Research Proposal to Measure the Effects of Parkhurst Community Housing

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Since starting to gain traction in the 70's, supportive housing programs have received increasingly thorough coverage from the sociological literature. The programs are given great praise, and one would be hard pressed to find refutations of supportive housing's capability to affect change. Lack of a solid consensus on which metrics for "successful outcomes" are the best indicators could be seen as a weakness of the literature, but it serves to make a wider variety of articles on the subject relevant and helpful. Despite the wealth of literature on supportive housing, most test cases take place in urban city environments, far removed from the conditions and social realities the Haven operates within. Our literature review has three primary goals. First, we establish a strong base of support for the efficacy of supportive housing programs. Second, we examine the dichotomy or rural homelessness vis-a-vis urban homlessness. Finally, we comb the literature to similar cases to our own, and use prior failures and challenges to guide our own work and develop best practices.

Support for Supportive Housing

The concept of supportive housing has been covered extensively by the sociological literature, garnering massive support. A study was conducted comparing 'housing first' supportive housing programs with other popular options, such as 'continuum of care'. The findings are favorable for supportive housing across the board, but of note are the especially favorable correlations between such programs and mental health (Groton 2013), assuaging concerns raised elsewhere in the literature on mental health care being ignored in favor of downstream solutions (Whitley 2013). An investigation of the 'mortality' (longevity) of various homeless assistance organizations reveals further support for such programs – organizations offering it tend to succeed (Esparza 2007). It is noted that that these programs also have a

positive educational effect on children involved. In addition, child wellbeing increases dramatically with the application of supported housing (Hong 2012).

Rurality

From the outset, it was clear that special attention should be paid to the rurality of the Haven's location and clientele. It has been argued that efforts to alleviate homelessness in rural communities must be specifically tailored to those communities (Carpenter-Song et al 2016) (Fitchen 1992). Special attention must be paid to biases against healthcare and mental health services. An effective program must also work to alleviate the stigma against services that could improve participants health (Whitley 2013). The goal must be to limit harm, because stigma is extremely tough to destroy (Link and Phelan 2014). Our proposal reflects this importance, making a note to cover mental health alongside physical and economic well-being. Location changes everything; a study of the stability of family chronic homelessness found that the factors most would imagine critical (family size, employment, and mental illness) actually had little statistically significant effect on inability to escape homelessness. Rather, the most important factor is the ability to relocate, and access to nearby resources (Donley et al. 2017) (Lee et al. 2010). The Haven's supported housing programs appear to be critically poised to address these concerns.

These and similar studies have proven the effectiveness of supportive housing in urban areas, but our focus is on rural programs. While the research is much more limited in these environments, what does exist is promising. Recent research confirms that supportive housing programs can be just as effective in rural areas as in urban areas. They suggest that adjustments must be made in accordance with the local community, which is often a critical factor. In

addition, their research strongly supports the implementation of the "telehealth" program alongside any other specific adaptations but makes note of the fact that every rural area is different (Stefancic et al. 2013). Telehealth is certainly worth a look for the Upper Valley Haven, but their expertise reigns when it comes to determining the potential effectiveness of implementation. Whatever their decision, supportive housing requires an effective community implementation. Community investment allows for positive redefinition of identity among underprivileged groups (Francis 1997). More recent research suggests that one of the greatest strengths of supportive housing could be the group proximity, and that community can grow and evolve through a feeling of shared living conditions (He et al. 2010). The effectiveness of supportive housing in reducing homelessness is greatly bolstered by community investment in the program (Byrne et al. 2013). Implementation of these ideas could prevent the onset of common self-defeating sociological issues such as defensive othering (Schwalbe et al. 2000).

Challenges and Best Practices

In developing our measurement tool, we combed the sociological literature for best practices and techniques proven effective for the Haven's unique circumstances. One of our foremost concerns in this study was tracking. Without effective tracking and retention, the Haven will be forced to rely on dangerously incomplete data sets. Our proposed study will involve former residents of the Haven's shelter – both those moving into the Haven's supported housing programs and those striking out on their own. While the former group should be easy to track, attention must be paid to ensuring the latter group does not slip through the cracks. Consistent tracking logs reign supreme, and coordinators must act as reliable points of contact for each participant. Follow-ups should be conducted in a setting natural to the participant (Cohen et al. 1993). An article on the challenges of ascertaining homelessness service effectiveness notes that

a balance must be struck when selecting amount of time between responses. Too little time and the results will be unreliable. Too much time and the response rate will plummet. Some cursory success was seen with re-interviews between six months and one year after receiving services (Glisson 2001).

Critical to supportive housing programs is the "support" aspect. As noted, the response rate is a very real concern. Previous studies have emphasized the power of supported housing in providing independence, but a recent study on perceptions of supportive housing among both clients and case managers highlights the difficulty that case managers face treading the line between maintaining that independence and providing support (Owczarzak et al. 2014). Special attention has been paid in the development of our study to ensure that the questions do not feel like an encroachment on that independence, thus compromising the hard work of the coordinators.

While securing a high response rate is critical to the studies integrity, we have concerns regarding the study in relation to these findings (Owczarzak et al. 2014). In searching for ways to improve response rates, we came across recent research on interpersonal rewards. The research provides support for the application of rewards-based structures (Harkness 2014) – an idea we played with for a while. We felt Owczarzak et al.'s research indicates some potential downsides relating to client's feelings of independence. Moreover, the compromising nature of homlessness makes it tough for such a system to not feel coercive (Hubley et al. 2014). However, should the Upper Valley Haven determine that it has a way of implementing such a rewards structure without interfering with guest independence, we strongly support its implementation.

Our final concern regards the work of Byrne et al. and the relatively small correlation they found between supportive housing and local chronic homelessness rates when compared with other studies (Byrne et al. 2013). They attribute this weaker correlation to supportive housing not being given to those in the greatest need, rather those who are predicted (consciously or subconsciously) to have the best potential outcomes. The Upper Valley Haven is driven by needs-based selection, and already has a system in place for it, so we hope that this won't be a concern when it comes to our study. Our study provides for interviews with both those entering the Haven's supportive housing program and those going elsewhere at the time of exit from the Haven's shelter system as a provision to track this potential effect. Should something like Byrne et al.'s study be going on with the Haven, discrepancies in initial scores between the two variable groups should make it clear. If this is the case, the Haven may want to consider looking into the development of a tool specifically designed to empirically assess risk factors and need level for these purposes (Shinn et al. 2013). Such a tool is beyond the direct scope of our study, but an option to consider should the Haven notice a discrepancy while applying our methodology.

RESEARCH QUESTION

The recent implementation of supportive housing programs has left the Haven with a conundrum: Their program is clearly having a positive impact, but it is useful to be able to definitively demonstrate that impact quantitatively. This is made difficult by the need to demonstrate this without disrupting the program in the process. With these challenges in mind, we developed our central research question: Is the Haven's new Parkhurst Supported Housing program effective in improving guest wellbeing and success? The goal of this paper is to develop a tool that allows the Haven to measure the effects of Parkhurst on the lives of its clients, and thus answer this question. The survey we have developed was done so with special consideration

for the Haven's rural positionality, and was informed by best practices of other researchers working with homeless or low income respondents.

METHODS

The study tries to measure the relationship between two key variables among people with histories of housing insecurity and/or homelessness in the Upper Valley. The independent variable measured is participation in the Haven's Adult Supportive Housing Program (ASH). The Haven will already have this information for each respondent and will be categorized into a boolean variable (yes or no).We want to measure how this independent variable affects our dependent variable: changes in well-being. Well-being can be conceptualized as the combination of physical and mental health. This can be operationalized by a series of self-reporting measures about physical health, mental health and illness. The unit of analysis for these is people.

The target relationship can be measured using a longitudinal panel study consisting of face-to-face structured interviews. A cohort of respondents leaving Hixon Shelter and some entering Parkhurst will be recruited and each will be interviewed using the same protocol at multiple standardized timepoints to see how their responses change over time. Data will be collected from respondents during face-to-face interview with the ASH service coordinator, who will enter the information in the computer-assisted survey. This study utilizes a largely quantitative approach, collecting mainly nominal and ordinal data.

This design brings a number of advantages. Perhaps most importantly, a structured interview yields easy-to-analyze data. Structure is also facilitated by utilizing a computer-assisted survey. It allows for easy organization and tracking of the survey itself and the data. It uses real time electronic data entry, which will forego subsequent data entry of a recorded face-to-face interview or a paper-and-pencil survey, simplifying the process and reducing room for

entry error. A face-to-face interview survey allows for better response rate per question compared to other surveys, where respondents are likely to miss or not answer questions. Additionally, it allows for clarification, especially helpful given the service coordinator's expertise in supporting this population. This also works off of and continues to build already established rapport between former Haven guests and the service coordinator, beneficial to both the study and to those participants. Furthermore, using a face-to-face interview removes potential barriers regarding respondent literacy that a paper-and-pencil survey would provide. It allows for more personal check-in with respondents, which they may find comforting, and yields higher response rates per question. That said, no design is perfect.

In addition to its many advantages, this design has several disadvantages. Using a face-to-face interview will require a significant amount of time and energy from respondents (some of whom would come to the Haven), which may increase coverage error (discussed later). Additionally, this design takes significant time and energy from service coordinators, who already work long and taxing hours. Compensating respondents and service coordinators for their time may require a reasonable amount of money. Using a face-to-face interview will also lead to interviewer bias, especially for sensitive questions: respondents will answer based on what they perceive the interviewer wants to hear. Despite these flaws, we believe this design is most appropriate.

Though a cheaper alternative, other types of surveys present problems for researching people with histories of homelessness. Access to telephones and computers is limited among this population. Additionally, as mentioned above, literacy for paper-and-pencil surveys may present a barrier for some respondents.

While an in-depth qualitative interview would provide rich detail and give respondents more space to share their voices and experiences, it would be far more difficult to conduct and analyze. It would require significantly more time, energy, expertise, and money to conduct the interview, review and analyze the data. While the service coordinators are likely able to conduct a fantastic interview, deciphering all of the data would be a tremendous undertaking. This would include developing a strong coding scheme based off of response themes, testing and improving coding consistency (inter-rater reliability), coding the data, then analyzing the results. Moreover, though they are not designed for this study's analysis, service coordinators' meeting notes already capture a great deal of the depth a qualitative interview would hope to provide. It would be more effective to develop a system to organize and analyze existing service coordinator notes. Given that service coordinators do not normally check in with past shelter guests except by request, this kind of historical analysis lends itself better to different research questions.

We are proposing a causal relationship: individuals' participation and residence in Parkhurst will cause them to experience more positive changes in wellbeing than not living in Parkhurst. Our proposal plans measure all three requirements for causality: association, direction of influence, and nonspuriousness. Association between participation in ASH and changes in wellbeing will be easy to measure. Our survey will collect data on wellbeing and will be administered to both groups: people participating in ASH after leaving the adult shelter and people not participating in ASH after leaving the adult shelter. This will allow measurement of the association between participation in ASH and wellbeing. Direction of influence will be determined through time order, observed using longitudinal study. Respondents will be selected and first given the survey while at the shelter. Changes in wellbeing over time, starting from this initial baseline, will be measured as some respondents go on to participate in ASH while others

do not. Whether or not respondents participate in ASH will be decided after the first initial survey. Subsequent surveys, measuring change in wellbeing, will follow this temporally. Nonspuriousness will be the most difficult measure of causality to measure. It is impossible to control for all other factors influencing respondents' wellbeing. To help account for this, the questionnaire will attempt to identify other major factors that may be influencing individuals' wellbeing, like enrollment in a different organization's program. While it proposes a causal relationship, this is still research descriptive, describing patterns but not gathering all the data necessary to explain the mechanisms responsible.

This study utilizes deductive approach. Existing literature on rural poverty, homelessness, and supportive housing yield a testable hypothesis: respondents who transition from the Haven's ASS to ASH will experience more positive changes in wellbeing than respondents who do not transition to ASH after ASS. By tracking and collecting data from respondents over time, we can evaluate the validity of this hypothesis. This deductive approach offers more generalizability than an inductive approach. It is especially appropriate for evaluating the effectiveness of programs or policies, like the Parkhurst. Moreover, this deductive provides significantly more guidance in research execution than would an inductive approach. In a deductive design, analysis is relatively simple after a strong experimental design is developed. An inductive approach would require significantly more time, energy, money, and training to actually execute, as the majority of work is focused on iterative analysis and execution.

Respondents will be selected using a cohort population cross-section. When a number of new spaces become available at Parkhurst, the cohort will be selected. Respondents will include all people transitioning out of the Haven's adult shelter (some of them transitioning into Parkhurst) and all other people moving in to Parkhurst at the same time. Including respondents

moving into Parkhurst who are not transitioning from the adult shelter increases heterogeneity in the Parkhurst group, but this is necessary to increase sample size given long waitlists for the program and can be controlled for in data analysis.

Respondents will be initially found at the Haven's adult shelter program and at Parkhurst. Subsequently, respondents in Parkhurst will all be living there. Keeping track of respondents not in Parkhurst after leaving the shelter presents the most challenging aspect of this study. Optimizing response rates relies on continuity of the interviewer, obtaining information on sources who might know the respondents' location (friends, relatives, treatment professionals, etc.), records from other agencies respondents' may have interacted with , and compensate respondents for their time (using a small monetary amount or other method). Compensation for respondents not in Parkhurst may need to exceed that for respondents in Parkhurst to account for greater travel times.

Obtaining informed consent is critical. Respondents transitioning from Hixon will first informed of the opportunity to participate in the study while still in Hixon. If interested, the service coordinator will walk them through the informed consent form (see Appendix 1). Though informed of the small compensation offered for each interview, respondents will be assured that refusal to participate will in no way harm them or their ability to participate in any of the Haven's programs. They will be informed that the study's goal is to keep track of their wellbeing after leaving, and will consist of 20-minute interviews three months, six months, and 12 months after leaving the shelter. They will not be informed of the study's goal to measure the effects of Parkhurst, as this could cause grief for respondents who are not able to participate in the program and could also contribute to interviewer bias (discussed later). New Parkhurst residents will be recruited soon after arriving at Parkhurst and given the same information. For them, interviews

will be conducted three months, six months, and 12 months after moving into Parkhurst. To conduct the interview, respondents would come to the Haven to meet in a face-to-face interview with their service coordinator from the adult singles shelter, who will fill out the computer-assisted survey. Alternatively, the ASH service coordinator could schedule interviews at Parkhurst during normal visits there. This is only an option to interview respondents in Parkhurst. Respondents would complete the same informed consent process before each survey.

Generalizability, Reliability, and Validity

Overall, the results of this study cannot be widely generalized. The small sample size (restricted largely by space Hixon and Parkhurst) limits any statistical generalizability. Moreover, the sample will likely decrease as the study progresses from loss of contact with people not in Parkhurst. Moreover, this study pertains specifically to the context of the Upper Valley. The unique combinations of challenges and resources makes wide generalization to rural supportive housing unwise, much less generalizing supportive housing as a whole. Overall, low generalizability is a weakness of the study. However, generalization is not necessary. As the Haven operates the main housing shelters and supportive housing programs in the Upper Valley, gaining insight into the effects of its own supportive housing program would still be very valuable. Moreover, this can still be used to advocate for the importance of supportive housing programs in the Upper Valley.

The study's design has relatively strong reliability. As all interviews will be conducted by the same interviewer, the interview uses a structured process that remains constant for each interview, and responses are entered into the computer in realtime, the process of data collection is consistent. That said, the same interviewer may have different relationships with each respondent, which could create variability in comfort and transparency of the respondents.

Nevertheless, using the ASH service coordinator to interview respondents overall increases the data's reliability and validity. A number of other factors help contribute to the study's high validity.

Overall, the proposed study should be accurately measuring the effects of ASH on wellbeing. People accurately self-report global measures of mental health. While self-reporting for subjective quality of life (SQOL) often results in a positive bias for members of marginalized groups, it has been shown to accurately depict decreased quality of life for people experiencing homelessness (Hubley et al. 2014). Moreover, for both physical and mental health, SQOL measures provides more insight into the experiences of respondents than do absolute quality of life measures. By measuring changes in wellbeing, variation in baseline health between individuals is accounted for. This increases the validity of measuring the effect of participation in ASH on wellbeing. Instead of looking at the inherent difference in wellbeing between respondents - some of which may contribute to access to ASH - this looks at how participating in ASH affects respondents compared to how not participating affects respondents.

Several kinds of bias limit the results' validity. Most of the survey questions are not deeply personal and/or hard to answer. However, interviewer bias may affect the validity of responses to some questions: respondents may tailor their answers to what they think the interviewer (the service coordinator) may want to hear. This would likely be most extreme when asking about drug and alcohol use given the Haven's ban on drugs and alcohol. For this reason such questions have been avoided. However, this may miss an important aspect of respondents' wellbeing. Questions about drug and alcohol use may be added to the questionnaire if deemed necessary. As mentioned earlier, coverage error also presents a challenge to validity. Among respondents who do not move to Parkhurst, those who lose contact with the Haven are likely to

be experiencing adverse outcomes. Therefore, the sample of remaining respondents in this group will likely reflect outcomes more positive than the group overall. This presents a major challenge for any study of people with experiences of homelessness or housing insecurity, regardless of design. In addition to taking measures to keep in contact with respondents, disappearances of respondents will be tracked to help explain possible error in later analysis.

A more robust qualitative component of the questionnaire would enhance the validity of this study's results, allowing for more complex portrayals of wellbeing. However, as mentioned earlier, this would require significantly more time and energy and may not be necessary to get a strong initial picture of the effects of Parkhurst. If desired and feasible, an in-depth qualitative interview may be added to the study. This mixed-methods study would require more than twice the effort of a single-method study, as the quantitative and qualitative sections must be able to stand alone and must also function well together. Analysis must also address the results of the individual methods and juxtapose the two sets of data. If feasible, this strategy could provide a compelling illustration of the effects of Parkhurst.

The structured interview survey contains several components. It begins with more general, easy to answer questions to ease respondents into the survey. More sensitive questions, like those about self-sentiments, anxiety, employment, and housing condition fall later in the survey. Demographics questions are located at the end of the survey so as to not bias responses. Most questions allow for ordinal responses, a rating on a given scale. A few questions do not have set responses. Most of these are to allow for interval-ratio responses. For example, there are no set response options for the question asking about length of respondents' their current housing condition. This allows for greater detail of response and can easily be collapsed into ordinal categories afterward. An open response question asks respondents for their involvement with

other support programs in the area, a factor which may greatly affect respondents' wellbeing. If necessary, this can later be controlled for in analysis, suppressing its influence to better isolate the effects of Parkhurst. To control for such factors, the questionnaire also asks if respondents have had any major life events in the last several months, and for anything important the guide may have missed.

Data analysis and interpretation is relatively simple but can yield a number of conclusions. The computer-assisted survey can be constructed to organize results on a spreadsheet based on respondent over time, dividing respondents into groups based on participation in ASH (yes or no). This will allow easy tracking of respondents' responses from any individual survey and across surveys. Unfortunately, some descriptive statistics like mean, standard deviation, and ANOVA cannot be used on ordinal-level data. This limitation is unavoidable due to the subjective nature of wellbeing survey questions. For ordinal data, the median can be used measure of central tendency, useful in comparing values across the two groups. Even without complex statistical techniques, the results should show important results. There are a number of key patterns to look for: Do respondents living in Parkhurst tend to have higher values for mental health and wellbeing than those not living in Parkhurst? Are a higher percentage of them stably housed and/or employed? If so, by how much? Are these patterns visible only at certain time periods i.e. they are the same after three months but diverge after six months? Are these patterns true when including respondents involved with other service organizations or only when excluding those respondents? Are differences between the groups more pronounced for respondents of a specific demographic: are there the effects of Parkhurst different for women and men, or white people and people of color? Do respondents transitioning

from Hixon have better well-being than those not from Hixon coming to Parkhurst? These are among the different questions that can be investigated.

Overall, this research design provides an easily operable way to collect, organize, and analyze data regarding the overall effectiveness of Parkhurst. This design largely focuses on examining differences between respondents who live in Parkhurst with those who do not live in Parkhurst to demonstrate the importance of the program. To try to refine the program, a different approach could be taken.

Within group differences can be examined using the same data but different analysis. By comparing the changes within the same respondents over time, other factors affecting their wellbeing can be identified, suggesting possible interventions. For example, analysis could show multiple respondents' well-being increases after engaging with another service organization in the area. If so, Parkhurst could try to form a more formal path for collaboration with that organization to encourage engagement of other residents. In examining changes within people, analysis often must should look at changes in wellbeing at a time later than an event, as changes may take time to precipitate. As a result, data over a longer time period is needed. Interviews should be conducted again at 18 and 24 months, requiring more time and money and leading to greater coverage error. Despite these weaknesses, it could yield different and helpful conclusions.

ETHICAL CONSIDERATIONS

Ethics and fair, safe treatment of participating Haven guests is of utmost concern to us. The homeless population is regularly stigmatized and scorned – we have designed our study carefully to ensure that we do not add to these negative externalities. We have developed

mechanisms and safeguards to ensure that Belmont's three principles of research ethics – "respect for persons", "beneficence", and "justice" – are all met and exceeded.

Respect for persons is grounded in the moral rules for informed consent, confidentiality, and respect for an individual's autonomy. To this end, we have designed an extensive consent form, alongside a procedure to utilize said form. This consent form will be reviewed in depth with each potential participant and a service coordinator before allowing potential participants to give informed consent. Our consent form is extensive, ensuring participants have all necessary information to make the correct decision for themselves. Requiring the review of this form with a trained service coordinator serves dual purposes. Foremost, it allows us to ensure that the necessary information has been transmitted in cases of limited literacy – a roadblock we are sure to encounter within the rural homeless population. Furthermore, it allows the service coordinator to assess the potential participants capacity for autonomy, and make a judgement call on whether the potential participant should be allowed to proceed even should they wish too. While we do not expect this to be a common occurrence, it is a distinct possibility in cases of severe mental illness or debilitating substance abuse issues. Information will be stored securely, and names will never be published. It is best practice in data collection to ensure that all information is entered into a database, the access to which is only available to a limited number of people, all of whom are known and recognized by the administrator of the study.

Beneficence is about ensuring that an experiment maximizes the overall good while reducing harm as much as possible. Regarding beneficence, we doubt that this survey carries risk for participants beyond concerns about data security, something we are prepared to handle. Our consent form makes it clear that participants can speak with administrators at any point in time during the study. Should a participant raise significant concerns, service coordinators are

encouraged to assess the situation thoroughly and determine whether continued participation in the supported housing study is in the participants personal best interests. The consent form makes it clear that participation is voluntary, and withdrawal at any point is acceptable.

Justice is the principle that participants should receive equal treatment (where fair) and that the participating group should not be working for the benefit of others. Our consent form makes it clear that questions about treatment can be asked at any time. Moreover, treatment between individuals is equal, with exception to necessary assistance (literacy, for example). Interviews will be conducted between a single service coordinator and the relevant participant, in a private room. Information will not be shared, and every participant will be treated with the same level of respect. Our consent form also outlines that should a participant wish to work with a different service coordinator as administrator of the study, they have the right to request a change. Most importantly, as individuals who have suffered chronic homelessness, the participation of respondents is only being used to benefit and assist the chronically homeless population.

FEASIBILITY AND SIGNIFICANCE

The Upper Valley Haven has two new supported housing programs but lacks the research tools to assess their effectiveness. Our goal was singular – design a tool that will allow the Haven to make these assessments – but our considerations were many and diverse. The Upper Valley Haven operates off the principle of respecting the dignity of anyone who comes to them in need and treating them each as individuals. Its goal is to help each person they serve reach a point of self-sufficiency and total independence. In creating our measurement tool, as well as designing ethical safeguards, this principle stayed at the forefront of our minds. We believe that our survey

system is a good fit for the haven because it plays off one of the organization's greatest strengths; the strong, preexisting relationships between service coordinators and guests. We considered many different methods, but ultimately realized that any tool not utilizing the service coordinator relationship would be wasteful of a critical resource.

Our study requires survey interviews with participants before they enter the supportive housing programs. While we have concerns about the amount of time it would take to arrive at a statistically significant finding due to the slow rate at which people exit and enter the supportive housing programs, we simply cannot find a solution that eliminates potentially spurious variables and moves at a faster pace. This is a situation where patience is critical – a study designed for quicker results is not likely to yield accurate results. Despite the prospect of a lengthy undertaking, this research is necessary for the Haven to prove the effectiveness of its new programs. The relative dearth of research into supportive housing's effectiveness in rural areas creates a necessity for research undertakings by the organization itself. Michael has stated that in pushing for increased support and funding for the expensive program, the Haven needs to be able to boast effective results and positive outcomes.

We suspect that the study will garner the results that the Upper Valley Haven is looking for – a demonstrably positive effect on program participants physical, mental and economic well-being, alongside an increase in positive outcomes. Alongside positive effects on the organization, such a study could broaden the scope of sociological literature on supportive housing, filling an existing niche gap.

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Appendix

Appendix 1 - Consent Form

Study on the transition out of the Upper Valley Haven's Hixon House

1. I _____ _____

(First Name) (Last Name)

Voluntarily consent to participation in this research study transitioning out of the Upper Valley Haven's Hixon House.

2. I understand that participation in this study is voluntary – I may decline to answer any specific questions, and should I desire, withdraw completely from this study at any time.

3. I have had the purpose and duration of this study explained to me by an administrator and in writing.

4. I consent to the recording of my responses, for the express purpose of the stated research question.

5. I understand that I will receive no direct compensation for participation, nor will I receive any penalties for refusal to participate.

6. I understand that should a report on this research be published, my name and all identifying information will be removed from the data.

7. I have received an opportunity to ask questions about this study

8. I understand that all answers I give while participating in this study will be kept safe by the Upper Valley Haven, and that only coordinators of the study employed by the Upper Valley Haven will have access to my responses.

9. I understand that should I be uncomfortable with my study administrator; I may request a change in administrator.

10. I understand that I may contact the Upper Valley Haven at any point if I have questions or concerns about my participation.

Participant Signature

_____ _____

(Signature) ***(Date)***

Witnessed By (Service Coordinator)

_____ _____

(Signature) ***(Date)***

Appendix 2 - Questionnaire

1) How satisfied are you with your current physical health?
   a) Completely unsatisfied
   b) Slightly unsatisfied
   c) Ambivalent
   d) Slightly satisfied
   e) Completely satisfied

2) Please describe your recent experiences with sleepI can't get a good night's sleep
   a) My sleep is often restless
   b) I have occasional problems with sleeping
   c) I almost always get a good night's sleep
   d) I always get a good night's sleep

3) How often do you meet socially with friends or relatives?
   a) Less than once a month
   b) Once a month
   c) Several times a month
   d) Once a week
   e) Multiple times a week

4) Please describe your overall general happiness
   a) I am very sad
   b) I am somewhat unhappy
   c) I am ambivalent
   d) I am somewhat happy
   e) I am very happy

5) To what degree do you feel independent?
   a) I am completely dependent
   b) I am somewhat dependent
   c) I am sometimes dependent and sometimes independent
   d) I am somewhat independent
   e) I am completely independent

6) Do you feel that you are treated with respect?
   a) I am regularly disrespected
   b) I am occasionally disrespected
   c) I am sometimes treated with respect
   d) I am often treated with respect
   e) I am always treated with respect

7) Please describe how often you feel anxious
   a) Daily

b) Multiple times a week
c) Once a week
d) Once a month
e) Almost never

8) To what extent do you feel control over the direction of your life?
   a) I have no control
   b) I have very little control
   c) I have some degree of control
   d) I have lots of control
   e) I am in complete control

9) To what extent do you feel hope for the future?
   a) I have no hope for the future
   b) I have little hope for the future
   c) I have some hope for the future
   d) I have lots of hope for the future
   e) I am filled with hope for the future

10) Which option best fits your general feelings about yourself
   a) I feel terrible about myself
   b) I feel poor about myself
   c) I am ambivalent about myself
   d) I have positive feelings for myself
   e) I feel wonderful about myself

11) How would you describe your current housing condition
   a) Stably housed
   b) Unstably housed
   c) Staying in my car
   d) Staying with friends
   e) Staying in a shelter program
   f) No current housing

12) How long have you been in your current housing condition?

   _____

13) Describe your current employment:
   a) Not currently employed
   b) Searching for employment
   c) Some small jobs here and there
   d) Employed part time
   e) Employed pull-time

14) (If employed currently (part time or full time)):
   What is your current income?

_____

15) (*If currently housed & employed):*
How much do you spend on rent per month?

_____

16) Are you actively paying down a debt on schedule?
   a) Yes
   b) No

17) Do you have a checkings account?
   a) Yes
   b) No

18) Do you have a savings account?
   a) Yes
   b) No

19) Describe your changes to your savings in the last 3 months:
   a) My savings have greatly reduced
   b) My savings have reduced
   c) My savings have stayed the same
   d) My savings have increased
   e) My savings have greatly increased

20) Are you currently working with any other agencies or organizations? If so, which ones?

_____

21) Are you currently receiving mental health treatment services?
   a) Yes
   b) No

22) Has anything big happened to you in the last few months? If so, what?

_____

23) Is there anything else I should have asked you?

_____

24) What was the highest level of education achieved by your parent(s)?
   a) Some high school
   b) High school
   c) GED or equivalent
   d) Some college
   e) Associate's degree (i.e., 2-year college, vocational/trade program)
   f) Bachelor's degree (i.e., 4-year college)
   g) Master's degree
   h) Professional doctoral degree (e.g., law, ministry, music, medicine)

i) Doctoral degree
j) Don't know

25) Do you have a history of chronic homelessness?
a) Yes
b) No

26) What pronouns do you use?
a) He/him
b) She/her
c) They/them
d) Other: _____
e) Prefer not to answer

27) What race(s)/ethnicity(ies) do you identify as? Check all that apply.
a) Asian
b) Black/African American
c) White
d) Hispanic/Latinx
e) Native American
f) Pacific Islander
g) Other: _____
h) Prefer not to answer