homeless (79.1% intervention, 60.4% control) Increasing probability of homelessness* (12.5%, 20.8%) U-shape (increasingly homeless, followed by decline, 8.3%, 10.4%) Immediate high probability of homelessness (only control, 8.3%)</td>
</tr>
<tr>
<td><strong>Culhane, Metaux, Park, Schretzman, and Valente (2007)</strong></td>
<td>Homeless families from 4 large administrative databases from Philadelphia, New York, Ohio, and Massachusetts (each with very large sample sizes)</td>
<td>Aggregated number of days homeless (duration) and number of homeless stays (frequency)</td>
<td>3</td>
<td>Transitional (72-80%) Long stays, but differing from chronic group found with individuals (17.9-21.5%) Episodic (2.1%-8%)</td>
</tr>
<tr>
<td><strong>McAllister, Kuang, and Lennon (2010)</strong></td>
<td>Shelter data analogous to Kuhn and Culhane (1998), replication and expansion</td>
<td>Time-patterned data (number and duration of stays over time in 30 day increments)</td>
<td>4</td>
<td>Temporary (37.2%) Structured-continuous (50.2%) Structured-intermittent (6.3%) Unstructured-intermittent (6.3%)</td>
</tr>
</tbody>
</table>
Appendix B: Sample Interview Questions for Service Providers, Stage 1

1) You are being asked to participate in this interview because you know a lot about homeless services in Hawai‘i. Can you tell me a little bit about your experience with homeless services?
   - How long have you had experience working with homeless services in Hawai‘i?
   - What types of services have you worked with?
   - What other types do you know about/have you had interactions with?
   - How is your program(s) funded?

2) How well do you think Hawai‘i homeless services meet people’s needs?
   - How effective do you think services are at making sure clients are matched up with the right kind of program to meet their needs?
   - In your opinion, how might differing service needs be met by the available programs (i.e., what programs work best for what needs?)

3) In your experience, who tends to be the most successful in getting housed and leaving homeless services? Why do you think they are more successful?

4) In your experience, who tends to have a harder time getting housed and leaving services? Why do you think they have a harder time?

5) What might make someone take a longer time to get out of homelessness?

6) What might make it easier for someone to get out of homelessness?

8) If you could make Hawai‘i homeless services better, what would you do?

9) Is there anything else I should have asked? Is there anything else you would like me to know about homeless services in Hawai‘i?
Appendix C: Sample Interview Questions for Service Users, Stage 1

Homeless Study Interview Questions: Service Users

1) You are being asked to participate in this interview because you have used homeless services in Hawai‘i. Can you tell me a little bit about your experience with homeless services?
   - What types of services have you used?
   - How long have you had experience with the homeless services in Hawai‘i?
   - What other types do you know about/have you heard about from others?

2) How well do you think Hawai‘i homeless services meet people’s needs?
   - Of all the services we just talked about, how do you think those services match up with your needs?
   - How about other people you know, how do those services match up with their needs?

3) In your experience, who tends to be the most successful in getting housed and leaving homeless services? Why do you think they are more successful?

4) In your experience, who tends to have a harder time getting housed and leaving services? Why do you think they have a harder time?

5) What might make someone take a longer time to get out of homelessness?

6) What might make it easier for someone to get out of homelessness?

8) If you could make Hawai‘i homeless services better, what would you do?

9) Is there anything else I should have asked? Is there anything else you would like me to know about homeless services in Hawai‘i?
Appendix D: Sample Consent Form for Service Providers, Stage 1

University of Hawai‘i at Manoa
Consent to Participate in Research Project:
UNDERSTANDING HOMELESS SERVICES IN HAWAI‘I

I am conducting a project as part of my doctoral dissertation research requirements. The purpose of my project is to better understand how local service providers and homeless service users view homeless services. I am asking you to participate in this research project because you have experience working within the homeless services system in Hawai‘i.

Activities and Time Commitment: If you participate in this project, I will meet with you for an interview at a location and time that is convenient for you. The interview will consist of 6-10 open-ended questions, and will take about 45 minutes to an hour. The interview will include questions like, “In your experience, who tends to successfully leave homeless services?” and “Why do you think they are able to be successful in leaving the homeless system?” Only you and I will be present during the interview. I will audio-record the interview so that I can later transcribe what we have talked about and analyze the responses.

With your permission, I also plan to contact you at a later date to ask if you would be willing to meet with me again to participate in a second follow-up interview about homelessness in Hawai‘i. You do not have to agree to the second interview to participate in this first interview.

Benefits and Risks: There will be no direct benefit to you for participating in this interview. I believe there is little risk to you in participating in this research project. If, however, you become uncomfortable answering any of the interview questions or discussing any topics with me during the interview, you can skip the question, take a break, stop the interview, or withdraw from the project altogether.

Privacy and Confidentiality: During this project, I will keep all notes and files related to your interview in a locked cabinet that is located in an area that requires a key to access. Any electronic information will be kept in password protected files on computers that also require a password for access. Only my University of Hawai‘i advisor, trained student research assistants, and I will have access to the data. After I transcribe the interviews, I will erase/destroy the audio-recordings. When I type and report the results of my project, I will not use your name or any other personally identifying information.

Voluntary Participation: Your participation in this project is completely voluntary. You may stop participating at any time without any penalty or loss. If you have any questions about this research project, please call me at (808) 956-8414 or email me at kdg8@hawaii.edu. You can also e-mail my advisor, Dr. Charlene Baker at bakercha@hawaii.edu. If you have any questions about your rights as a research participant in this project, you can contact the University of Hawai‘i, Human Studies Program, by phone at (808) 956-5007 or by e-mail at uhird@hawaii.edu.
Signature:
I understand the information provided to me about participating in the research project, UNDERSTANDING HOMELESS SERVICES IN HAWAI'I.

Please state whether you agree or disagree to the following.

I agree to be audio recorded  ___ yes  ___ no

I agree to be contacted for a second interview  ___yes  ___no

By signing below I agree to voluntarily participate in this interview.
Printed name: ________________________________
Signature: _________________________________ Date: ______________
Appendix E: Sample Oral Consent Form for Service Users, Stage 1

University of Hawai‘i at Manoa  
Consent to Participate in Research Project:  
UNDERSTANDING HOMELESS SERVICES IN HAWAI‘I

I am doing this project as part of my research for the doctoral program at the University of Hawai‘i. The purpose of my project is to understand homeless services. I am asking you to participate in this project because you have experienced homelessness in Hawai‘i and I want to hear your thoughts about homeless services in the state.

Activities and Time Commitment: If you agree to be part of this project, I will meet with you for an interview. We can meet at a time that is good for you. I will ask 6-10 questions and it will take about an hour. I might ask questions like, “In your experience, who tends to successfully leave homeless services?” and “Why do you think they were successful in finding housing?” I will not talk to other people about whether you were interviewed or about what you said. You can choose to participate in this interview or choose not to participate. Either choice you make is okay with me and will not change or affect any of the services you receive. If you do choose to participate, nothing you say to me will affect any of the services you receive. I will audio-record your consent to participate and the interview so that I can remember what we talked about. I will then use the recording to type out everything we said so that I can understand your experiences better.

If it is okay with you, I also plan to contact you in a few months to ask you whether you would be willing to talk with me again about your experiences. You do not have to agree to the second interview to do this first interview.

Benefits and Risks: There will be no direct benefit to you for agreeing to do this interview, but it may be helpful for me and others to understand the experiences of people who are homeless in Hawai‘i. I believe there is little risk to you if you agree to this interview. If you become stressed or uncomfortable at any time, you can skip a question, take a break, stop the interview, or quit the project. If you quit the project I will destroy any notes and recordings about the interview.

Privacy and Confidentiality: During this project, I will keep all notes in a locked drawer behind a door that is also locked. The recording of the interview will be kept on a computer with a password. Only my advisor, a few student research assistants, and I will have access to your interview and notes for this project. After I type out the interviews, I will erase the recordings. When I write about the results of my project, I will not use your name or any other information that could identify you.

Voluntary Participation: Your participation in this project is completely voluntary. You may stop the interview at any time without any penalty or loss of any services. If you have any questions about this project, please call me at (808) 956-8414 or email me at kdg8@hawaii.edu. You can also e-mail my advisor, Dr. Charlene Baker, at bakercha@hawaii.edu. If you have any questions about your rights as a research participant in this project, you can contact the University of Hawai‘i, Human Studies Program, by phone at (808) 956-5007 or by e-mail at uhirb@hawaii.edu.
Appendix F: Sample Consent Form for Service Providers, Stage 3

University of Hawai‘i at Manoa
Consent to Participate in Research Project:
UNDERSTANDING HOMELESS SERVICES IN HAWAI‘I: PART 3

I am conducting a project as part of my doctoral dissertation research requirements. The purpose of my project is to better understand how local service providers and homeless service users view homeless services. I am asking you to participate in this research project because you have experience working within the homeless services system in Hawai‘i.

Activities and Time Commitment: If you participate in this project, I will meet with you for either a group or an individual interview at a location and time that is convenient for you. The interview will consist of a short presentation of my preliminary findings from an earlier part of the project, followed by some questions about your reactions to those findings. The interview will take about an hour to an hour and a half. If we meet for an individual interview, only you and I will be present during the interview. If you are comfortable meeting with a focus group, the interview will include 2-4 other service providers. I will audio-record the interview so that I can later transcribe what we have talked about and analyze the responses.

Benefits and Risks: There will be no direct benefit to you for participating in this interview. I believe there is little risk to you in participating in this research project. If, however, you become uncomfortable answering any of the interview questions or discussing any topics with me during the interview, you can skip the question, take a break, stop the interview, or withdraw from the project altogether.

Privacy and Confidentiality: During this project, I will keep all notes and files related to your interview in a locked cabinet that is located in an area that requires a key to access. Any electronic information will be kept in password protected files on computers that also require a password for access. Only my University of Hawai‘i advisor, trained student research assistants, and I will have access to the data. After I transcribe the interviews, I will erase/destroy the audio-recordings. When I type and report the results of my project, I will not use your name or any other personally identifying information. However, if you agree to participate in a focus group, the other participants in that group will know what you discussed. This may result in an additional loss of privacy. You may withdraw from the group at any time if you become uncomfortable.

Voluntary Participation: Your participation in this project is completely voluntary. You may stop participating at any time without any penalty or loss. If you have any questions about this research project, please call me at (808) 956-8414 or email me at kdg8@hawaii.edu. You can also e-mail my advisor, Dr. Charlene Baker at bakercha@hawaii.edu. If you have any questions about your rights as a research participant in this project, you can contact the University of Hawai‘i, Human Studies Program, by phone at (808) 956-5007 or by e-mail at uhirb@hawaii.edu.
Signature:
I understand the information provided to me about participating in the research project, *UNDERSTANDING HOMELESS SERVICES IN HAWAI‘I*.

Please state whether you agree or disagree to the following.

*I agree to be audio recorded*  
____ yes  ____ no

By signing below I agree to voluntarily participate in this interview.  
Printed name: ________________________________  
Signature: ________________________________  Date: _____________
Appendix G: Sample Oral Consent Form for Service Users, Stage 3

University of Hawai‘i at Manoa
Consent to Participate in Research Project:
UNDERSTANDING HOMELESS SERVICES IN HAWAI‘I

I am doing this project as part of my research for the doctoral program at the University of Hawai‘i. The purpose of my project is to understand homeless services. I am asking you to participate in this project because you have experienced homelessness in Hawai‘i and I want to hear your thoughts about homeless services in the state.

Activities and Time Commitment: If you agree to be part of this project, I will meet with you for an interview. We can meet at a time that is good for you. I will tell you about what I found out in my project so far and ask your opinion about what I found. It will take about an hour to an hour and a half. I will not talk to other people about whether you were interviewed or about what you said. You can choose to participate in this interview or choose not to participate. Either choice you make is okay with me and will not change or affect any of the services you receive. If you do choose to participate, nothing you say to me will affect any of the services you receive. I will audio-record your consent to participate and the interview so that I can remember what we talked about. I will then use the recording to type out everything we said so that I can understand your experiences better.

If it is okay with you, I may do the interview with you in a group with 1 to 4 other service users. If you change your mind about being interviewed in a group I can always meet you individually at another time.

Benefits and Risks: There will be no direct benefit to you for agreeing to do this interview, but it may be helpful for me and others to understand the experiences of people who are homeless in Hawai‘i. I believe there is little risk to you if you agree to this interview. If you are interviewed in a group with other people you may not have as much privacy because the other participants will hear what you say.

If you become stressed or uncomfortable at any time, you can skip a question, take a break, stop the interview, or quit the project. If you quit the project I will destroy any notes and recordings about the interview.

Privacy and Confidentiality: During this project, I will keep all notes in a locked drawer behind a door that is also locked. The recording of the interview will be kept on a computer with a password. Only my advisor, a few student research assistants, and I will have access to your interview and notes for this project. After I type out the interviews, I will erase the recordings. When I write about the results of my project, I will not use your name or any other information that could identify you.

Voluntary Participation: Your participation in this project is completely voluntary. You may stop the interview at any time without any penalty or loss of any services. If you have any questions about this project, please call me at (808) 956-8414 or email me at kdg8@hawaii.edu. You can also e-mail my advisor, Dr. Charlene Baker, at bakercha@hawaii.edu. If you have any questions about your rights as a research participant in this project, you can contact the University of Hawai‘i, Human Studies Program, by phone at (808) 956-5007 or by e-mail at uhirb@hawaii.edu.