

IN SEARCH OF A HOLISTIC SOLUTION TO HOMELESSNESS FOR
UNATTACHED ADULTS REGARDLESS OF SUBSTANCE USE DISORDER:
USING COLORADO AND SPRINGS RESCUE MISSION AS A CASE STUDY

JEFFREY J COOK

BAKKE GRADUATE UNIVERSITY

A DISSERTATION SUBMITTED TO
THE FACULTY IN CANDIDACY FOR THE DEGREE OF
DOCTOR OF TRANSFORMATIONAL LEADERSHIP

DALLAS, TEXAS

JUNE 2024



DISSERTATION SIGNATURE PAGE

By the signatures affixed below, the members of the Graduate Committee of

BAKKE GRADUATE UNIVERSITY

Dallas, Texas

Signify their approval of this dissertation as submitted
in partial fulfillment of the requirements for the degree of

Doctor of Transformational Leadership

As presented by:

Jeffrey J. Cook

Dr. Bryan McCabe, President

June 1, 2024

Dated

Dr. Belete Mebratu, Academic Dean

June 1, 2024

Dated

Dr. Doug Barnett, Dissertation Supervisor

June 1, 2024

Dated

All Scripture references are from the
New International Version (unless otherwise noted)

Copyright © 2024 by Jeffrey Cook
All rights reserved

CONTENTS

FIGURES	x
ABBREVIATIONS	xi
ABSTRACT	xii
CHAPTER 1. INTRODUCTION.....	1
Background of the Study	1
Statement of the Problem.....	2
Statement of the Purpose	4
Context of the Project	4
History of Homelessness.....	4
Stakeholders	6
Research Approach.....	7
Assumptions and Observations	8
Research Questions.....	8
Theoretical Framework.....	9
Holistic Approach to Homelessness	10
Program Models to Develop a Comprehensive Approach.....	10
Conceptual Framework.....	12
Conceptual Framework for Holistic Approach to Homelessness	12
Conceptual Framework: Logic Model and Theory of Change	13
Starting Point.....	14
Theory of Change: Long-Term Goals	16
Intermediate and Short-Term Goals	17
Logic Model	20
Holistic Approach.....	20

Activities, Resources, and Outputs.....	21
Definitions of Terms and Key Words.....	25
Transformational Significance	28
Calling-based Leadership.....	28
Short-term Transformation Process.....	29
Shalom Leadership	29
Researcher Perspectives and Worldview	30
Delimitations and Limitations.....	32
Summary	33
CHAPTER 2. LITERATURE REVIEW	34
Historical Overview of Serving the Homeless.....	38
Social Work/Case Management Transition	39
Issues with Government Defining Philosophy.....	41
Added Concerns	41
20 th -Century Homelessness Transition	43
Causes of Homelessness and Some Currently Proposed Solutions	44
Unemployment and Homelessness.....	44
Lack of Housing and Homelessness	45
Behavioral Health and Homelessness.....	48
A Holistic Approach to Homelessness	50
Defining Solutions.....	50
Holistic Approach.....	51
Health.....	52
All Areas of One’s Life.....	55
Program Models to Develop a Comprehensive Approach	57

Biblical Worldview.....	59
Transformation of Those Experiencing Homelessness	59
Transformational Leadership	64
Calling-based Leadership.....	66
Summary	70
CHAPTER 3. RESEARCH METHODOLOGY	71
Research Design	72
Transformative Worldview	72
Qualitative Method	73
Participants of Study	73
Data-gathering and Sampling Methods	75
Clients	76
Staff.....	77
Community.....	78
Data Analysis	78
Evaluation	80
Ethical Considerations	81
Transformational Strategy.....	82
Holistic Program for Transformation	83
City Transformation.....	85
Summary	86
CHAPTER 4. SETTING, FINDINGS AND RESULTS.....	87
Introduction	87
Case Study Setting.....	87
Historical Overview.....	87

From Services to Programs.....	88
A New Direction: Holistic Idea.....	91
Research Starting Point.....	94
Stakeholders	94
Findings.....	96
Businesses	96
Churches.....	100
Partner Agencies and Practitioners.....	102
Government.....	105
Staff.....	107
Addiction Recovery Clients	111
Relief Service Clients	112
Program Clients	113
Transformation and God’s Shalom for the City of Colorado Springs.....	114
Evaluation of the Empirical Research	116
Impact of Surveys: Resulting Program Modifications	117
Health.....	118
Work	119
Housing	120
Cohesiveness	120
Effectiveness	121
Summary	122
CHAPTER 5. DISCUSSION.....	124
Interpretation of Results.....	124
Findings Related to Suggested Solutions for Homelessness.....	125

Findings Related to Causes of Homelessness	128
Findings Related to Holistic Approaches to Homelessness.....	129
The Concept of Transformation as Related to Homelessness.....	131
The Role of Transformational Leaders as Related to Homelessness	133
Validity and Trustworthiness of the Project	134
Effectiveness of the Transformational Strategy	135
Significance and Implications	136
Project Insights and Lessons Learned.....	136
Theological Significance.....	138
Calling-Based Leadership	138
Shalom Leadership	139
Communication Strategies Discovered.....	140
Replicability of the Transformational Model Implemented	141
Involvement of the Personal Learning Community	144
Recommendations and Future Action Steps	145
Summary	150
REFERENCE LIST	152
APPENDICES.....	168
Appendix A. Client Questionnaire Sample.....	168
Appendix B. Staff Questionnaire Sample.....	170
Appendix C. Community Questionnaire Sample	171
Appendix D. Client Consent Form.....	172
Appendix E. Monkey Survey	173
Appendix F. Codes for Tracking.....	174
Appendix G. Addiction Recovery Client Spreadsheet	175

Appendix H. Springs Rescue Mission Team Project (Part 1).....	176
Appendix I. Program Development Timeline.....	177
Appendix J. Health Phase Movements	178
Appendix K. Phase 1 Facilities Training Overview	179
Appendix L. Housing Class Agenda	180

FIGURES

Figure

1. Holistic Approach	13
2. Theory of Change: Health, Work, and Housing	19
3. Logic Model Process.....	23
4. Literature Review Flow Chart	35
5. Business Graphs: Homeless Needs	99
6. Business Graph: How Can SRM Provide the Needs	100
7. Business vs. Church Graph on Homeless Needs	102
8. Business vs. Church vs. Partner Agencies Graph on Homeless Needs	105
9. External Stakeholder Differences to Question 6	107
10. Department Differences on Homeless Needs	111
11. Program Clients vs Relief Service Clients	114
12. Business vs. Church Graph: Homeless Needs.....	114
13. Clients Housed and Employed Through SRM*	127

ABBREVIATIONS

DHS	Department of Human Services
HUD	Department of Housing and Urban Development
KPI	key performance indicator
NPR	National Public Radio
PIT	Point-In-Time
SAMHSA	Substance Abuse and Mental Health Services Administration
SOH	State Of Homelessness
SRM	Springs Rescue Mission
SUD	substance use disorder
WHO	World Health Organization

ABSTRACT

America is the wealthiest nation in the world. But there are hundreds of thousands of individuals in America who are homeless. The issue of homelessness has been researched over the decades, and various beliefs have been held on causes and solutions. Many think that the lack of affordable housing is the cause, and there are just as many who feel homelessness is a direct effect of laziness or lack of work. Communities often look at quick concepts to fix the “problem” or want those experiencing homelessness to be out of plain sight. Governments utilize singularly focused models to address the issue. However, the number of those experiencing homelessness continues to increase. Considering that government money and policies do not seem to make any positive changes, how do we address the homelessness issue in America? Do we continue down the same path and expect a different outcome?

There must be a concerted effort to examine the issue of homelessness from a different viewpoint. It will require a transformational lens to effect real change. Transforming the lives of the impoverished will take a concerted effort to shift the philosophy on how to serve those experiencing homelessness. The shift begins with understanding the current beliefs on causes and solutions and looking at how a holistic approach can transform the lives of the homeless community. This case study provides positive information through empirical research to show the positive effects of a holistic program approach to serving those experiencing homelessness. Through staff, client, and community input a comprehensive program was developed that has shown positive trends toward client transformation.

CHAPTER 1

INTRODUCTION

Background of the Study

America is known as the place to make a person's imagination come alive. However, for many in America, dreams are quite different when they live impoverished lives. According to a recent census, nearly 600,000 individuals in the United States are homeless; this number continues to rise despite billions of tax dollars spent yearly to decrease the homeless count (HUD Releases 2022 Annual Homeless Assessment Report, 2022). One could consider that government money and policies do not seem to make any positive changes. Two questions could be how can the issue of homelessness be addressed in America? Should the same path be pursued while expecting a different outcome?

I believe programs must be viewed through a transformational lens to effect real change in the lives of those experiencing homelessness. "Research needs to be done, not just for the sake of theory, but should aim at bringing transformational life to communities affected by research" (Audéoud, 2023, p. 12). Defining the transformation process must bring forth God's shalom for all of society, including the impoverished. To determine this transformational path for the homeless community, this study reviewed the current local and national program interventions for people experiencing homelessness. These intervention methods were then evaluated for long-term effectiveness to verify if they are genuinely making a positive change. My hope is that changes can be determined, and programs modified to help generate long-term transformation.

First, I believe transforming the lives of the impoverished will take a concerted effort from all community stakeholders. Primarily, it would require understanding the needs of those experiencing homelessness by ensuring they have a voice. “The more privileged people in society need to hear the voice of the oppressed and marginalized” (Perkins, 2017, p. 75). Second, there must be educated and experienced individuals who have worked with people experiencing homelessness who can speak to the process. Third, the community must also believe in the holistic concept for this type of change to occur. Spees (2013) states, “Four sectors of the city should be tied together for the betterment of the city: connectedness is the key.” He believes that these four sectors are the public, private, for profit and non-profit as well as the church. Swanson et al. (2010) agrees with Spees’ observations and states, “Community transformation, if it is to be genuine, lasting, and holistic, will need to take into account all three sectors of society” (p. 147). Finally, and most importantly, if this city transformation is to occur, then people and organizations must be willing to see where God is already at work and join Him in the process of leading the community. As Eymeren et al. (2017) so eloquently state,

There is an opportunity here to move out of our church silo and encourage others to move out of their organizational or institutional silos and begin to think through a shalom or human flourishing framework that allows us to embrace more holistic solutions to systemic issues in cities. (p. 6)

Statement of the Problem

America spends billions of dollars annually on homelessness, but the count continues to grow exponentially, and singular-purposed programs are the chosen intervention method. According to Aoraha (2023), “The United States has seen the

biggest ever spike in homeless people living on the streets - as preliminary figures showed a record 11 percent increase in one year” (para. 5). To address the issues, federal, state, and local taxes are continually increased and directed toward programs and services that focus on helping individuals move out of homelessness. The 2024 federal budget for homeless services is \$3.7 billion, an increase of \$116 million over 2023 (HUD, 2023). The state and local government-funded programs have increased exponentially as well. “In 2020, state and local governments spent \$791 billion on public welfare, or 23 percent of direct general expenditures” (Urban Institute, n.d.).

These taxpayer-funded programs are funneled toward three primary approaches to decreasing the number of homeless people, which include Work First (Brown,1997), Substance Abuse and Mental Health Services Administration (*SAMHSA*), (n.d.), and Housing First (Housing First, n.d.). Each method is constructed to serve an individual’s needs through an atomistic perspective, such as work, housing, or behavioral health. Employment first concentrates on an individual’s vocational aspects and the SAMHSA model (also known as the behavioral health approach) focuses on addiction issues and mental health concerns. The Housing First model “is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements” (HUD, n.d.). This final homeless intervention is what the current federal administration prioritizes, as they describe this method as evidence-based (Housing First, n.d.). However, according to Eide (2020), “Arguments for Housing First on a systemwide basis may be defended based on intuition or humanitarian concerns, but they are not evidence-based” (Eide, n.d.).

Along with the tax-directed interventions, thousands of faith-based organizations spend nearly \$10 billion annually to alleviate homelessness (Johnson, 2017). These ministries often focus on more than just a person's physical and mental concerns and instead seek to provide a holistic approach. Regarding this whole-person care concept, Elliott (2006) states that "A holistic approach looks at them in the broader context of the whole person, who consists of more than the hunger for a fix, or the absence of a job or a place to live" (p. 111). Holistic programs can be transformational; however, there seems to be a gap in holistic transformational programming for unaccompanied homeless adults, which is the focus of this dissertation in the context of Colorado Springs.

Statement of the Purpose

This study investigated what interventions, services, and programs are available in Colorado, specifically for unattached adults. The research also sought to understand how a holistic approach to homeless intervention for single adults could be transformational and bring God's shalom to individuals by providing them with the tools and skills to become self-stewards in all domains of their lives. The final aim was to determine if a holistic program could be utilized in other communities across America.

Context of the Project

History of Homelessness

The term *homelessness* in the American idiom has changed slightly over the past few centuries. "When first used in the United States in the 1870s, the term 'homelessness' was meant to describe itinerant 'tramps' traversing the country in search of work" (National Academies of Sciences, 2018, para. 1). However, in the 1900s the term *homeless* shifted toward a focus on a lack of housing.

The solution to homelessness today is often perceived to be the creation or availability of affordable housing, but during the early 20th century, jobs (rather than housing) were viewed as the solution to the plight of transients wandering the country. (National Academies of Sciences, 2018, para. 1)

Over the past century, homelessness has continued to increase. Between 1960 and 2000, the homeless crisis increased exponentially. According to Chen (2023), “During this time, mental hospitals, community-based housing, and support resources were deinstitutionalized. This resulted in homelessness for tens of thousands of Americans who utilized those resources” (para 5). At the turn of the 21st century, government policies and actions were adopted to curtail and alleviate homelessness. As mentioned, these practices are Housing First, Work First, and the Behavioral Health model.

Contextual Issues: Worldviews

Homelessness is a nationwide concern as every major city in America has seen an increase in the homeless count. How to address homelessness varies considerably based on peoples’ worldviews on poverty. In most cases, they are divided on the issue of work and housing. In 2001, National Public Radio (NPR), in collaboration with the Kaiser Family Foundation and the Kennedy School of Government (2021), surveyed nearly 2000 individuals on the cause of poverty to better understand Americans’ view of homelessness. The primary question was, “Which is the bigger cause of poverty today: that people are not doing enough to help themselves out of poverty or that circumstances beyond their control cause them to be poor?” The results were nearly equal, with 48% believing it is based on the individual not doing enough and 45% seeing circumstances as the issue.

The issue has just as many theological debates. Many Christians believe people should be cared for and provided a place to live without other requirements. Believers with this perspective often use verses such as “Religion that God our Father accepts as pure and faultless is this: to look after orphans and widows in their distress and to keep oneself from being polluted by the world” (James 1:27). Others believe the need to work and provide for themselves is also biblical. Many Christians will emphasize the need to teach others how to be self-sufficient. Often, those on this side of the fence use Paul’s quote to the church in Thessalonica, “For even when we were with you, we gave you this rule: ‘The one who is unwilling to work shall not eat’” (2 Thessalonians 3:10).

No matter which side Americans land on regarding the cause of homelessness, most understand the reality of mental health problems facing those living on the streets. According to Tarr (2018),

Most researchers agree that the connection between homelessness and mental illness is a complicated, two-way relationship. An individual’s mental illness may lead to cognitive and behavioral problems that make it difficult to earn a stable income or to carry out daily activities in ways that encourage stable housing.

(para. 6)

As America is divided on the cause and solution for homelessness and realizing that mental health issues are a significant concern, there must be a connection between all three: health, work, and housing.

Stakeholders

Colorado has the same concern with the continued growth of homelessness as the count has increased by 130% over the past ten years Colorado Coalition for the

Homeless, n.d.). Summers (2023) states that “Metropolitan Denver has the nation’s 10th-most homeless people, according to the U.S. Department of Housing and Urban Development. In 2022, the Denver metro homeless population was 6,884” (para 3). This continued growth is prominent across Colorado communities with little difference. However, according to Mueller (2023), “Since 2015, Colorado Springs has maintained a relatively stable homeless population. Though it’s 31% higher than it was in 2015, it’s also 10% lower than it was in 2019” (para 5). With the difference between Colorado Springs and almost every other community in Colorado, this study provides a unique understanding of possible solutions. As Springs Rescue Mission is the largest homeless shelter in Southern Colorado, it supplied a background for developing a promising research process.

Research Approach

According to Creswell et al. (2018), “Research approaches are plans and the procedures for research that span the steps from broad assumptions to detailed methods of data collection, analysis, and interpretation” (p. 40). As this study aimed to determine if a holistic approach to homelessness would effectively bring long-term transformation to those experiencing homelessness in America, I used a qualitative approach. According to Creswell et al. (2018), “Qualitative research is an approach for exploring and understanding the meaning individuals or groups can ascribe to a social or human problem” (p. 41). As a practitioner and executive who was able to utilize my organization to research possibilities of a holistic program approach, I used Springs Rescue Mission as a case study. “Case studies are a design of inquiry found in many fields, especially evaluation, in which the researcher develops an in-depth analysis of a case, often a

program, event, activity, process, or one or more individuals” (Creswell et al., 2018, p. 51). Although this study is on how to positively decrease the homeless population is a qualitative research project, past and current data were also used as a base for much of the study. The case study data also provides strong information for future research to ensure that the holistic program approach brings forth the desired long-term outcomes for those experiencing homelessness.

Assumptions and Observations

As observed, the current prescribed solutions to homelessness are ineffective at reducing the homeless count. This research shows how singular-focused services do not provide the skills, tools, and knowledge to be successfully reintegrated into the community and, therefore, are not transformational to those experiencing homelessness. Further, the study presents the information to show that a holistic approach to homelessness can provide the necessary abilities in all life’s domains for true long-term transformation. The holistic concept was a long-term process and will continue to include shifts and pivots in its development to ensure the program provides the desired outcomes. There will need to be ongoing one-on-one interviews with those experiencing homelessness, staff serving these individuals, and community individuals to ensure the program is effective.

Research Questions

Research questions are the guideposts by which the research was focused. These inquiries began with a primary or central question. “The central question is a broad question that asks for an exploration of the central phenomenon or concept in a study” (Creswell et al., 2018, p. 192). This overarching question leads to supporting and more

specific questions. According to Merriam and Tisdell (2016), “These questions reflect the researcher’s thinking on the most significant factors to study” (p. 78). For this study, the following questions guided the research.

For this study, the primary research question was, What can be done to reduce adult homelessness in America, specifically in Colorado Springs? The supporting questions are as follows.

1. What are the causes of homelessness?
2. What are the prescribed solutions to homelessness?
3. What would a holistic program approach address for those experiencing homelessness?
4. What program models should be utilized to develop a comprehensive and holistic approach to homelessness?
5. What does transformation for the homeless look like?
6. How could Transformational Leadership guide the process?

Theoretical Framework

Regarding a theoretical framework, Precision Consulting (2021) advises, “Because your guiding theory ties your whole study together within an explanatory framework, it is important to choose wisely as you develop this vital piece of your research topic” (para. 2). A theoretical framework is the construct for a dissertation and provides the structure for the writing process; it gives the author the pillars and guidelines for writing the paper. Merriam and Tisdell (2016) state it this way, “A theoretical framework is an underlying structure, the scaffolding or frame of your study” (p. 85). As the theoretical framework guides the dissertation process, the pillars provide the direction

for how the author will do their research. The following subsections summarize the theoretical framework topics for this study.

Holistic Approach to Homelessness

All individuals, including homeless people, are multifaceted; therefore, it would be best to address the problem holistically to ensure all areas of one's life are addressed. According to Jasemi et al. (2017), *holistic care* is a common and widely used term; however, there does not seem to be a thorough definition (para. 1). In their research on holistic care, the authors declared, "In general, it describes approaches and interventions that are meant to satisfy a patient's physical, mental, emotional, and spiritual needs" (p. 2).

Holland (2018) has a similar description.

Holistic Health is about caring for the whole person — providing for your physical, mental, spiritual, and social needs. It's rooted in the understanding that all these aspects affect your overall health, and being unwell in one aspect affects you in others. (para. 4)

Program Models to Develop a Comprehensive Approach

With the end goal being long-term individual self-stewarding in all life's domains for unattached adults, regardless of substance use disorder experiencing homelessness, this examination distinguishes between the Theory of Change model and the Logic Model. Sheth (2023) explains that "Both the Theory of Change and the Logic Model are used to design, implement, and evaluate the effectiveness of programs" (para. 1). These approaches allow changes in the process as the study evolves toward a holistic program approach. According to the Department of Human Services (DHS), "Logic models are

effective tools to assist in program planning, implementation, management, evaluation, and reporting” (p. 1). Sheth (2023), however, states, “The Theory of Change is usually more comprehensive and dynamic, considering the complexities and interdependencies within the system” (para. 1).

As a holistic approach to serving the homeless community was the study of this research, the Theory of Change and the Logic Model are great tools for developing and evaluating a program for those experiencing homelessness. The program approach must be comprehensive and provide care in all areas of an individual’s life. The Logic Model can define the daily activities of the program with desired outcomes. “A logic model is a graphic illustration of the relationship between a program’s resources, activities, and its intended effects” (Department of Human Services (DHS), n.d., p. 2). Besides having a dynamic process, Sheth (2023) states, “In the case of the Theory of Change, the model’s robust pathways approach can aid in identifying potential data sources, determining key performance indicators (KPIs), and highlighting areas for monitoring and evaluation” (para. 12). This advantage provides understanding toward long-term transformation as each portion of an individual’s life can have measurable outcomes with the goal for all areas to be healthy and self-stewarding. Deciding which model to utilize is difficult as they both have their advantages. However, Sheth (2023) asserts that “These two tools are often used together, where a Theory of Change can guide the development of a Logic Model. Both tools can communicate with stakeholders about the program’s purpose, design, and impact” (para 5).

Conceptual Framework

Whereas the theoretical framework is the skeleton of the research process, the conceptual framework is the cartilage that holds it together. In other words, the conceptual framework is the process of seeing how the theoretical framework is utilized within the research topic. It allows the researcher to define how the theories will affect the study and create a picture of the process. “It serves as a guide for assessing which aspects of the data are relevant and specifying how the research question is being answered” (Hecker & Kalpokas, n.d.).

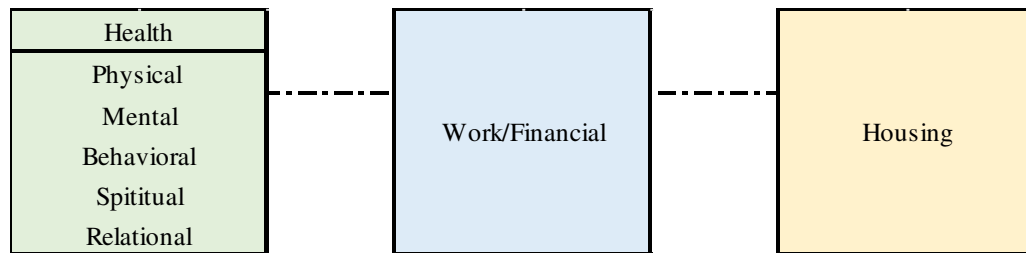
Conceptual Framework for Holistic Approach to Homelessness

As noted previously, there are three main approaches to decreasing homelessness in America. Each of these models focuses on a singular response to addressing homelessness. However, a holistic approach provides a comprehensive program that meets all the needs of those served. This study defined a *holistic approach* as a comprehensive program with a multifaceted method across all aspects of an individual’s life. The purpose of the holistic program is to address the complex issues that arise for those experiencing homelessness and to provide skills and tools for clients to become self-sufficient. According to van den Toren et al. (2020), “Self-sufficiency is defined as the ability of individuals to attain an acceptable level of functioning regarding specific life domains, such as daytime activities and social support” (para 5). The authors conclude that life domains include work and finances, physical and mental health, relationships, and housing (para. 11). As self-stewardship is the goal for each individual, a holistic approach should seek to address each of these domains: health, work/finances and housing, with health being multifaceted including physical, mental, behavioral,

relational, and spiritual. The overall process should ensure that each area is systematically addressed to set and meet short-term goals in each facet (Figure 1).

Figure 1

Holistic Approach



Conceptual Framework: Logic Model and Theory of Change

For change to occur within people, there must be a desired outcome. Therefore, a program must have a designed process to guide individuals from one phase of life to the next. For programs to be effective in this process, they must have a developed set of activities that lead to a specific outcome. The logic model helps ensure the correct resources are utilized for the intended results. “It provides a detailed, step-by-step plan of how inputs lead to activities, outputs, outcomes, and impact” (Sheth, 2023, para. 2). In some ways, the logic model is similar to a decision tree. If a client completes the required tasks in the activity, then the outcomes will follow but if the client does not partake in the activities then they will not gain the skills and tools that are needed to move to the next phase. For instance, when a client participates in a training process such as vocational training or other educational classes and passes the test or assessment, then they move to the next training phase. If the client does not pass the test, they will continue receiving the earlier training phase until they have the required skills, knowledge, and tools to pass the test. If the client continues to have issues passing the test, other training aides or test assistance may be added for this particular client. This model will continue to be utilized

throughout the program development to guide an entirely holistic approach toward self-sustainment for the present and the future.

As the desired outcome is self-sustainment or self-stewardship in all domains of an individual's life, a larger model must be needed to tie together an entire comprehensive program. Sheth (2023) asserts that

The Theory of Change is usually more comprehensive and dynamic, considering the complexities and interdependencies within the system. It can be a helpful tool before developing a Logic Model to understand the larger context and system in which the program operates. (para. 4)

Using the logic model and the theory of change is paramount to the program's success, so the questions of what and why can be answered. The logic model will help determine *what* activities should be incorporated into the program to provide desired outcomes. Meanwhile, the theory of change answers *why* a transformation occurs.

Starting Point

A theory of change requires a statement derived from the problem being addressed. The theory of change statement for this research was based on the answer to the main question. How could a holistic approach to programs create long-term Transformation for those experiencing homelessness? For this study, the answer to the theory of Change question is that the clients will attain the tools, skills, and knowledge to be self-sustaining in all life domains. With self-sustainment as the answer, it becomes the long-term goal of the process and the beginning of developing the theory of change. From there, the goals are walked backward from long-term to intermediate-term and then short-term goals.

As this research paper focused on holistic programs, the starting point for short-term goals must also be defined based on clients joining a holistic program. Those experiencing homelessness come to Springs Rescue Mission at the basic level of essential needs. As the organization provides for those needs and the staff builds relationships, the employees can encourage the clients toward a holistic program. Once a client begins to have agency toward a different life for their future, the logic model and the theory of change for this study begin, which is the starting point. Perkins (2017) states,

God has always wanted the vulnerable in society to be cared for. He never intended for them to languish in poverty, abuse, slavery, homelessness, or other types of devastation. When we care for individuals who are trapped in these ways—when we show them love and help them move toward freedom and wholeness—we participate in bringing a little part of God’s kingdom back into alignment with His greater plan. We do justice, and God smiles. (p. 112)

A process for moving a client from essential needs to holistic programs must be studied further. The ability to encourage agencies is another transformation process and should be considered a separate area of responsibility. God calls His children to do various things and enables them to participate in the transformation process. As the Apostle Paul analogized.

I planted the seed, Apollos watered it, but God has been making it grow. So neither the one who plants nor the one who waters is anything, but only God, who makes things grow. The one who plants and the one who waters have one purpose, and they will each be rewarded according to their own labor. For we are

co-workers in God's service; you are God's field, God's building. (1 Corinthians 3:6-9)

Theory of Change: Long-Term Goals

The long-term goals for those experiencing homelessness who have joined the program at Spring Rescue Mission are self-sustainment in health, housing, and work. They are broken down These goals are met as clients are housed permanently, taking care of their health (spiritual, behavioral, and physical) and working full-time in a career with benefits. The idea that each of these goals is a needed outcome is perceived based on assumptions that clients have certain barriers caused by living on the streets. According to Maggay (2017), "We have yet to factor in the psychological and social devastation caused by the fallout of poverty and unemployment on self-worth, identity and sense of meaning and purpose in people" (p. 83). Although Springs Rescue Mission cannot know all the factors, the information gathered during the initial program development provides some understanding of the needs of those experiencing homelessness. In reality, many of the issues that arise from homelessness affect all areas of their life. As Elliott (2006) states, "For Example, homelessness, drug addiction, and unemployment are often overlapping lassos on a life, and until they can be untied simultaneously, one or another of their knots will hold a person down" (p. 110). He continues this thought and says, "Until they can cope with the multifaceted demands of life, they cannot remain stable. Holistic ministry helps them do that" (Elliott, 2006, p. 110).

In order to address homelessness and provide long-term transformation, one must understand that it is not just the need for a job or house that will solve the problem of homelessness. As Elliott (2006) states, "Many of the faith-based programs assisting in the

transition from welfare-to-work have embraced the holistic approach. In fact, this is one characteristic difference they have had from secular programs, which focused more on job readiness alone” (p. 111). This project and the development of the holistic program are based on several assumptions. The housing assumption is that homeless individuals do not understand middle-class concepts about living in housing situations such as keeping their place clean, getting along with neighbors, and paying rent. The health assumption is that living on the streets creates trauma that affects all aspects of health. The work assumptions are threefold: 1) living on the streets can create a deficiency in work skills (soft and hard skills); 2) homeless individuals need levels of training that build upon each set of skills; 3) clients want to have a long-term career with benefits.

Along with a defined goal and assumptions, the theory of change also includes indicators at each level to ensure the desired outcomes are achieved. For each of these long-term goals, the indicator is that 80% of the program graduates are still housed, employed, and taking care of their health for a minimum of 24 months postgraduation. The ability to track clients postgraduation will also be for future research and development.

Intermediate and Short-Term Goals

Intermediate-term goals are developed through the same process as long-term goals, with the change occurring as the goal. Each goal also has assumptions and indicators. As for short-term goals, many goals and milestones can lead to intermediate-term goals. For the purpose of this study, the short-term goals were broken down into three goals for each domain. As the program shifts and pivots based on needs, these short-term goals may need to shift. Short-term outcomes are those areas that show

increased agency in a client. These short milestone outcomes could be a change in mindset, heart, or just a desire for more from their life. For instance, in work, one of the short-term goals is for SRM clients to understand the need to have employment. In health, a small change in the client's mindset could be program participants want to be in control of their behavioral health. At each level, whether a large goal or a minor milestone goal, there are indicators to determine if clients are moving through the program as designed. These indicators also give the staff an understanding of how the program provides the clients the skills, tools, and knowledge to become self-stewards in all life's domains. Figure 2 shows the theory of change and illustrated how each phase is broken down by a defined goal with the long-term goal of clients are transformed and are now self-stewarding in all life's domains: health, work, and housing. A typical theory of change model would not be separated by category, but for this paper, they are broken down by domain for ease of view and understanding.

Figure 2

Theory of Change: Health, Work, and Housing

THEORY OF CHANGE		
Long-term Goal: Clients are transformed and are now self-stewarding in all life's domains: Health, Work, and Housing.		
Health (Spiritual, Behavioral, Physical)		
Long-Term Health Outcomes		
Change: Program graduates are self-stewarding their health based on the Hope Program long-term definition		
Indicators: 80% of Hope Program <u>graduates</u> are living in permanent housing for a minimum of 24 months		
Assumptions: Living on the streets creates trauma that affects all aspects of health		
Intermediate Term Outcome - Health		
Physical Health: Client's Physical health assessments are improving		
Change: Behavioral Health: Clients are sober and their Mental Health assessments are improving		
Spiritual Health: Client is progressing in their knowledge of the Bible, asking more Spiritual questions		
Indicators: 75% of Hope Program clients will attain the intermediate term phase in health within 1 year of participation		
a. People want to be physically healthy		
Assumptions: b. People want to be in control of their behavioral Health		
c. People want to know God		
Possible *Short Term Spiritual Health Outcomes	Possible *Short Term Physical Outcomes-1	Possible *Short Term Mental Behavioral Health Outcomes
Change: Hope Program clients are attending Bible Study and starting to ask spiritual questions	Change: Hope Program clients begin to understand their need to visit the doctor and take care of their health	Change: Hope Program clients are getting sober and addressing their mental needs by regularly attending case management and counseling
Indicators: 100% of Program participants are attending bible based classes	Indicators: 100% of Hope Program participants will have taken a medical physical and assessment	Indicators: 100% of Program Participants will be in case management
Assumptions: All people have been created to worship and know God	Assumptions: All people want to be physically healthy	Assumptions: a. SRM Shelter guests want to have better mental health b. Program Participants want to be sober

THEORY OF CHANGE (Continued)		
Long-term Goal: Clients are transformed and are now self-stewarding in all life's domains: Health, Work, and Housing.		
Long Term Work Outcomes		
Change: Program graduates working fulltime in a career with benefits		
Indicators: 80% of Hope Program <u>graduates</u> have a fulltime job with benefits for a minimum of 24 months		
Assumptions: Living on the streets can create a deficiency in work skills (soft and hard skills)		
Homeless individuals need levels of training that builds upon each set of skills		
Clients want to have a long-term career with benefits		
Intermediate Term Outcome - Work		
Change: Program Participants are working		
Indicators: 75% of Hope Program clients will attain the intermediate term phase goals of work within 1 year and gain at least part-time employment		
Assumptions: a. People want to learn skills for work		
b. People enjoy working when they have the skills to do a better job		
Possible *Short Term Outcomes-1	Possible *Short Term Outcomes-2	Possible *Short Term Outcomes-3
Change: Hope Program clients begin to attend and participate in Vocational Training	Change: Hope Program clients are increasing their work stamina	Change: Hope Program clients are learning and using skills they have learned in vocational training
Indicators: 100% of Hope Program clients are participating in vocational training	Indicators: 80% of Hope Program clients have completed 30 days of vocational training and have increased their training from 2 hrs./week to 10 hours/week	Indicators: 70% of Hope Program clients have completed and received a vocational training certificate pertaining to their training department
Assumptions: a. Program Participants want income b. Program Participants will get confidence from working	Assumptions: a. Participants want to have better work skills b. Participants want to use new skills for work	Assumptions: Participants gain confidence when they attain training certificates

THEORY OF CHANGE (Continued)

Long-term Goal: Clients are transformed and are now self-stewarding in all life's domains: Health, Work, and Housing.		
Long Term Housing Outcomes		
Change: Program graduates are permanently housed		
Indicators: 80% of Hope Program graduates are permanently housed for a minimum of 24 months		
Assumptions: Homeless individuals do not understand middle-class concepts about living in housing situations such as keeping their place clean, getting along with neighbors, and paying rent.		
Intermediate Term Outcome - Housing		
Change: Clients are understanding how to follow housing rules and processes. The clients are getting along and taking care of their living areas.		
Indicators: 75% of Hope Program clients will attain the intermediate term phase of housing within 1 year of participation in the Hope Program \		
Assumptions: Clients want to progress through housing levels toward permanent Clients are able to pay a portion of their monthly income for rent		
Possible *Short Term Outcomes-1	Possible *Short Term Outcomes-2	Possible *Short Term Outcomes-3
<u>Change:</u> Hope Program clients understand the rules of the program housing area	<u>Change:</u> Hope Program clients are getting along in the living areas	<u>Change:</u> Hope Program clients are self-stewarding (taking care of) their living space.
<u>Indicators:</u> 100% of Hope Program clients are following the housing rules	<u>Indicators:</u> 95% of Program Participants are no longer having reported (verbal or written) incidents with other Hope Program clients.	<u>Indicators:</u> 90% of Hope Program clients only have the allowable items in the living area and they are participating in daily chores.
<u>Assumptions:</u> People do not want to live on the streets therefore they want to understand how to live in permeant living situations	<u>Assumptions:</u> People want to be friendly and get along with others if they have the softs skills to do so	<u>Assumptions:</u> People can learn to take care of their living space and are willing to clean up after themselves.

Logic Model

As the theory of change answers the “what,” the logic model can determine the “how” of the program process. For this research, the intended study was to develop a holistic program for single homeless adults that provides the clients with the necessary skills, tools, and knowledge to be self-stewarding in all domains of their lives and be restored to their community. Each short-term goal within each logic model will guide the clients toward an intended outcome. Each outcome will be the new baseline for moving forward to the next outcome. Each phase will lead to the next level of outcomes and toward the final long-term goal of self-stewardship.

Holistic Approach

As a holistic program addresses all domains of an individual’s life, the Logic Model must consider each division within the short-term, intermediate, and long-term

goals. Short-term goals in housing, health, and work are then defined. Creating a program that provides these outcomes must determine the resources and activities required to meet those outcomes. These program activities are then tracked to ensure they are achieved. This process must be done for each housing, health, and work domain. For example, in the short-term goal, as shown previously in Figure 2, the starting point for clients is that they understand the need for a program. From there, the program resources are determined, and activities are developed to address the client's needs in each domain to meet the desired short-term outcomes. The housing outcomes for the beginning phase goals are that clients begin to understand the need to keep their area clean, live next to others hospitably (as good neighbors) and follow the rules. Then, for the health outcomes, the clients should keep their medical appointments (getting healthier). They attend case management sessions, work through their behavioral health issues, and learn about the Gospel of Christ through Bible classes. The work goals are defined as clients learning a new trade and desiring to get a job. Once all three domain goals are met, those defined outcomes are now the clients' baseline for their intermediate goals as determined in the middle phases of their program.

Activities, Resources, and Outputs

To provide outcomes, specific activities must be developed to guide clients toward those identified goals. For instance, if the short-term work goal is that clients are learning a new trade and desiring to get a job, the activities must result in a related output. For example, if the training is focused on culinary arts, then the activities should lead toward developing culinary arts skills. This training activity would start at the lower level of training, and then the activities would build upon each other toward the desired

outcome. The resources to provide these activities would need to be considered as the activities are determined. Resources include space for training, instructors, food, kitchen equipment, etc. To ensure the activities provide specific outputs that lead to desired outcomes, there must also be indicators that measure outputs. Indicators may include clients increasing their vocational training hours, certificates earned, and the number of courses passed. Once the client reaches the short-term outcomes, they become the baseline for the intermediate-term outcomes.

The intermediate-term outcomes are then developed in housing, health, and work. The housing outcomes are defined as clients having a clean living space, following the rules, being hospitable, and participating in house chores. Health goals are defined as clients are keeping medical appointments (getting healthier), attending case management, and working through their behavioral health issues. Intermediate work goals are defined as clients move through their vocational training and learning skills for their future careers, such as starting to be leaders in their area. These outcomes also have the resources, activities, and outputs defined.

Once clients have achieved the intermediate-term housing, health, and work goals, it becomes the baseline to begin their final phases of the program. At this point, the client's long-term goals are defined, which are the same outcomes described in the theory of change. The logic model also provides the framework for determining the specified resources and activities required to meet the defined long-term outcomes of self-stewardship in housing, health, and work. The final phase outcomes in housing are: 'Clients move into transitional housing and pay a program fee, or they move into permanent housing situations within the community. Clients can create and live

according to a monthly finance budget.’ The long-term health outcomes are defined as clients taking care of all areas of their health, with the following health breakdowns.

- **Spiritual Health:** clients read their Bible, attend Bible classes, ask spiritual questions about their faith, and get connected to an outside church.
- **Behavioral Health:** Clients regularly meet with their case manager and are sober.
- **Physical Health:** Clients are seeing their primary care doctor regularly. Clients are participating in physical activity weekly.

As determined by the logic model, the work goals are “Clients are working full-time in a job with benefits and career growth” (see Figure 3).

Figure 3

Logic Model Process

Beginning Phases				
<i>Starting Point :</i>	<i>Resources:</i>	<i>Activities</i>	<i>Outputs</i>	<i>Outcomes</i>
Client is understanding a need for the program	Staff - Vocational Training - Case Managers - Shelter Staff - Spiritual Staff - Support Staff (IT, HR, other)	Courses/classes - Budgeting - Spiritual - Physical Health	- 80% of Hope Program clients have stayed sober for a minimum of 60 days -80% of clients have met with their case manager as scheduled for a minimum of 60 days.	Housing: Clients begin to understand the need to keep their area clean, realize the need to live next to others hospitably (as a good neighbor), and follow the rules
	Space - Classrooms - Shelters - Vocational Training Space - Sleeping (shelter)	Case Management -Alcohol and Drug Tests -Group Sessions	- 100% of Hope Program Clients have had doctors Physical exam and Mental Health Assessment	Health: Clients keep medical appointments (getting healthier). Clients are attending case management and working through their behavioral health issues.
	Curriculum - GED - Vocational Training - Spiritual - Cognitive Skills	Vocational Training -Various Departmental Training	- 80% of Hope Program Clients have increased their Vocational Training Hours from 2 hours/week to 10 hours/week - 80% of clients have had no incidents reported in the housing/living areas	
	Partner Agencies - Physical health - Psychiatric - Behavioral health Other - Meals			Work: Clients are learning a new trade and desiring to get a job in the future.

Middle Phases				
<u>New Starting Point :</u>	<u>Resources:</u>	<u>Activities</u>	<u>Outputs</u>	<u>Outcomes</u>
Housing: Clients begin to understand the need to keep their area clean, realize the need to live next to others hospitably (as a good neighbor), and follow the rules	Staff - Vocational Training - Case Managers - Shelter Staff - Spiritual Staff - Support Staff (IT, HR, other)	Courses/classes - Budgeting - Spiritual - Physical Health	- 75% of Hope Program clients have stayed sober for a minimum of 120 days -75% of clients have constantly met with their case manager for 120 days - 75% of Hope Program clients have met with their primary care doctor for an assessment and follow-up.	Housing: Clients are keeping their area clean, being hospitable, following the rules, and participating in house chores.
Health: Clients keep medical appointments (getting healthier). Clients are attending case management and working through their behavioral health issues.	Space - Classrooms - Shelters - Vocational Training Space - Sleeping (shelter)	Case Management - Alcohol and Drug tests -Group Sessions	- 75% of Hope Program clients have followed up on their mental health assessments for any specific requirements outlined by the phsyciatrist - 75% of Hope Program Clients have increased their Vocational Training Hours from 10 hours/week to 25 hours/week - 75% of clients have had no incidents reported in the housing/living areas	Health: Clients are keeping medical appointments (getting healthier). Clients are attending case management and working through their behavioral health issues.
Work: Clients are learning a new trade and desiring to get a job in the future.	Curriculum - GED - Vocational Training - Spiritual - Cognitive Skills Partner Agencies - Physical health - Psychiatric - Behavioral health Other - Meals	Vocational Training -Various Departmental Training		Work: Clients are moving through their vocational training and learning skills for their future careers. Starting to be leaders in their area



Final Phases				
<u>New Starting Point :</u>	<u>Resources:</u>	<u>Activities</u>	<u>Outputs</u>	<u>Outcomes</u>
Housing: Clients are keeping their area clean, being hospitable, following the rules, and participating in house chores.	Staff - Vocational Training - Case Managers - Shelter Staff - Spiritual Staff - Support Staff (IT, HR, other) Space - Classrooms - Shelters - Vocational Training Space - Sleeping (shelter)	Courses/classes - Budgeting - Spiritual - Physical Health - Create Resumes - build a budget Case Management - Alcohol and Drug Tests - Group Sessions Vocational Training - Various Departmental Training	- 50% of Hope Program clients have stayed sober for a minimum of 240 days -50% of clients have constantly met with their case manager for 240 days - 50% of Hope Program clients have concintied to dollow up with their primary care for minimum of 2 visits - 50% of Hope Program clients have followed their behavioral plan as defined bt their case manager and pycitrist if assigned - 50% of Hope Program Clients have increased their Vocational Training Hours from 25 hours/week to 35 hours/week - 50% of clients have had no incidents reported in the housing/living areas	Housing: Clients move into transitional housing and pay a program fee, or clients move into permanent housing situations within the community. Clients are able to create and live according to a monthly finance budget. Health: Clients are taking care of all areas of their health. Spiritual Health: clients are reading their Bible, attending Bible classes, asking spiritual questions about their faith, and getting connected to an outside church. Behavioral Health: Clients are regularly meeting with their case managers if needed and are sober. Physical Health: Clients are seeing their primary care doctor regularly. Clients are participating in physical activity weekly.
Health: Clients are keeping medical appointments (getting healthier). Clients are attending case management and working through their behavioral health issues.	Curriculum - GED - Vocational Training - Spiritual - Cognitive Skills Partner Agencies - Physical health - Psychiatric - Behavioral health Other - Meals			Work: Clients are working full-time in a job with benefits and career growth
Work: Clients are moving through their vocational training and learning skills for their future careers. Starting to be leaders in their area				

Definitions of Terms and Key Words

The following section will define the terms and keywords of this study. This process helps alleviate misunderstandings of terminology that might be used differently in various settings and groups. The definitions will provide the appropriate lens for this research.

The “Definitions of Terms” ensures that your readers will understand the components of your study in the way that you will be presenting them because often your readers may have their own understanding of the terms, or not be familiar with them at all. In this section, you provide a list of terms that will be used throughout the dissertation and definitions of each of them. (Moran, 2018)

Homelessness

The main definition for this research began with *homelessness*. U.S. Department of Housing and Urban Development (2023) defines *homelessness* as

1. Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;
 - (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs); or
 - (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution” (p. 1).

Self-Stewardship

The long-term goal of this research for those experiencing homelessness is self-stewardship in their life’s domains. *Stewardship* is “the conducting, supervising, or managing of something; especially: the careful and responsible management of something entrusted to one’s care” (*Merrian-Webster Dictionary*, 2023). According to (Taylor, 2022), and this study, *self-stewardship* can be defined as “managing the resources God has entrusted to us for eternal benefit” (para. 20). This self-stewardship includes care for oneself. Paul the apostle stated, “Do you not know that your bodies are temples of the Holy Spirit, who is in you, whom you have received from God? You are

not your own; you were bought at a price. Therefore, honor God with your bodies” (1 Corinthians 6:19-20). As God’s creation, He expects His people to live accordingly and care for themselves.

We are precious and hold great value, and we should take care of the temples we reside in — our bodies. This means we should eat well, work out, and watch what we do by avoiding things that may be physically or spiritually harmful. Our bodies don’t just belong to us. (Biblical Self-Care, 2020, para. 13)

Life’s Domains

According to Latif (2021), there are many aspects and sections in life that many authors have sought to define as life’s domains (para. 2). For this study, I used the van den Toren et al. (2020) conclusion of life’s domains, which include work and finances, physical and mental health, relationships, and housing (para. 11). As this study is from a biblical worldview, spiritual health was also included.

Holistic

The final term defined is *holistic*. According to Jasemi et al. (2017), “Holistic care is a nebulous and subjective concept. In general, it describes approaches and interventions that are meant to satisfy a patient’s physical, mental, emotional, and spiritual needs.” According to Life Course Nexus (n.d.), regarding holistic care,

People lead whole lives made up of specific, connected, and integrated life domains that are important to a good quality of life. Life domains are the different aspects and experiences of life that we all consider as we age and grow. (para 1)

With this definition in mind, *holistic* will include all life's domains as described in Key Term 3: health, work, and housing, with health being further distinguished into spiritual, physical, and behavioral health.

Transformational Significance

The transformation of individuals experiencing homelessness was the purpose of this study; the ability to facilitate this kind of transformation in the community will significantly shift the thought process for many. It will begin with the change in philosophy from both sides of the spectrum. Individuals will need to see a solution from a broader and more holistic viewpoint to understand that a singular solution may not be the answer. Placing a homeless person in a house or just giving them a job might not solve the issue. The concept of not having a quick fix can be a nuisance and frustration to many; therefore, there is a consternation toward change. Mezirow (2000, as cited in Poutiatine 2009) states “that transformational change specifically refers to “a movement through time of reformulating reified structures of meaning by reconstructing dominant narratives” (p. 191). The decades-long belief that homelessness can be solved through the housing first or work first models will take a transformed thought process. Because individuals believe strongly in these approaches, billions of dollars are invested in these practices. The transformation will cost organizations and developers a lot of money. Vincent (2017) states, “Change will appear either an inconvenient interruption or a threatening disruption” (p. 139).

Calling-based Leadership

Calling-based leadership must guide the way for such a dramatic transformation to occur. Calling-based leadership is when “The leader seeks to understand God-given

gifts, experiences, and opportunities in understanding his/her unique role as a called instrument of Christ's transforming work in and above world cultures" (Bakke Graduate University, 2023). Serving the homeless community can be challenging as a dedicated professional in a faith-based organization, especially when seeking to change the current systems. To be this change agent, I must understand what gifts and skills God has granted me and use them to influence the community in transforming the lives of those experiencing homelessness through a holistic approach.

Short-term Transformation Process

The short-term transformation I hope to accomplish over the next few years is within those Springs Rescue Mission (SRM) serves. In Colorado Springs, I have begun to work through some of the early processes of creating a holistic program for homeless adults, regardless of addiction, and we are seeing some early positive effects of the program. Men and women are moving through the program and gaining skills, tools, and knowledge that benefit them. According to Mezirow (2000, as cited in Poutiatine 2009), "Transformational change requires us to engage on many levels and often from a meta-cognitive standpoint that differs from other types of change" (p. 191). The clients understand the difference between their old life and a new life; they have hope, and the transformation is apparent. Individuals who were utterly against God are now praying and reading the Bible.

Shalom Leadership

God's shalom is the long-term goal of transformation. As society shifts its mindset regarding the marginalized, the entire community moves from turmoil toward God's desire for shalom. Bakke Graduate University (2023) states that shalom comes

from “The leader pursues reconciling relationships between people, people, and God, people and their environment, and people and themselves. The leader works toward the well-being, abundance, and wholeness of the community, as well as individuals” (para 7). When those experiencing homelessness understand they have eternal worth, transformation begins, and they move into shalom. When the community transitions from seeing the marginalized as a nuisance to seeing them as humans, a connection brings forth shalom. “Once you begin, you should never again resemble the people you once were. You will always bear the marks of your transformation” (McNeil, 2015, p. 124).

Researcher Perspectives and Worldview

Although I have been a Christian believer for many years, I have not always had the same perspective regarding those experiencing homelessness. For most of my adult life, I looked down on people living on the streets; I assumed they were lazy and needed a job. That viewpoint did not change even after working for a faith-based ministry that serves the homeless. I believed God had brought me to Springs Rescue Mission to solve homelessness by developing vocational job programs. However, over the years, I have realized that my assumptions were not founded in truth. My perspective has changed to where I now see those experiencing homelessness as people like me, individuals who need help. This change is what Poutiatine (2009) meant by “Students needed to experience transformation on a personal level before they were able to understand its application to leadership” (p. 192). I now believe people are not things that have a quick fix but individuals who transform over time; it isn’t just a shift in thinking but a complete change in the whole person so that they are inevitably new. “Because of the systemic

nature of transformation, wherein every aspect of an individual's life is affected, there is simply no way to unlearn a transformational shift" (Poutiatine, 2009, p. 197).

Although my experience and education shifted my view toward a holistic transformation process, I am determined to pull clear and direct information from the research and decipher its meaning with an unbiased opinion. As Audéoud (2022) states, "The principles of equity and fair representation of the sections of population under study have to be constantly maintained while constantly seeking to maintain awareness of one's possible biases" (p. 47). As a follower of Christ, I believe in the transformative work of Christ. Because of this biblical worldview, I see transformation as an eternal change in someone, not just an outward shift in thinking. However, I also don't believe that changing the lives of those experiencing homelessness is only about preaching the Gospel; it is about much more. Barker (2018) "Some reject an incarnational approach because they see it as being part of a 'social gospel' conspiracy, or as distracting Christians from the 'real work' of 'preaching the gospel and saving souls'" (p. 130). Transforming the lives of those experiencing homelessness begins with providing for their essential needs where they cannot; this approach involves creating relationships that show the love of Christ. One question is, can those living on the streets understand God's love for them if they haven't seen it played out in the lives of His believers? Elliott (2006) explains, "The purpose of the body of Christ is to be the physical replacement of Jesus on earth, in the local community— ministering to people across all barriers in a powerful and positive way, while connecting them in his name" (p. 223).

Delimitations and Limitations

The overall issue of homelessness in America is extreme, as there are too many variables and demographics to address. Therefore, in this study, single adult homeless were the focus. The American people are varied in their perspectives on dealing with the issue of homelessness. Most societies believe in a singular approach to the solution: housing first, employment first, or behavioral health models. Colorado communities are similar in their views. The larger populated city administrations address homelessness through a housing first approach, while some midrange populated cities focus on employment first and behavioral health. The commonality between the United States and Colorado makes the state of Colorado a reasonable representation of the overall population of homeless and housed individuals. Although there are many similarities between Colorado and the United States, the case study was within Colorado Springs. With this in mind, the findings will have some limitations as all communities vary in political oversight, which can shift the services policies for the homeless population. The following restrictions were utilized for this project.

1. I researched Colorado communities, administrations, and demographics with possible comparisons to other similar communities.
2. I investigated Colorado homeless programs concerning the overall process and effectiveness (primarily Denver, Aurora, and Colorado Springs).
3. The research was directed toward Springs Rescue Mission for case study purposes.

Summary

This chapter began by pointing out that although billions of dollars are spent annually on homelessness in America, the problem continues to grow. The chapter then outlined the three main approaches currently used, albeit ineffectively, to solve the homeless crisis. The purpose of the research was then introduced, namely, to demonstrate how a more comprehensive and holistic approach can positively impact single adults experiencing homelessness, regardless of substance use disorder. The theory of change and the logic model were discussed to present the design and evaluate the proposed holistic approach. The next chapter will explain the literature review that undergirds the theoretical and conceptual framework.

CHAPTER 2

LITERATURE REVIEW

As the previous chapter defined, this research aimed to investigate a holistic approach to homeless intervention for single adults so they may experience transformation and God's shalom in their lives. This literature review chapter is designed to show how components of a theoretical framework relate to this study's research questions. The theoretical framework consists of two models: 1) the theory of change related to moving homeless people to self-sufficiency and 2) the logic model process. This study intended to integrate these models into a holistic approach to facilitate transformation among homeless individuals. The concept of transformational leadership is also described as it relates to developing and implementing a holistic approach to homelessness.

According to Merriam and Tisdell (2016),

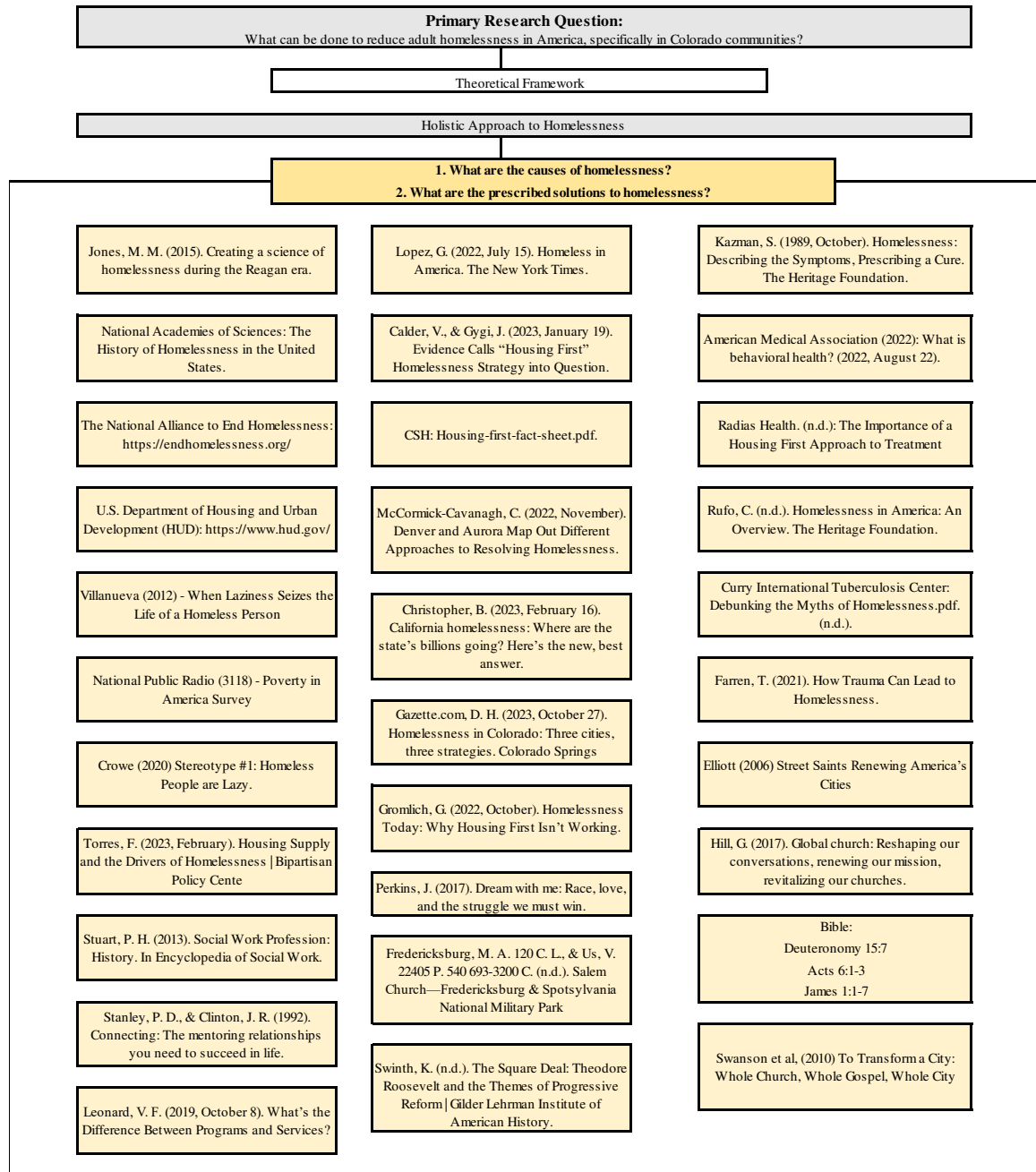
One way to identify and establish the theoretical framework of a qualitative study is to review the relevant literature. By literature, we mean the theoretical or conceptual writing in an area (the "think" pieces) and the empirical data-based research studies in which someone has gone out and collected and analyzed data.

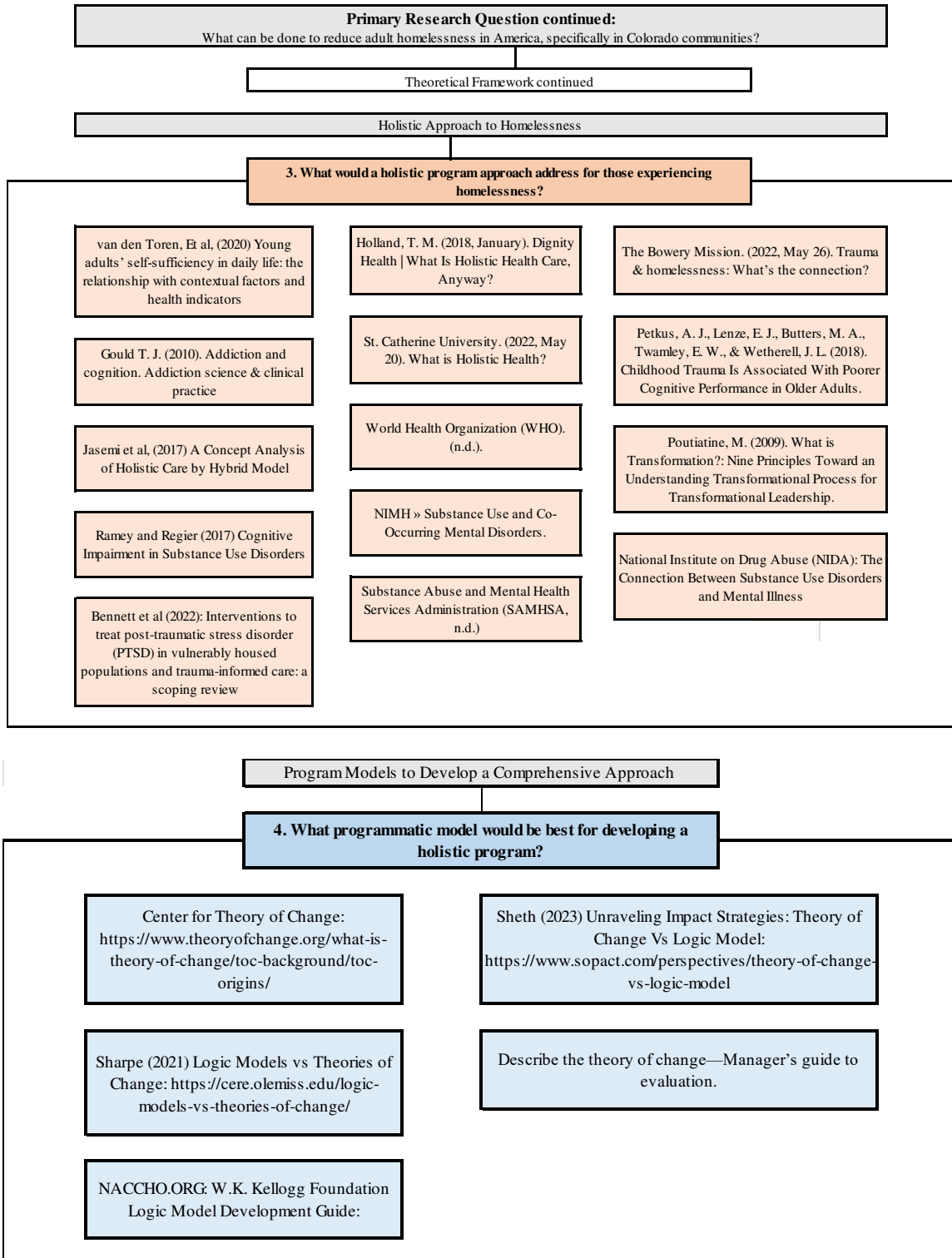
(p. 90)

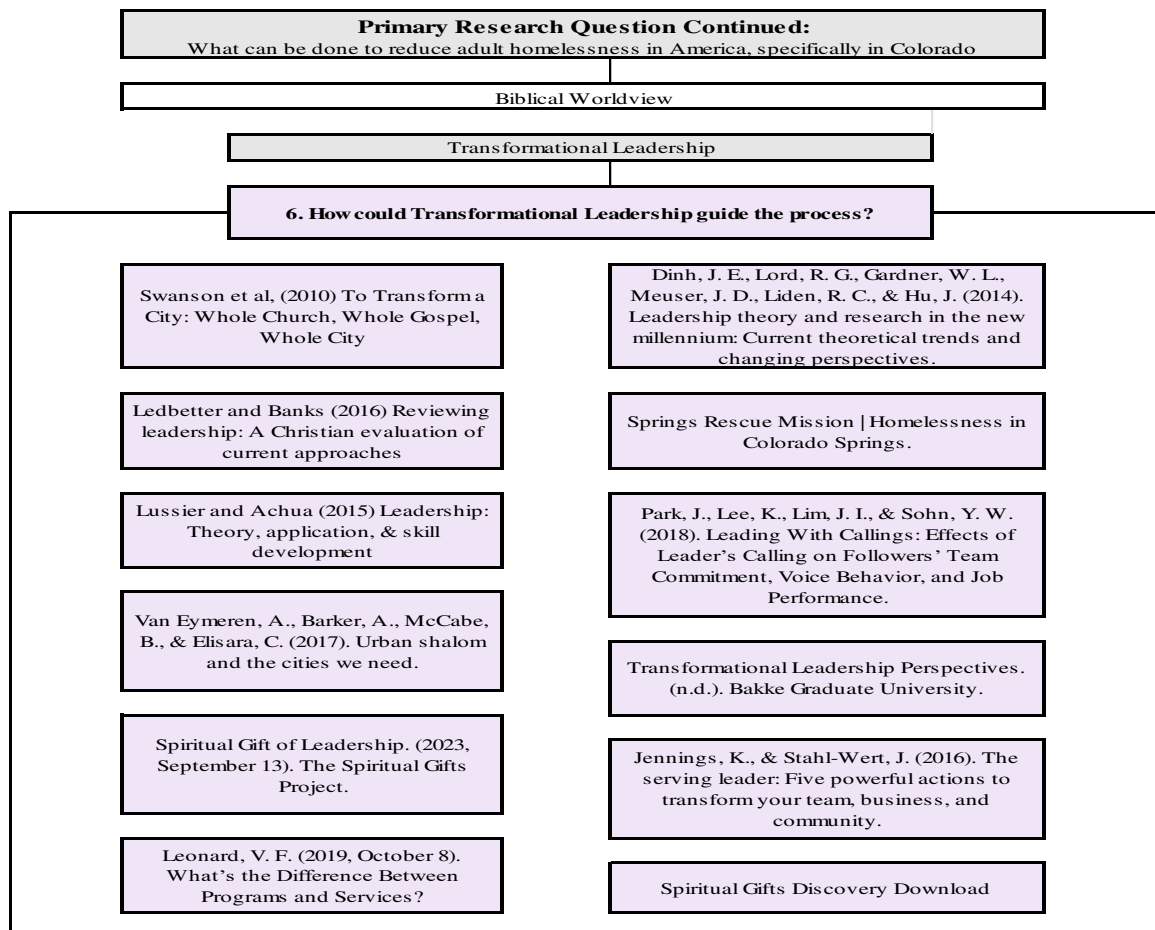
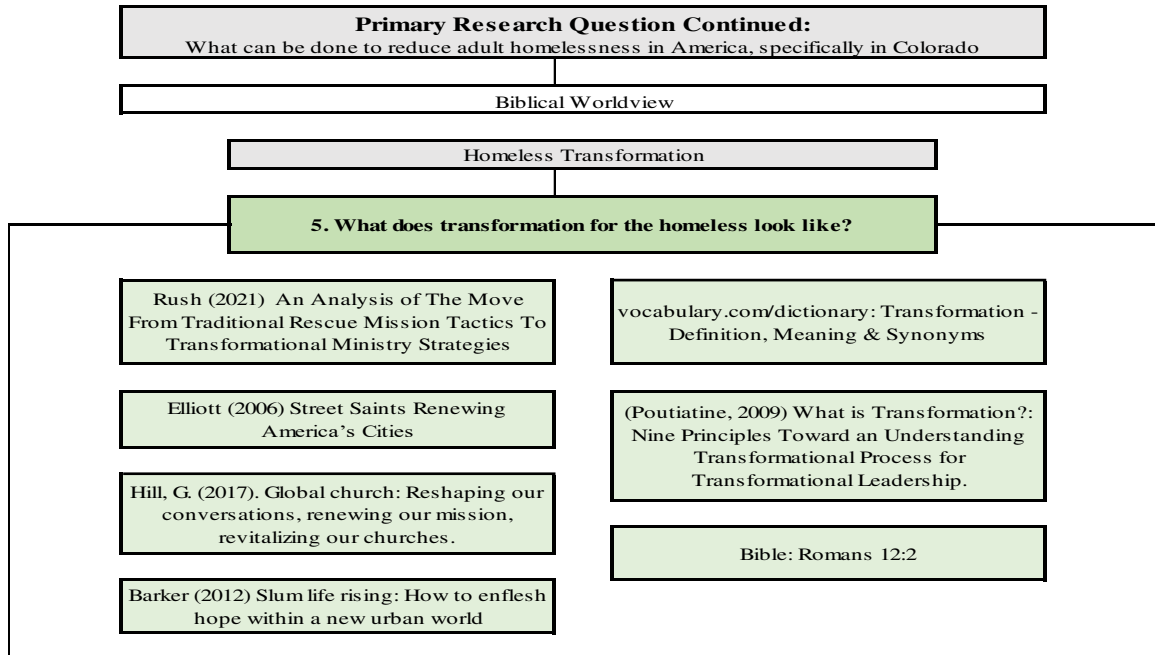
The literature review figure depicts the literature used to combine thoughts from various authors' perspectives on each supporting research question (Figure 4).

Figure 4

Literature Review Flow Chart







Historical Overview of Serving the Homeless

The moral ideal of serving the less fortunate or homeless has existed for millennia. For instance, when looking at the Bible, one may see many verses that define the need of those with resources to provide for those without. The first instance is as far back as Deuteronomy, written circa 14th century B.C.

If among you, one of your brothers should become poor, in any of your towns within your land that the Lord your God is giving you, you shall not harden your heart or shut your hand against your poor brother. (Deuteronomy 15:7)

This theological viewpoint is interwoven through the Old and New Testaments and even developed into a group-serving philosophy in the book of Acts. For example, in Chapter 6, the Apostles chose seven men to serve the church's widows "in the daily distribution of food" (Acts 6:1-3). Then there is the exclamation by James, "Pure and undefiled religion before God and the Father is this: to visit orphans and widows in their trouble" (James 1:17, NKJV). In other words, for those who consider themselves believers in God, should all be in the service of those in need.

This biblical mandate to serve others is the root of how helping others became a social sector in the professional realm. Over the centuries, many religious groups gathered together to provide for the needs of others. For example, churches were used as hospitals during the Civil War. "Salem Church was an important, yet often overlooked, part of The Battle of Chancellorsville. Both sides used the church as a hospital and served as a civilian refugee center during the Battle of Fredericksburg" (National Park Service, n.d.). Then, in the mid-1800s, a Protestant minister, Charles Loring, began a nonprofit services agency to serve needy children. Over the next 50 years, many charities were

developed: “Most large American cities, beginning with Buffalo in 1877, established charity organization societies (COS), modeled on the London Charity Organisation Society” (Stuart, 2013, para.6). The original idea was to have volunteers and paid employees show a “controlled type of love” to those in need. These collaborators would come alongside individuals to train them with the skills needed to live a more fruitful life. These Christian leaders would “teach others the knowledge, skills, and strategies they need to succeed. And work hard to get obstacles out of their way so they can make progress” (Perkins, 2017, p. 63). These mentors were not there to give handouts; they worked as counselors to help the marginalized see their worth and understand how to get through their circumstances. Stanley and Clinton (1992) said, “The central thrust of a Counselor is timely advice and impartial perspective on the mentoree’s view of self, others, circumstances, and ministry” (p. 89). The authors opine that the need to come alongside the marginalized reached a point where more and more individuals required training to be mentors for the less fortunate. Within a few years education in the social service realm grew, and in 1904 the New York School of Social Work was founded (Stanley & Clinton, 1992, p. 90).

Social Work/Case Management Transition

After the early 1900s, a transition on the idea of social work shifted; the change, in many ways, can be attributed to the evolution of America. The Industrial Revolution’s growth brought massive capital improvements, business growth, and extensive profit. However, along with the development of business revenue came the downfall of human concern. According to Swinth (2008) from the Gilder Lehrman Institute of American History,

Cities, polluted and overcrowded, became breeding grounds for diseases like typhoid and cholera. A new unskilled industrial laboring class, including a large pool of child labor, faced low wages, chronic unemployment, and on-the-job hazards. Business owners didn't mark high voltage wires, locked fire doors, and allowed toxic fumes to be emitted in factories. (para. 2)

These societal concerns brought the church and community together to solve the lack of corresponding human responsiveness; the community and the church started to look at the needs of the people as a common concern. Swanson et al. (2010) wrote, "Societal transformation is what often follows authentic spiritual transformation in a community. It's what happens when the secular society begins caring about the needs of the community just as much as the church does" (p. 44).

Through society's and the church's encouragement, the government stepped in and created measures to protect the people. The government began to develop policies in child labor, urban neighborhoods, health care, and employment services; these policies then needed new agencies for policy oversight. These government policies on services were even further energized as the young, affluent political reformers of the day had "the belief that it was a government responsibility to address social problems and regulate the economy" (Swinth, n.d., para 3). Another catastrophic event occurred during this era that ensured the government became the leading service provider, the Great Depression. As the country became poor, the people could not donate. The lack of available church finances created a massive service deficit. "The Great Depression brought widespread suffering, and it crippled southern religious agencies at the moment people needed them most" (Greene, 2017, para. 4).

During this time, federally funded social services grew exponentially, and the need to train workers increased. Hence, the government collaborated with social work colleges to define the education process. Instead of faith-based partners determining how to teach individuals to serve, it was the government. A bond was directly fused between the social sciences academia and the government, which meant the federal administration was defining the philosophy of caseworker education. The continued push toward government services grew through the decades and into the new millennium to a point where society believes it is the government's responsibility to solve all social issues, including the needs of the impoverished. On the Spiritual aspect of this shift, Elliott states (2006) "We have increasingly placed our faith in the power of government to provide solutions for human misery" (p. 246).

Issues with Government Defining Philosophy

Added Concerns

Although one can see a strong need for regulations to protect the people, there is an issue when a government begins to define service philosophy. The first issue arises in policy as its strategies will work to be self-perpetuating for a government that relies on taxes. Governments need taxes, so they often seek to increase revenue for their agendas and design policies that increase levies. These social service concepts come through "great community ideas"; however, they link people to the government: social security, Supplemental Nutrition Assistance Program (SNAP), Medicaid, Medicare, early childhood education, public education, etc. Although these services may have been well-intentioned initially, they tend to keep individuals reliant on the government. According

to Elliott (2006), “So often, well-intended efforts have perpetuated a state of dependency rather than getting down to the origin of the problem” (p. 112).

The second concern is the type of administration that determines the philosophy at the time. When an organization relies on government funding to do social work, it may have to shift how it serves to accommodate the regulations of the current political agenda. For example, to combat homelessness, one side of the political party may focus on getting a client employment, while the other group will emphasize getting individuals housing. If an organization is tethered to a specific government funding policy and the administration changes, the only ones who suffer from the new administrative directives are the clients who can no longer receive the services from their provider.

Although funding is a severe concern of serving the needs of the marginalized, the more significant issue with the government-directing service philosophy is the disconnect from the biblical viewpoint of service and the truth that “The government can never bring about the kingdom of heaven” (Elliott, 2006, p. 247). Over the past 100 years, the church has abdicated its responsibility to serve the needs of the poor. New faith-based organizations have tried to take up the slack, but they often rely on government grants to do the work, which means they have to shift from their biblical worldview of how to operate due to government regulations on funding. Elliott (2006) believes that “Faith-based agencies have been advised to establish separate 501(c)3 nonprofit organizations as a firewall to handle the work under government contract. But not all providers are in a position to administer a separate organization well” (p. 251). When an agency takes faith out of its work, they are no different than the government; it is no longer Kingdom-focused; it is financially focused. “If you take the faith out of faith-based organizations,

they do not differ from their secular counterparts, and they lose the dynamism that makes them effective” (Elliott, 2006, p. 252). Serving should not just be about providing for the basic needs of others; it should be about building relationships and showing the love of Christ. God’s people must seek a Christ-glorifying transformation of communities and neighborhoods. Hill (2016) says, “We do this through meaningful presence and practices and proclamation” (pp. 9–10).

20th-Century Homelessness Transition

According to the National Academies of Sciences (2018), “When first used in the United States in the 1870s, the term ‘homelessness’ was meant to describe itinerant “tramps” traversing the country in search of work” (see Appendix B). National Academies of Sciences (2018), concerning the term *homelessness* in the 19th century, also state that “The primary emphasis at this time was on the loss of character and a perceived emerging moral crisis that threatened long-held ideas of home life, rather than on the lack of a permanent home” (see Appendix B). Jones (2015) adds to this concept and states, “Toward the end of the 19th century, in addition to the tramps, the more industrious ‘hobos’ and the less transient ‘Skid Row bums’ became commonly recognized social types” (p. 145).

Jones (2015) remarks that the understanding of the word *homeless* transitioned later in the next century as homelessness began to shift toward the meaning of unsheltered people (p. 146). “The early 1980s marked the emergence of what now may be considered the modern era of homelessness National Academies of Sciences (2018), According to Jones (2015), much of this shift was attributed to cuts in the federal budget

for mental illness and housing assistance due to the most significant recession since the Great Depression (p. 150).

As indicated earlier regarding the 2001 NPR survey, America is divided on the cause of homelessness. These varied views drive the policies of the administration and methodology for solving the issue of homelessness. These strategies led to the approaches known as housing first, work first, and the behavioral health model, also known as treatment first. What approach is the most effective method is a topic across the nation, and in Colorado, the issue goes from city to city. Huspeni (2023) states that,

In Aurora, Mayor Mike Coffman supports a “work-first” strategy, noting the city is hewing closer to Colorado Springs’ approach. Coffman disagrees with “housing-first” models — the preferred strategy in Denver — because, he argues, they measure success by how many people are taken off the streets, while he looks at employment and self-sufficiency as more meaningful yardsticks. (para. 8)

So, if the local, state, and federal governments disagree on the solution, and society is torn, how is the most effective approach determined? How can a positive change be made to alleviate homelessness?

Causes of Homelessness and Some Currently Proposed Solutions

Unemployment and Homelessness

The 2001 NPR poll showed that 54% of Americans believe that people experiencing poverty are lazy. According to the Population Reference Bureau, “One persistent stereotype is that the poor, especially the welfare poor, are unmotivated: They lack aspirations to ‘get ahead,’ or don’t work hard enough to succeed” (para 2).

Villanueva (2012) agreed regarding people experiencing homelessness as he states,

A portion of these people are lazy and do not seem to possess this desire to help themselves elevate from their current situations. Yes, some view this laziness aspect of homeless people as a mere stereotype or myth. However, there definitely exists some truth in this stereotype. (para. 3)

Prince (2023) agrees and uses Proverbs 6:9-11 to strengthen his statement. “One of the interesting things in the Bible is that it traces things to their root causes, and although, apparently, poverty is a material condition, the Bible exposes that its root cause is spiritual. Its root cause is laziness” (para. 2).

Although I also had similar beliefs of laziness as the root cause of homelessness in the past, my thoughts regarding this issue have changed. My opinion and viewpoint more clearly align with Crowe (2020). “There are many layers to homelessness, and yes, for some, it is a choice. But for most, living day to day without safety, a job, or sobriety is often the last thing someone would choose for themselves” (para. 4). Elliott (2006) confirms that concept as he states that “Anyone who has worked with the unemployed or underemployed knows that getting a job is not their biggest problem. Keeping it is” (p. 126). According to Torres (2023), “The concentration of homelessness in specific places isn’t caused by the prevalence of poverty, unemployment, or other socioeconomic conditions” (para. 20).

Lack of Housing and Homelessness

Conversely, for many, it is the belief that the circumstances of being on the streets are strictly due to their living situation, meaning they are homeless, so they just need a

home. The National Alliance to End Homelessness (2023) believes, “The solution to homelessness is straightforward: housing” (para. 4). Lopez (2022) agrees and states, “No factor matters more to homelessness than access to housing” (para. 7). Along those same lines, many administrative leaders focus solely on housing first as the solution to homelessness. According to the U.S. Department of Housing and Urban Development (HUD) (2023), “Housing First is a proven model of addressing homelessness by quickly rehousing people experiencing homelessness and ensuring that they have access to permanent housing and supportive services” (para. 1).

Many state governments and city administrators agree that housing first is the correct approach. According to the CATO Institute (n.d.)

In fact, several states have implemented policies that are based on Housing First principles. Utah is a prominent example, as the state began implementing Housing First policies in 2005, with the goal of ending chronic homelessness by 2015.

Other states and cities have followed suit, including California, Seattle, and Denver, and so have some countries, such as Canada and Finland. (para. 2)

The state of California focuses all homeless services and programs on the housing First model. “In 2016, the California Legislature passed Senate Bill 1380 (Mitchell). It required all housing programs to adopt the housing first model” (CSH, n.d.). This approach is similar to that of the city of Denver. According to McCormick-Cavanagh (2022), “After nearly two decades of grappling with homelessness, Denver is now operating under a housing-first model, which focuses on getting homeless individuals housed before they take further steps toward getting a job or getting sober” (para. 6).

However, regarding California's focus on housing first, Kessler (2023) states, "Homelessness has continued to surge in California despite the state pouring billions into the crisis since 2019, with experts pointing to a lack of housing availability and the state's relaxed views on crime as the reasons" (para. 4). Christopher (2023) makes a similar argument with his remarks. "The increasingly bipartisan chorus points to two stark, seemingly contradictory trends: The state keeps spending more to address the crisis, and the crisis keeps getting worse" (para. 7). Regarding the issue of homelessness in Denver, the Board (2023) states,

Denver's epic struggle with its homeless population has left its residents with a chronic case of *déjà vu*. Year after year, decade after decade, every earnest effort to house the unhoused and get their lives back on track has missed its mark. And the ranks of the homeless keep growing. (para. 1)

Although I once firmly believed in work first, I still do not feel the housing first model effectively addresses homelessness. From what I have seen as a service provider, more often than not, individuals living on the streets who would be placed into a housing situation without other prescribed interventions would not be successful. Gromlich (2022) confirms this belief.

What happens when you put a roof over someone's head who has never learned to maintain a home or is still living for the next high? Units are often uncared for, people are in and out of housing—living in chaos—, and most still require the emergency services we were told would no longer be needed. (para. 4)

Along with the instability of housing first, Kazman (1989) states, "A massive new program of subsidized housing would do nothing to help the majority of the homeless

because it would ignore the disabilities preventing the homeless from taking advantage of existing forms of housing assistance” (para. 5). The reality is that placing someone in a house without that individual having the skills to stay housed would be ineffective. The same is true about work; just because someone is homeless does not make them lazy, nor would giving them a job ensure they can keep a job. There are other issues besides a person’s work and housing situations.

Behavioral Health and Homelessness

According to the American Medical Association (2022), “Behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms.” In other words, behavioral health is an overarching term for both addiction and mental health. This connection is also prevalent for Americans as individuals on both sides of the housing solution spectrum believe there is a link between behavioral health and homelessness. According to Radian Health (n.d.), “A treatment-first approach requires that people in need must address any substance use or mental health issues prior to receiving housing” (para. 6).

Those on one side of the argument consider mental health and addiction as the cause and solution. Rufo (2021) states, “Furthermore, despite the political rhetoric that attempts to avoid it, two of the primary drivers of homelessness are drug addiction and mental illness” (para 4). Kazman (1989) concurs with this belief as he states that “The majority of homeless are severely impaired by either mental illness, long-term drug and alcohol abuse, or a combination of the two” (para. 8). The Curry International Tuberculosis Center (n.d.) disagrees with this stance saying, “Only 20% of people report

drugs and alcohol as the cause of their homelessness. Drug and alcohol abuse are often the result of homelessness, not the cause.”

As a practitioner, I would have to agree that addiction and mental health can lead to homelessness, as it can be challenging to be self-sufficient with behavioral health issues. There are many coinciding concerns, and for many homeless individuals, one of the issues has led to the other. Trauma can be exacerbated for people experiencing homelessness, and the only way to deal with the pain might be through drugs. Often, it is neither addiction nor a severe mental illness that creates a situation for an individual to become homeless. Farren (2021) states, “Many factors can contribute to a person’s homelessness. These include high housing prices, low income, and addiction. However, one other cause most people aren’t aware of is trauma” (para. 1). According to Bennett et al. 2022),

A common vulnerability factor for many disorders is the experience of trauma. It is estimated that as many as 91% of people who are homeless have experienced at least one traumatic event, and up to 99% have experienced childhood trauma.
(para 7)

If trauma is a significant factor in homelessness, then there must be a process to address the trauma. For individuals to be transformed from homeless to self-stewards in all domains of life, there must be a holistic approach. Hill (2016) states, “Our mission must be transformational. Transformation happens when our mission is holistic whole persons and whole communities” (sec. 3, p. 14).

A Holistic Approach to Homelessness

Defining Solutions

As discussed previously, the processes and education of serving those in need are so intertwined with the government that the term *social services* is defined as “government services provided for the benefit of the community, such as education, medical care, and housing” (Google, n.d.). According to this definition, there are three areas of service for the government to serve those in need: education (which leads to a job), medical care (health), and housing. If these areas of life are what the government deems as areas of need, I ask how the government assists in these areas. What programs and services are available?

Determining which services are available and what programs are available is complex because “The terms ‘programs’ and ‘services’ are so often used together that we don’t often take the time to think about the subtle differences between the two. It doesn’t help that the terms are used interchangeably, either” (Leonard, 2019, para. 1). To understand the differences, it first takes a realization of what each describes. According to Leonard (2019),

Programs differ from services in that there is intentionality around change, with goals, objectives, outcomes, and indicators to measure progress towards the desired end. A diet in which one is trying to lose weight or reduce blood pressure is an example of a program in that there are goals, objectives, baseline, and regular measurements to assess progress towards healthy outcomes. (para. 3)

Leonard (2019) goes on to state, “A service, on the other hand, is a set of activities that are beneficial to the end user, but have not been structured in such a way as

change can be measured, if, in fact, change does occur” (para. 4). So, when the the description of these two concepts is compared to the understanding of the transformation of those experiencing homelessness, there is a direct correlation. Anderson and Anderson (2001, as cited in Poutiatine, 2009) state,

Transformation is the radical shift from one state of being to another, so significant it requires a shift of culture, behavior, and mindset . . . in other words, Transformation demands a shift in human awareness that completely alters the way the organization and its people see the world. (p. 191)

Activities and services can be positive for the intended recipient but rarely create a transitional difference. However, programs have sets of goals that provide a path toward real and meaningful change with long-term transformation.

Holistic Approach

A holistic approach to programs for people experiencing homelessness is also a very complicated process to define. The main issue with holistic care is determining what the term identifies and how it addresses an individual’s needs. According to Jasemi et al. (2017), “Holistic care is a nebulous and subjective concept. In general, it describes approaches and interventions that are meant to satisfy a patient’s physical, mental, emotional, and spiritual needs” (p. 72). Similarly, Holland (2018) states,

Holistic health is about caring for the whole person — providing for your physical, mental, spiritual, and social needs. It’s rooted in the understanding that all these aspects affect your overall health, and being unwell in one aspect affects you in others. (para 3)

St. Catherine University (2022) determined that “Holistic health is an approach to wellness that simultaneously addresses the physical, mental, emotional, social, and spiritual components of health” (para. 3). In its description, it uses the definition of *health* from The World Health Organization (WHO) that coincides with both Holland (2018) and Jasemi et al. (2017) on the term *holistic*. The WHO declares that “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (World Health Organization (WHO), n.d. para. 1). For a faith-based description, Elliott (2006) states “A holistic approach integrates faith into the approach and addresses the complete person: body and soul, mind and will” (p. 110).

Health

When collating these definitions and descriptions of *holistic*, it is easy to determine that the term *holistic* for most authors is centered around an individual’s health. Each author and organization also distinguishes that within the term *health*, there are many aspects to a person’s overall health. The descriptions each consider health to include physical, mental, and spiritual. Along with mental health, there is also the added concern of drug addiction. According to the National Institute of Mental Health,

Substance use disorder (SUD) is a treatable mental disorder that affects a person’s brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications. Symptoms can be moderate to severe, with addiction being the most severe form of SUD. (para. 1)

The National Institute on Drug Abuse (n.d.) declares, “Many individuals who develop substance use disorders (SUD) are also diagnosed with mental disorders, and vice versa” (para. 1). The Substance Abuse and Mental Health Services Administration (n.d.) claims

Mental health and substance use disorders affect people from all walks of life and all age groups. These illnesses are common, recurrent, and often serious, but they are treatable and many people do recover. Mental disorders involve changes in thinking, mood, and/or behavior. (para 2)

The American Medical Association (2022) connects the two health concerns under the banner of behavioral health. It states that “Behavioral health generally refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis, and treatment of those conditions” (para 2). Therefore, for this study, *health* is defined as physical, spiritual, and behavioral, with the final section divided into mental and substance use health.

Health is complex for everyone, as life can affect it in many ways, but it is even more problematic for those living on the streets. According to the Bowery Mission (2022), “Homelessness is connected with trauma in a number of ways. First, a person who is facing homelessness has often experienced a series of traumatic events prior to the trauma of homelessness” (para. 3).

Secondly, the experience of homelessness — not knowing where one is going to sleep, what you are going to eat or where you can go for help — is often traumatic in and of itself. It also puts you at risk of further trauma because you are now in a situation where you’re more likely to experience danger. (para. 5)

Elliott (2006) states similarly,

Human beings are complex, and any efforts attempting to make a shattered life whole have to take into account a host of variables. While it’s tempting to think in

terms of single causes for social maladies, the reality is often multicausal. The most successful faith-based groups have healed hurting people by addressing both body and soul together. (p. 110)

Bennett et al. (2022) state that “It is estimated that as many as 91% of people who are homeless have experienced at least one traumatic event and up to 99% have experienced childhood trauma” (p. 1). The authors further clarify that “Being vulnerably housed also exposes people to further traumas and revictimization, such as further physical or sexual assault and an inability to meet basic needs such as food, safety, and personal hygiene” (p. 2). To further disrupt the process of addressing health, the childhood trauma faced by the large majority of homeless can also negatively affect their cognitive functions and development. Petkus et al. (2018), in their research, concluded that “Self-reported traumatic events experienced in childhood are associated with poorer cognitive performance in anxious and depressed older adults. Findings demonstrate a deleterious impact of childhood trauma on brain health in old age” (p. 1).

Along with trauma having negative consequences on health and cognitive development, addiction issues can exacerbate the problems. Ramey and Regier (2019) confirm this reality in their research. “Conceptually, altered cognitive function can be viewed as a hallmark feature of substance-use disorders, with documented alterations in the well-known “executive” domains of attention, inhibition/regulation, working memory and decision-making” (p. 2). Gould (2010) further concludes that

From a psychological and neurological perspective, addiction is a disorder of altered cognition. The brain regions and processes that underlie addiction overlap

extensively with those that are involved in essential cognitive functions, including learning, memory, attention, reasoning, and impulse control. (p. 4)

As this research continued to consider a holistic approach to health, the understanding of trauma and substance use disorder needed to be considered.

All Areas of One's Life

Health is essential as it can affect all areas of one's life. However, for a holistic approach to be transformational, it must address all areas of an individual's life. With that being said, the long-term goal for a holistic approach to serving people experiencing homelessness is to ensure that the individuals are self-sufficient in all domains.

According to van den Toren et al. (2020), "Self-sufficiency is defined as the ability of individuals to attain an acceptable level of functioning regarding specific life domains, such as daytime activities and social support" (p. 2). The authors describe life domains as physical and mental health, finances and work, and the ability to live in sustained housing (pp. 2-12). Therefore, for a holistic approach to be successful and transform lives for those experiencing homelessness, it must address health, work, and housing. Elliott (2016) states it this way.

Faith-based practitioners insist that each of these issues has a physical and a spiritual dimension. A holistic approach looks at them in the broader context of the whole person, who consists of more than the hunger for a fix or the absence of a job or a place to live. (p. 110).

Secondly, the programs must change all aspects of their lives for transformation to occur. Strickland (1998 as cited in Poutiatine, 2009), explains "Transformational change involves many—perhaps all—dimensions of an individual" (p. 194).

Case Management

Programs are successful only when the clients meet the desired goals set forth. Problems often arise in clients' lives that make it difficult for them to endure and have the agency to continue in their program. The case manager is one of the most important staff members who can assist in this area. They are called upon to help clients persist through their struggles, not give up, and continue their programs. As described earlier, the idea of serving those in need followed this same pattern. Well-meaning Christian volunteers began helping those in need by giving them the tools to be self-stewards. However, case managers are now educated to advocate for the client. According to the Case Management Society of America (n.d.), "Case management serves as a means for achieving client wellness and autonomy through advocacy, communication, education, identification of service resources, and service facilitation" (para. 4).

This type of case management can harm clients as staff works to help the client maneuver around policies and procedures instead of encouraging the individual to handle the difficulties now so that they have the tools to deal with daily struggles in the future. When case managers deem a client incapable of working through issues, they see the client as someone who is a lesser person than themselves. A case manager's job should be to lead the client and show them that they are made in the image of God, have eternal worth, and have a bright future. Ledbetter and Banks (2016), in referencing Max De Pree on being a Christian leader, stated,

A basic feature of his (De Pree) all-embracing theological framework is the conviction, derived from the book of Genesis, that everyone is created "in our [God's] image" (Gen. 1:26). This means that each person reflects the Maker in a

unique way and must be treated with respect and dignity. Leaders have the responsibility of helping people become who they can be and of opening themselves to learn from them. (p. 70)

Case Managers must help clients understand that God has a plan for them and help them see a brighter future. Clients should learn from the case manager how to go from one milestone to the next. Before clients realize it, they have accomplished more than they could have imagined.

Program Models to Develop a Comprehensive Approach

This study discusses two approaches from a holistic program philosophy: the logic model and the theory of change. These approaches are similar but have subtle differences. According Sharp (2021),

Weiss popularized the term “Theory of Change” as a way to describe the set of assumptions that explain both the mini-steps that lead to the long-term goal and the connections between program activities and outcomes that occur at each step of the way. (para. 5)

In other words, the theory of change is a wide-ranging model that guides a function from a starting point toward a short-term goal, then to an intermediate goal, and finally toward a long-term one across a large spectrum. Each milestone provides a new level to meet the next objective. “A good theory of change can provide you with a program rationale that is based on the best available research and practice evidence while also clarifying any assumptions made about achieving success” (Theory of Change Community, n.d., para. 7).

Similar to the theory of change is the logic model. “The first publication that used the term “logic model” is usually cited as Evaluation: Promise and Performance by Joseph S” (Audeoud 2023, p. 1). There are many forms of the logic model with the most popular being the W.K. foundation logic model. According to the W.K. Kellogg Foundation (2004),

The program logic model is defined as a picture of how your organization does its work – the theory and assumptions underlying the program. A program logic model links outcomes (both short- and long-term) with program activities/processes and the theoretical assumptions/principles of the program. (p. 3)

The logic model approach is based on the overall question of what outcomes are intended by the decided intervention, and the theory of change asks why a result is expected from a determined intervention (Sharp, 2021, para. 3). Sharp describes the differences as,

The main distinction between a logic model and a theory of change is that a logic model describes a logical sequence showing what the intervention’s intended outcomes are—If we provide X, the result will be Y—while a theory of change includes causal mechanisms to show why each intervention component is expected to result in the intended outcomes—If we provide X, A will support (or hinder) a result of Y. (para. 3)

According to Sheth (2023), “In practice, these two tools are often used together, where a Theory of Change can guide the development of a Logic Model. Both tools can communicate with stakeholders about the program’s purpose, design, and impact” (para.

4). As these two models work well together, they would be ideal for creating a program that begins with the end goal in mind. The logic model can help develop program activities with a desired outcome in each domain of an individual's life. The theory of change can bring the program activities together in a larger picture of health, work, and housing self-sufficiency. The theory of change can also help determine if each program level is adequate. "A good theory of change can help to: develop better key evaluation questions, identify key indicators for monitoring, identify gaps in available data, prioritize additional data collection, and provide a structure for data analysis and reporting" (Better Evaluation, n.d., para. 5). As the purpose of this study was to determine how to transform lives by providing the tools, skills, and knowledge to be self-stewarding it was best to use the theory of change, which would work well with the logic model to develop a comprehensive, holistic program.

Biblical Worldview

Transformation of Those Experiencing Homelessness

The transformation of those experiencing homelessness is the long-term goal of this research project. *Transformation* is defined as "a dramatic change in form or appearance" (Vocabulary.Com. (n.d.)). According to the definition, the "change" itself is not a slight or an essential modification but a drastic change. Transformation is a process by which someone has dramatically transformed in their mind and soul; they are no longer the same type of individual in their thought processes. They no longer act in the same manner.

As a Christian, I believe this type of transformation comes only from knowing the love of Christ and accepting His free gift of salvation. Barker (2018) says, "The aim of

transformation here is that a person will personally receive the authority of Jesus, empowered by the Spirit to live as the Creator-God intends in a fallen, unjust world” (p. 258). However, helping individuals who have lived through trauma understand God’s love is complicated. They have rarely, if ever, felt care or love from others and do not understand that God does love them. Regarding this reality, Barker (2018) explains that “Time to build momentum and trust is a precious commodity, and is crucial in order for real change to occur” (p. 108).

For this type of trust to happen, those serving people experiencing homelessness must be able to show love and build relationships. Hill (2016) believes that “Making a difference begins with building relationships. For most of us, friendships lead to solidarity, care, and support” (pp. 3-27). Sadly, though, Christians often fall short in the area of relationship and connection. They desire to preach the Gospel instead of spending time building relationships. According to Barker (2018), “Some reject incarnational approach because they see it as being part of a ‘social gospel’ conspiracy, or as distracting Christians from the ‘real work’ of ‘preaching the gospel and saving souls’” (p. 130). Working in homeless services for over a decade, I have seen this issue arise frequently. Churches filled with well-meaning believers desire to come and preach the Word to the clients, but rarely will they go and just spend time with those being served. Transformation happens when Christians are willing to do the hard work of serving. As Hill (2016) poignantly points out, “The poor and oppressed are not the objects of the gospel, but the subjects” (pp. 4-32).

If an organization sees the least of these as the priority, it will be transformational. In serving the impoverished, Hill (2016) states, “What they need is warmth, compassion and welcome - the loving hospitality of strangers” (pp. 4-5). According to Elliott (2006),

The most compelling motivation for compassion is faith in God. People of faith reach out to others because they have received divine love, and they share it with others in gratitude. Those who do so enter into a reciprocal relationship that changes not only the person who receives but also the one who gives. (p. 255)

Individuals living on the streets live in a state of daily necessities and require relief from their situation to feel safe. According to Elliott (2006), “For the real poor, poverty means thinking just for the moment. It is the inability to think about the future because of the total demand to think about survival in the present” (p. 26). Those experiencing homelessness often lack food, clothing, water, and safety and therefore are only able to concern themselves with their basic needs.

Organizations must seek to provide these essentials to create a welcoming environment that encourages relationships. Barker (2018) states,

To give mercy is to provide direct relief from misery for people who cannot do it for themselves. It is motivated by a deep sense that a person is suffering needlessly and that direct, practical assistance can help alleviate this. (p. 249)

During Elliott’s (2006) research on John Perkins, the well-known inner-city minister, that in transforming the lives of the impoverished,

John’s approach was holistic: he wanted to meet their needs for basic necessities to live, but he also wanted to share the message of the Gospel. “If a person is hungry,” he says, “you’ve got to keep him alive until faith comes. (p. 25)

People experiencing homelessness will not hear the Gospel until they see it in real life, acted out in love. Elliott (2006) confirms this concept by claiming, “The purpose of the body of Christ is to be the physical replacement of Jesus on earth, in the local community— ministering to people across all barriers in a powerful and positive way, while connecting them in his name” (p. 223).

Transformation begins for those experiencing homelessness when they have their essential needs met. At this point, they can feel safe and secure. Rush (2021), in his research on Maslow’s hierarchy of needs regarding the essentials of life, states,

These are the biological requirements for human survival, such as food, drink, shelter, clothing, warmth, and sleep. Maslow states that if these needs are not met, the human body cannot function properly or progress to the higher order needs at the top of the pyramid. (p. 55)

Once these essentials are met, people no longer have to live in a constant state of fear. Their life can move from chaos to calm as their physiological and basic needs are met. Rush (2021) explains, “People want to experience order and live-in environments that promote protection and predictability” (p. 55). At this point, transformation can begin. This process is the first step of the theory of change. Homeless individuals have moved from one area of their lives to the next. This first goal is the new normal. Those experiencing homelessness are now able to see a better life. How they lived and thought has changed due to a change in their situation. According to Poutiatine (2009), this type of event leads to transformation.

This is to say the individual encounters something that does not fit into his or her dominant narrative of how the world is or how it works. The disorienting dilemma

could be triggered by new information; it could be a new behavior; it could be a new way of thinking or feeling. (p. 194)

Although this change is dramatic, it is only the first phase toward true transformation. As the individuals move through each step, they realize a difference in their lives. They feel loved and can begin to deal with other issues in their lives. Rush (2021) confirms this process. “The next needs are love and belongingness. This third level of human needs is connected to one’s social interaction and connection” (p. 55). As these individuals feel a sense of belonging and believe in something better, they can continue toward true transformation. The short-term goals are met throughout the change process, leading to intermediate-term goals and finally toward the long-term goal of self-sufficiency in health, work, and housing. According to Rush (2021), “The last self-actualization need is the highest level and what Maslow called “higher-order” needs. This need is the understanding and connectedness with one’s potential, self-fulfillment, and purpose” (p. 56). In a similar vein on transformation for the impoverished, Elliott (2006) states, “Part of the problem is our understanding of what it is we are supposed to be doing in this life” (p. 258). Until those experiencing homelessness realize their purpose, true eternal transformation cannot happen. There must be a connection in one’s mind to the Creator and how He has a plan for their life and their eternity. As Rush (2021) states,

They can see that the needs are more significant than food and shelter. Maslow’s hierarchy proves that humans long for a progressive, deeper meaning in life. It is through faith that Christians see that deeper faith is revealed only in connection with God. (p. 56)

Transformation for those experiencing homelessness begins when the individuals see a different life for themselves; it continues as they understand a brighter future, and it is complete when they realize it through the truth of God. The Apostle Paul stated it this way. “Do not conform to the pattern of this world, but be transformed by the renewing of your mind. Then you will be able to test and approve what God’s will is—his good, pleasing and perfect will” (Romans 12:2).

Transformational Leadership

Leadership is a complex concept. Regarding leadership, Ledbetter and Banks (2016) state, “It’s easy to recognize yet difficult to define or prescribe. It touches each of our lives every day. With good leadership, we flourish; without it, we flounder; with the wrong kind, we suffer” (p. 1). Although the leadership process is complex, the method includes a person leading and others following. Lussier and Achua (2016) define it as, “Leadership is the influencing process of leaders and followers to achieve organizational objectives through change” (p. 34).

America is divided on the causes of homelessness and desires a quick-fix solution. Looking at homelessness holistically through the theory of change will take time and, therefore, a shift in thinking. For transformation to occur for those experiencing homelessness, it will take strong leadership from those willing to take on the challenge. These individuals and organizations must be ready to stand firm and show others there may be a better way. It takes influencing all stakeholders: those experiencing homelessness, the community, and the varying government agencies. According to Lussier and Achua (2016), “Influencing is the process of a leader communicating ideas,

gaining acceptance of them, and motivating followers to support and implement the ideas through change. Influence is the essence of leadership” (p. 35).

Similarly, when it comes to changing how leaders can change society’s beliefs, Ledbetter and Banks (2016) state, “Definitions reflect the conditions of life at a particular time in a particular society and the values that are important to either the public or the leaders. Definitions of leadership are social constructions” (p. 6). Dinh et al. (2014) have a similar concept of leadership, “The systems thematic category consists of contextual, complexity, social network, and integrative approaches, each of which attempts to capture various aspects of the contextual features within which leadership phenomena unfold” (p. 6). In other words, leadership is about the community and often includes transforming society’s thoughts. Analogously, transformational leadership is about shifting society toward God’s plans. Swanson et al. (2010) affirm, “We believe that cities can and will be transformed, but it will take a change in thinking...not in degree but in kind” (p. 21). Believers have to take the lead. As Swanson et al. declare,

Community transformation begins with and is led by people who themselves are being transformed. We should never underestimate how important an individual believer with a changed heart can be and how much impact he or she can have upon the world. (p. 48)

Over a decade has passed since God called me to serve the homeless at Springs Rescue Mission (n.d.). Through these ten-plus years, I have understood that God’s plan for me is to use my skills and abilities to lead a team that innovates programs for those experiencing homelessness. I seek to be a transformational leader by casting a vision so Springs Rescue Mission can transform the homeless community. Park et al. (2018)

research states, “Our findings indicate that leader’s calling has direct positive influences on followers’ commitment, voice behavior, and job performance after accounting for the effects of transformational leadership” (p. 9). As I lead the team, God enables me to influence the staff and remind them that God has more in store for the clients than just surviving. It isn’t even just about getting them housed or how to get them a job, but about transforming lives that are in the image of God. Lussier and Achua (2016) explain that “Transformational leadership serves to change the status quo by articulating to followers the problems in the current system and a compelling vision of what a new organization could be” (p. 376). Bass (1984, as cited in Park et al., 2018) describes transformational leadership as “encompassing four distinct components: inspirational motivation, idealized influence, individualized consideration, and intellectual stimulation” (p. 4).

Calling-based Leadership

Bakke Graduate University (2023) states that calling-based leadership is one of eight transformational leadership perspectives. It is described as “The leader seeks to understand God-given gifts, experiences, and opportunities in understanding his/her unique role as a called instrument of Christ’s transforming work in and above world cultures” (Bakke Graduate University, 2023). Throughout the nearly three decades of following the Lord, I realize He has granted me the spiritual gift of leadership and the spiritual gift of administration. The traits and skills that come from these spiritual gifts are what I believe have garnered me the ability to not only transfer a significant vision to a team but also to coach them and guide them toward long-term goals.

The spiritual gift of leadership is the special ability God gives to some to set goals in accordance with God’s purpose and to communicate these goals to others in

such a way that they voluntarily work together to accomplish these goals for the glory of God. It is a divine enablement to cast vision, motivate, and direct people to harmoniously accomplish the purposes of God. (The Spiritual Gifts Project, 2023, para. 1)

The ability to cast vision, guide, and direct staff provides energy for a greater purpose. Regarding a team with a greater purpose, Jennings and Stahl-Wert, (2016) state, “In fact, running to a greater purpose becomes a unifying and aligning mechanism to bring many people together, working together for a greater goal” (p. 136). In addition, the spiritual gift of administration helps me make things happen as this gift is “The God-given ability to understand what makes an organization function and the special ability to plan and execute procedures that accomplish the goals of the group or organization” (The Spiritual Gifts Project, n.d.).

Shalom Leadership

Springs Rescue Mission (SRM) was established in 1995 by Paul and Marilyn Vyzourek. Its mission is “We want to see lives transformed for eternity and filled with hope as our community works together to fight homelessness, poverty, and addiction” (Springs Rescue Mission, n.d.). The organization focused on homeless services and addiction recovery for most of its first two decades. In 2013, Springs Rescue Mission felt a calling to do more, to be transformational to those experiencing homelessness. They began to build a resource campus that could serve the need of the impoverished and provide better opportunities for them. Eymeren et al. (2017) believe,

There is an opportunity here to move out of our church silo and encourage others to move out of their organizational or institutional silos and begin to think through

a shalom or human flourishing framework that allows us to embrace more holistic solutions to systemic issues in cities. (p. 5)

Between 2013 and 2023, the mission grew and is now the largest rescue mission in Southern Colorado. It serves 4,000-plus individuals yearly. During this time, SRM added various services that they referred to as programs. For example, there were sheltering programs, family food programs, poverty relief programs, and the ‘Message and a Meal’ (aka a soup kitchen) program, but these were really just services. Leonard (2019) states,

A soup kitchen is an example of a service in that it provides healthy meals that are good for visitors. However, we have no way of knowing if the meals have led to a change beyond satisfying hunger for a few hours. (para. 4)

In other words, most of the services SRM provided were not transformational. In actuality, these types of services can be detrimental to clients. Barker (2012) agrees that “Giving relief can create dependencies that are ultimately unhelpful for the recipient or sustainable for the giver” (p. 250). As described earlier, transformation is a dramatic change in thought and action. Springs Rescue Mission isn’t just about providing for essential needs but transforming those experiencing homelessness; therefore, the services needed to focus on that mission. The long-term goal of self-stewardship in health, housing, and work is for those experiencing homelessness to be reintegrated into the community and move toward God’s perfect will for their life, God’s shalom. According to BGU, shalom leadership is described as,

The leader pursues reconciling relationships between people, people and God, people and their environment, and people and themselves. The leader works

toward the well-being, abundance, and wholeness of the community, as well as individuals. (Bakke Graduate University, 2023)

Springs Rescue Mission seeks to build a bridge to connect those experiencing homelessness to the community, but it will take more than just services. SRM must have a plan that guides and directs the impoverished toward a better future. Eymeren et al., (2017) agree, “However, even these dialogues can fall short of helpful development if we fail to have a solid picture of what human flourishing looks like and the elements that make it possible” (p. 6).

Springs Rescue Mission will need to lead through shalom leadership to guide a process that brings the community of Colorado Springs together to solve the issue of homelessness. Eymeren et al. (2017) confirm this concept.

Whilst I affirm this idea and recognize that God is the originator of Shalom, it is possible to move towards developing a city like this by partnering with others who may not necessarily own our Christian faith but in fact desire a very similar world.

Finding a solution will take a combined effort from all community sectors. As Eymeren et al. (2017) state,

Thinking of our mission in this way reduces the unhelpful dichotomy between God’s Kingdom and this world, the spiritual and material, and breaks down that horrible ‘us and them’ attitude that can so easily seep into our approach to the world. (p. 15)

God has called Springs Rescue Mission to be this bridge builder between “people, people, and God, people, and their environment, and people and themselves” (Bakke Graduate University, 2023).

Summary

As determined through this research, the billions of dollars spent annually to decrease those experiencing homelessness have not been as effective as many would hope. This issue could be due to the various opinions on the causes and solutions to homelessness. Transitioning to a holistic approach can be developed based on a theoretical framework that employs two programmatic models: the theory of change and the logic model. Utilizing these collaborative models provides those experiencing homelessness with the long-term transformational goal of self-stewardship in health, work, and housing by creating a holistic program through structured activities with desired outcomes. For implementation to be successful, transformational leadership will need to drive the process.

CHAPTER 3

RESEARCH METHODOLOGY

This chapter will describe the research methodology utilized for this study.

According to Dawson (2007), the research methodology “is the philosophy or the general principle which will guide your research” (p. 15). The problem addressed in this study is the continued growth in homelessness in America despite the concerted effort to decrease the number of those experiencing homelessness, with the research question seeking to answer the following question. What can be done to address this concern? Through a transformative worldview lens and mixed methods approach, I focused on current homeless interventions and their effectiveness, as well as how a holistic program approach can transform the lives of those experiencing homelessness and bring forth God’s shalom.

To guide the research procedure for this study, the primary question to address was the following. What can be done to reduce adult homelessness in America, specifically in Colorado communities? This central question was investigated using topics from the theoretical framework, starting with determining the causes of homelessness and its currently prescribed solutions. From that point, the secondary questions are as follows. What would a holistic program approach address for those experiencing homelessness? What program models should be utilized to develop a comprehensive and holistic approach to homelessness? The transformational worldview supporting questions to consider follow. What does transformation for the homeless look like, How could transformational leadership guide the process?

Research Design

Those experiencing homelessness in America continue to grow year over year, even though there are billions of dollars have been spent to address the issue. The previous literature review chapter described some causes of homelessness and how the various existing prescribed solutions have affected the homeless population based on past studies. This study investigated a holistic approach to homeless programs, using the logic Model to design a program's activities and desired outcomes and the theory of change to determine why the transformation occurs. The qualitative empirical research investigated transformation for those experiencing homelessness. As a case study, it also studied how Springs Rescue Mission could lead the way through transformational leadership by implementing a holistic program approach to homelessness that provides long-term success for its clients.

Transformative Worldview

Although I seek to understand the world I live in based on God's truth, which would be a social constructivist viewpoint (Creswell et al., 2018, p. 46), I believe it takes more than understanding to create a transformation for the marginalized. Therefore, the research approach I held to for this study was the transformative worldview method, where "The research contains an action agenda for reform that may change lives of the participants, the institutions in which individuals work or live, and the researcher's life" (Creswell et al., 2018, p. 47). Audéoud (2023) confirms this concept. "Research needs to be done, not just for the sake of theory, but should aim at bringing transformational life to communities affected by research" (p. 17).

Qualitative Method

Throughout the study process, I utilized the qualitative research method. Merriam and Tisdell (2016) explain, “Often qualitative researchers undertake a qualitative study because there is a lack of theory or an existing theory fails to explain a phenomenon adequately” (p. 17). Earlier, I described a holistic program approach as one that addresses all domains of one’s life. Also determined was that these areas can be broken down into health, work/finances, and housing, Health is further segmented into physical, mental, substance use, and spiritual. With these descriptions in mind and the logic model paradigm as the tool for developing a holistic program, the topics to explore were based on what activities in the program need to address health, work (vocational training), and housing to ensure each outcome level can create transformation based on the long-term goal based on the theory of change. Strickland (1998, as cited in Poutiatine, 2009) claimed that “transformational change involves many—perhaps all—dimensions of an individual” (p. 194). As the clients move to the determined short-term goals, they can live as their baseline at that stage. As Poutiatine (2009) explains, “Because of the systemic nature of transformation, wherein every aspect of an individual’s life is affected, there is simply no way to unlearn a transformational shift” (p. 197). These new baseline levels were also qualitative topics to address At each phase, one needs the answer to the following question. What are the short-term, intermediate, and long-term goals for health, housing, and work?

Participants of Study

As I interviewed clients at Springs Rescue Mission, I was able to understand their viewpoints on why they believe they are now homeless more clearly. “Qualitative

researchers are interested in understanding how people interpret their experiences, how they construct their worlds, and what meaning they attribute to their experiences” (Merriam & Tisdell, 2016, p. 9). Throughout the interview process, I used open-ended questions to alleviate possible gaps in program development and ensure the holistic approach meets all domains of the clients’ lives (see Appendix A).

As a Christian practitioner working for a faith-based organization, I must realize that the clients are God’s children. They may be considered “the least of these,” but they are not lesser to God; they are His beloved. As Audéoud (2023) states, “It behooves Christian researchers to pay the utmost respect to each human being, created in the image of God himself, the God that they serve” (p. 47). As a researcher and follower of Jesus, I am responsible for ensuring that the clients are honored as God’s children and shown the love of Christ. “The poor and oppressed are not the objects of the gospel, but the subjects” (Hill, 2016, pp. 4-31).

As the staff at Springs Rescue Mission has the experience and understanding of serving homeless clients, I also interviewed SRM employees. I sought to interview all departments throughout the organization to get as complete a picture as possible. I also ensured that I interviewed various levels of staff to obtain a well-rounded understanding of employee vision for helping the clients move toward self-stewardship in all domains of their lives. The final two questions on the survey were based on how staff see Springs Rescue Mission as a transformative leader in the community (see Appendix B).

As this research project sought to have SRM be a transformative leader in Colorado Springs, it was necessary to understand the community’s views on homelessness. Therefore, I also interviewed various outside stakeholders, from business

owners, pastors, partner agency practitioners, and government officials, to ensure all viewpoints were considered for a holistic approach to homeless program intervention. The questions for the community were similar to the staff interview questionnaire, as SRM is the case study for this research, and the organization that Colorado Springs looks to for answers to homelessness. This process also speaks to how Springs Rescue Mission can be a transformative leader in serving the homeless community (see Appendix C).

Data-gathering and Sampling Methods

The theoretical framework guided the data collection through a qualitative process of determining what a holistic approach can address based on the theory of change and logic model. Interviews and surveys were designed with open-ended questions for the Springs Rescue Mission clients and the staff.

Evaluation research collects data or evidence on the worth or value of a program, process, or technique. Its main purpose is to establish a basis for decision-making, “to make judgments about the program, improve program effectiveness, and/or inform decisions about future programming.” (Patton, 2015, as cited by Meriam and Tisdell, p. 4)

As the interviews were accomplished. The data collected was placed in a spreadsheet format. Each portion of life’s domains was collated to determine what activities must be developed for the holistic program to ensure the clients have the tools, skills, and knowledge to self-steward health, work, and housing. Although not possible for this particular research project, consistent review of the program must be incorporated to ensure desired outcomes are being provided for the clients.

Clients

Springs Rescue Mission was utilized as the case study for this research, and a portion of the current clients were used as a sample. An average of 300 unattached homeless adults are seen at SRM daily. I used a probability sample as the most significant portion of this research is qualitative. Dawson (2007) states, "In probability samples, all people within the research population have a specifiable chance of being selected. These types of sample are used if the researcher wishes to explain, predict or generalise to the whole research population" (p. 50). I desired an 80% confidence level, so I had to ensure that a minimum of 97 clients were interviewed for the program development (Raosoft, n.d.). According to Mission Tracker, the client software utilized by SRM, the current demographic division of clients by male and female is approximately 66% male and 34% female. To ensure I provided accurate information, I needed to interview 64 male and 33 female clients. As mentioned, Springs Rescue Mission had already begun developing a holistic program in which some clients participated. As the overall goal is to have over 50% of the clients in transformational programming (addiction recovery and sans addiction recovery), the clients interviewed are broken down between program and nonprogram clients. The total for each was 32 male program and nonprogram, 32 female program clients, and 31 nonprogram clients. From now on the paper, nonprogram clients will be defined as "relief service clients."

The addiction recovery program was utilized as a model to develop a holistic program; 100% of those clients were surveyed as a census. "For some research projects, there will be only a small number of people within your research population, in which

case it might be possible to contact everyone. This is called a census” (Dawson, 2007, p. 47). The male-to-female client ratio is consistent across all sheltering.

Clients capable of reading and writing received a questionnaire and were asked to fill out the information (see Appendix A). For those needing help, I sought assistance from Springs Rescue Mission shelter staff to help clients fill in the information. The gathered data was collated into an Excel spreadsheet for further review. Appendix A shows a sample questionnaire used with clients.

Staff

For the staff, I desired to get a complete picture of how employees see a holistic program approach and how Springs Rescue Mission can be a transformative leader in Colorado Springs. I interviewed staff in the health, work, and housing divisions. The program’s staff count is currently 90 individuals, but I wanted to interview only a portion of each department at specific levels. I included managers, supervisors, and four other employees from each department. This portion was purposive sampling.

Purposive sampling is used in research studies to select a specific group of individuals or units for analysis. This method is appropriate when the researcher has a clear idea of the characteristics or attributes they are interested in studying and wants to select a sample representative of those characteristics (*What Is Purposive Sampling?* 2023, para. 1).

Each department provided expertise detailing how a holistic program should be developed from the staff’s understanding of working with those experiencing homelessness. The questionnaire also provided two questions on transformative leadership. I also did a census interview of the leadership team, which consists of five

executives and three senior directors. Appendix B shows a sample questionnaire that was used to guide staff interviews. Like the client-collected information, the staff interviews were documented in an Excel spreadsheet.

Community

Community sampling was the most challenging portion of data gathering. The population of Colorado Springs in July 2022 was 486,248 United States Census Bureau, n.d.). At this count, I surveyed approximately 50 individuals to ensure less than 15% error and 85% confidence (Raosoft, n.d.). I also needed to divide the total survey number into church, government, and business community sectors. As business is the largest sector, I worked to get 60% of business surveys, with 20 of those being practitioners in the field of serving the homeless population. I broke down the other percent into church and government. Partner agencies and practitioners also represented half of the business sector serving the homeless community. Appendix C shows a sample questionnaire used with community members. This questionnaire was emailed to the many individuals interviewed and added to the Excel process.

Data Analysis

Collecting data is essential to research, but analyzing it is what determines what the data means. As this research was based on human research, I utilized the qualitative approach. Leung (2015) states, “In general practice, qualitative research contributes as significantly as quantitative research, in particular regarding psycho-social aspects of patient care, health services provision, policy setting, and health administrations” (para. 1). The data analytics included analyzing qualitative questionnaires from all areas and

then reviewing the information to determine how they addressed the clients needs in health, work, and housing.

The combined questionnaires and interviews were based on the theoretical framework process of the theory of change and the logic model. This information was then placed through a thematic and comparative analysis. “When data is analyzed by theme, it is called thematic analysis. This type of analysis is highly inductive; that is, the themes emerge from the data and are not imposed upon it by the researcher” (Dawson, 2007, p. 120).

In contrast, a closely related comparative analysis is when data is continually collected and evaluated until no new information emerges. According to Dawson (2007), “Comparative and thematic analyses are often used in the same project, with the researcher moving backwards and forwards between transcripts, memos, notes and the research literature” (p. 121). Once the qualitative survey speaks into developing and creating a holistic program process, a quantitative approach was used to shift the program approach. It will be utilized for future development to ensure the program provides the desired outcomes.

The post research process of data analytics will be long-term. Initially, information was gathered on current Springs Rescue Mission program clients through HMIS, Mission Tracker, and Power BI. The data showed if clients are positively moving through the holistic program. The program has had various changes in some areas to provide stronger outcomes. In the future, the data will help determine if program processes must be adjusted to provide the necessary health, work, and housing skills. The programs will be adjusted if program activities do not give the clients the determined

outcomes. The long-term data analysis will be a multi-year process. The continued research will also include encouraging clients toward holistic programs and tracking for a minimum of 24 months post-graduation to ensure long-term and transformational outcomes.

Evaluation

Data evaluation is defined by the research procedure's validity, reliability, and generalizability. According to Middleton (2019) "Validity refers to how accurately a method measures what it is intended to measure". Whereas "Reliability in this context refers to the consistency or repeatability of an instrument" (Creswell et al., 2018, p. 215). The generalizability of research is determining how the study sample "will then broadly 'generalize,' to other study settings, samples, or populations, is as much a matter of judgment as of statistical inference" (Rosenbaum, 1988, para. 1).

The research must have verifiable procedures to ensure that the information is correct and that the external and internal risks are mitigated. Creswell et al. (2018) state, "Internal validity threats are experimental procedures, treatments, or experiences of the participants that threaten the researcher's ability to draw correct inferences from the data about the population in an experiment" (p. 242).

The process of triangulation is a typical approach to ensuring validity and reliability of qualitative data, which involves gathering data from multiple sources. Survey questionnaires were utilized for Springs Rescue Mission clients, staff, and outside stakeholders. Each survey was identical for its specific areas. Although there was a past dislike for qualitative research methods in health and social services, the paradigm has shifted. According to Leung (2015), "In many ways, qualitative research contributes

significantly, if not more so than quantitative research, to the field of primary care at various levels” (p. 324). Whittemore et al. (2001) agree that it is challenging to validate qualitative methods in the same manner as quantitative but “A distinction between primary and secondary validity criteria in qualitative research is made with credibility, authenticity, criticality, and integrity identified as primary validity criteria and explicitness, vividness, creativity, thoroughness, congruence, and sensitivity identified as secondary validity criteria” (para. 1). As a service provider at Springs Rescue Mission, I have access to hundreds of clients. I have ensured that there is a high level of questionnaires for both clients and staff to provide thoroughness. I also have connections to a variety of outside stakeholders, which enabled me to generate a wider spectrum of a viewpoint for all sectors in the community. Regarding the long-term phase (beyond this research project) I will be able to track all clients through each stage to determine the effectiveness of the program process. The client software Mission Tracker and Power BI utilized by Springs Rescue Mission can provide the necessary data consistently.

Ethical Considerations

As a researcher, ethics are a significant and vital part of this study. This project focused on a vulnerable population in all domains of their lives. All information taken for this research is from Springs Rescue Mission clients who have all signed a release of information form before entering the campus (see Appendix D). For this study, I used SRM’s Health Insurance Portability and Accountability Act of 1996 (HIPAA) process of only the first three letters of the client’s first and last names, and the Mission Tracker ID was utilized to identify the individual. As Springs Rescue Mission provides information for many government grants and collaborates with many partner agencies, the

organization underwent the rigorous process of being best practice-certified by Rocky Mountain HIPPA Guru consultants (n.d.).

Transformational Strategy

This research aimed to determine if a holistic approach to homelessness could provide a long-term transformation to those experiencing homelessness. As described earlier, transformation is an individual's transition that creates a long-term dramatic change. The theoretical framework provides the guardrails toward this process by defining the theory of change and the logic model as the overarching method for designing a holistic program. The transformational strategy proposed by this study was the holistic approach to the homelessness model of Springs Rescue Mission. As individuals transition from their current situation of homelessness to clients at Springs Rescue Mission, they move toward safety and out of their essential needs requirements. Once they feel a sense of belonging, their lives begin transforming. Throughout the clients' stay at Springs Rescue Mission, they are continually shown the love of Christ to provide them with the Gospel in action. As the clients move toward a holistic program, they are equipped with the skills, tools, and knowledge to be self-steward in health, work, and housing. As individuals use the tools they have acquired, they utilize them and are now changed into positive members of society.

In previous chapters, I discussed how most individuals, no matter if they believe in housing first or work first, see mental health as a significant issue for those on the streets. Understanding that those living on the streets have endured trauma that has exacerbated their health shows the community and Springs Rescue Mission that the first thing that must be done is to serve the clients where they are in their basic survival needs.

Individuals living on the streets have dealt with fear, creating distrust for others. People cannot be reached if those serving them are unwilling to provide for their essential needs first. God has called His people to meet people where they are and to serve them accordingly. Barker (2018) states, “An incarnational approach requires presence. This willingness to be relationally and locally available for people above program agendas can be understood as a special Christian contribution to the transformation process in slums” (p. 233).

When viewed from Maslow’s hierarchy of needs, the requirements for food and shelter are essential aspects of human survival (McLeod, 2024) (see Appendix B). Until a person has these basic needs met, they cannot address other concerns in their life. Elliott (2006) wrote, “For the real poor, poverty means thinking just for the moment. It is the inability to think about the future because of the total demand to think about survival in the present” (sec. 2, p. 6). Furthermore, once individuals are secure in their physiological needs of food, shelter, and clothing, they can move forward in other areas of their personal development. Once an individual’s essential needs are met, they can regain cognition and reconnect the dots of life. At this point, holistic programs can begin and be effective at the next stage of transformation.

Holistic Program for Transformation

As described earlier, many social services believe in simplifying programmatic interventions into housing first, employment first, or behavioral health first (SAMHSA) processes. Each method seeks to address a portion of an individual’s life. Holistic programs are designed to positively affect each area of an individual’s life: health, work, and housing. The whole-person approach must provide an individual with self-sustaining

skills to be self-sufficient in all areas of their life, “able to supply one’s own or its own needs without external assistance” (Self-Sufficient Definition & Meaning, 2023).

Health is a complex topic that includes spiritual, physical, and behavioral health (mental and substance abuse). For this study and the outcome of clients’ description of work-sustaining or financially self-sufficient, people can budget their money and ensure they spend it wisely. Self-sustained housing is staying permanently housed without agency or government assistance. Health-sustaining people should be described as maintaining one’s medical issues, not being affected by substance use, and building and supporting spiritual growth. In each of these cases, there must be a process that provides them with the skills to become self-sustaining and maintain self-sufficiency for the long term. These descriptions define a transformed life in all domains, with the final process of spiritual health being the eternal factor of those being served. Although Springs Rescue Mission is called to serve everyone, the overall desire is to see lives transformed by the blood of Christ. The Apostle Paul wrote to the church in Colosse.

For this reason, since the day we heard about you, we have not stopped praying for you. We continually ask God to fill you with the knowledge of his will through all the wisdom and understanding that the Spirit gives so that you may live a life worthy of the Lord and please him in every way: bearing fruit in every good work, growing in the knowledge of God, being strengthened with all power according to his glorious might so that you may have great endurance and patience, and giving joyful thanks to the Father, who has qualified you to share in the inheritance of his holy people in the kingdom of light. For he has rescued us

from the dominion of darkness and brought us into the kingdom of the Son he loves, in whom we have redemption, the forgiveness of sins. (Colossians 1:9-14)

City Transformation

The transformation of a community brings forth shalom. This study provides significant first steps to transforming the Colorado Springs community and bringing forth shalom, including those experiencing homelessness. Swanson et al. (2010) wrote, “Viewing the development of our cities through the lens of shalom can help provide a robust roadmap” (p. 6). However, bringing forth transformation will take all sectors working together. Nonprofits, public and private sectors, and the Church can collaborate and create dramatic life-changing services for those in need. It will take a broader vision of poverty and its effects on those experiencing it. It must also incorporate the internal understanding and conditions of those experiencing homelessness. Smith (n.d.) of Christian Directions, Inc. stated the following.

Poverty is about relationships. It is not just about economics. Poverty is a broad concept including economic, social, emotional, mental, physical, and spiritual realities. It is often intergenerational. As we will see, it affects peoples’ identity (social exclusion, absence of harmony in life and wellbeing) and their vocation (deprivation at every level of life including one’s ability to participate in the welfare of the community). (Smith, n.d.)

As the city views the changes occurring in homeless individuals, city administrators, business people, and other community members may seek to understand better how this transformation is happening. Springs Rescue Mission will provide town hall meetings to the community to describe the holistic program approach to

homelessness. The organization can also invite city officials and business leaders to tour the mission and hear about the transformational process of programs. As the community sees the benefit of the holistic programs, they can use their influence to change other organizations in the city and the state.

Springs Rescue Mission also has the opportunity to speak to hundreds of rescue missions nationwide. Each year, a City Gate Network conference provides organizations with opportunities to educate other missions on various topics (Citygate Network, n.d.). If the holistic approach continues providing clients with the necessary skills to succeed, Springs Rescue Mission could bring the concept forward at the annual conference. This process could multiply the efforts of delivering holistic programs to homeless individuals, regardless of substance use disorder, across the nation.

Summary

This chapter described my transformative worldview as the lens for the empirical research project. It defined the research methods as qualitative based on the study topic of a holistic approach to homelessness. I also discussed the data collection and evaluation process. I then provided the ethical standards of this study and how they were followed to ensure client privacy. Finally, I explained the transformation strategy for the clients and the community: holistically serving the homeless community and bringing shalom to Colorado Springs.

CHAPTER 4

SETTING, FINDINGS AND RESULTS

Introduction

Chapter 4 of this study provides the results garnered from the qualitative research. The empirical research was used to determine if a holistic approach to serving those experiencing homelessness could positively impact their lives. The case study was based on Springs Rescue Mission (SRM) clients and programs to determine if a holistic program approach that addresses all domains of one's life could provide long-term transformation to the homeless community with a final goal of God's shalom for the city of Colorado Springs.

Case Study Setting

Historical Overview

Springs Rescue Mission (SRM) is a 25-plus-year ministry; it began with a couple who wanted to provide for the homeless community. Over the following decades, SRM added various services; however, like other agencies, they confused these services with programs. For example, there were sheltering programs, family food programs, poverty relief programs, and the "Message and a Meal" (aka a soup kitchen) program, but these were really just services.

A soup kitchen is an example of a service, in that it provides healthy meals that are good for the visitors. However, we have no way of knowing if the meals have led to a change beyond satisfying hunger for a few hours. (Leonard, 2019, para 4)

Furthermore, these programs had zero goals and few, if any, structured activities with no process for completion. They perpetuated the need for clients to return again and again for assistance. There was no long-term goal for transformation.

Although many services at SRM were falsely named programs, SRM has had a structured program for a couple of decades, and a few program concepts have arisen in the past seven years to bolster the idea of a holistic program. The New Life Program (NLP) is a 12-18-month men's residential addiction recovery program. Although the long-term outcomes have recently been defined based on a holistic viewpoint, they have not always been that way. For example, in the early years, the NLP's only requirement for graduation was twelve months of sobriety. There was little to no concern about the other areas of their life. Besides the monocular objective, there was a lack of trackable outcomes. The only tracking process in the program was intakes, early dismissals, and completions. There were no other quantitative or qualitative standards of success. This lack of measures ensured that program leadership made few changes in program processes. They believed the consistent yearly graduation rate of 30% was a best practice and, therefore, needed no changes. According to Lussier and Achua (2016), "Effective leaders realize the need for continual change to improve performance" (p. 36).

From Services to Programs

However, between 2012 and 2013, Springs Rescue Mission began to make some changes with outcomes as the focus. Larry Yonker, SRM's chief executive officer at the time, had the vision to build a resource campus that could provide for the needs of the homeless community. According to the SRM website,

The “Community of Hope” capital campaign was launched to fulfill a God-given dream of creating an extensive homeless resource campus in Colorado Springs. We envisioned it as a place where neighbors struggling with homelessness, hunger, poverty, addiction or food insecurity could come to address their legitimate need for housing, health and work. (Springs Rescue Mission, n.d. para 4)

Between 2015 and 2021, the SR campus grew from a couple of acres to 14 acres and includes over 30 plus partner agencies’ services on campus, including the Colorado Department of Human Services (Colorado Department of Human Services, n.d.), an onsite medical provider for physical health needs, multiple behavioral health specialists, parole and probation services. “Over 25 years since its birth, the Mission has grown exponentially. What started as a simple gesture of compassion — reflecting the love of Jesus to all men and women — has grown into a Community of Hope” (Springs Rescue Mission, | n.d. para 10).

During this capital expansion, the board knew it had to hire forward-thinking staff to completely shift from basic services to transforming the homeless community. I was blessed to be one of those staff members. I came to Springs Rescue Mission wanting to make a difference. I felt a call on my life to do more than make others and myself a profit. Maggay (2017) believes, “More accurately, it is obedience to the way we were made” (p. 20). Over these past years, I have realized that God has prepared me to be the chief Programs officer for this time. Guinness (1998) “The truth is not that God is finding us a place for our gifts but that God has created us and our gifts for a place of his choosing-and; we will only be ourselves when we are finally there” (p. 53).

Although I understand God has always had a plan for me, I did not realize how he would change me so drastically in the process. I moved to Colorado Springs because I believed God called me to serve at Springs Rescue Mission, but I had preconceived ideas about the homeless. As an individual who grew up poor but became a successful businessman, I assumed that those experiencing homelessness just needed a job. Regarding this type of thought process, Vincent (2017) states,

We elevated ourselves higher than our capabilities. And from such an elevated altitude we inevitably end up looking down on others, exercising judgment, something mankind has not the knowledge, perspective or capability of doing. This overreach has been a root cause of much injustice, violence, unrest, and unhappiness. (p. 232)

When I arrived at SRM, I developed a vocational training concept for the addiction recovery program. I created a participatory process from multiple department experts. Department leaders worked together to create a trilevel training process to enhance the outcome of addiction recovery and provide clients with job skills for a better financial future. They offered various thoughts and ideas for developing client vocational training. It was a group effort to help clients understand their worth and the beauty of working with their hands. Maggay (2017) explains that “Part of our respect for human dignity is that we make it possible, as far as we are able, for people to make a living out of the labor of their hands” (p. 9). Adding vocational training to the addiction recovery program was a benefit, but it was still insufficient. Sobriety and income are not the only issues to address when someone has lived on the streets. Elliott (2006) says, “Until they can cope with the multifaceted demands of life, they cannot remain stable” (p. 110).

Another significant deficiency of creating job training for only the addiction recovery program was that it was only for men with substance abuse issues. The program did not address women or those without addiction issues. Not everyone homeless is male, and not everyone has addiction issues. Faith-based organizations, including Springs Rescue Mission, often claim to realize the need for whole-person programming. However, to transform the entire homeless community, there must be a holistic approach to address all areas of one's life regardless of addiction. Hill (2016) wrote, "Transformation happens when our mission is holistic-to whole persons and whole communities" (pp. 3-14).

A New Direction: Holistic Idea

Over the previous ten years, Springs Rescue Mission had shifted from a services mindset to a program focus that would provide a Christ-centered approach to serving those experiencing homelessness and addiction. Although the ministry had not truly determined what a holistic approach should look like, the program focus had begun to look at homeless issues from a whole-person perspective. As chief programs officer, I knew that Springs Rescue Mission needed to focus programs on more than those facing substance use disorders. This rescue mission is Southern Colorado's largest low-barrier adult shelter, but the programs only affected 20-30 males in the residential addiction recovery program, known as the New Life Program.

In 2020, the program teams began to develop a program for all unaccompanied single adults with or without addiction issues. The team used the New Life Program concept as the overarching framework for the Hope Program. As a programs team, we created a program intending to serve 51% of the clients on campus and provide them with

the skills, tools, and knowledge to self-sustaining in health, housing, and work. The original program began on July 1, 2021.

This program, known as the Hope Program, began as a tiered program focused on all life domains. There was vocational training in various departments to provide skills for jobs. The program provided case management to direct clients in their physical and behavioral health. The sheltering portion helped clients with their housing process and guided them toward transitional and community housing. Each area was designed to work collaboratively to help clients move through the program systematically. From a surface viewpoint, the program succeeded as many clients gained employment and were housed but they were unsuccessful in maintaining reintegration into community. There was a lack of transformation.

The program's main focus was to get people working and housed without ensuring the clients were fully prepared. Success was determined by the number of clients housed and employed monthly and yearly. The Hope Program blended the work first and housing first models with little regard for the client's physical, mental, and spiritual health. The Hope Program did not have a strong framework, and the oversight of the clients' program success mainly fell on the case managers. Although these staff members are well-meaning and desire to see the clients succeed, their educational upbringing often created philosophical disconnects with the program. When clients felt that program sheltering or vocational training was overly difficult, the case managers advocated for their clients to have different rules in the program or even sought to guide them out of the program.

Instead of advocating for the clients to work through their struggles and stay in the program, the case managers believed the clients could not handle life's daily struggles. Without realizing it, the case managers who wanted to value their clients considered them inferior and incapable of doing more. Vincent (2017) states,

When we value something or someone, we cannot escape evaluating it. As evaluators we put ourselves in the judgment seat. Is this person, place or thing worth the expense of our money, time, attention, or devotion? When we value someone (even ourselves) or something, we typically endow the person, place, or thing with a worth that is greater than another. Comparative logic is difficult to avoid. Discrimination is unavoidable. (p. 177)

Not only did the advocating process create issues for the clients dealing with their trials, but it also developed staffing frustrations. Employees in the vocational training departments and sheltering areas were frustrated with the case managers and vice versa. The collaboration of program staff in guiding the clients through the program was lacking. There was constant infighting throughout the departments. The Hope Program was not a collaborative process.

The program did not provide the clients with the self-sustaining skills, tools, and knowledge to be successful in the community. Robin Voss, the senior manager of transition and Housing, believes several issues arose with client graduates and revealed to our program Leadership that the program needed to be redeveloped. Voss stated,

The factors that initiated the determination stemmed from several issues resulting in either loss of housing, which had been secured for program clients by the

Mission, or the threat of loss, which required a high level of mitigation, including financial resources in some cases, to maintain current housing was as follows.

- Falling back into substance use
- Isolation due to lack of connection in the community

The program pushed people through the process, but within a few years, it became apparent that there were no defined goals, and graduation was vague and unclear. The program was not transformational.

Research Starting Point

In May of 2023, I realized that I was leading a program division that did not have the right guard rails to be truly effective and transformative for the clients. Springs Rescue Mission was overly fixated on getting people housed and employed. We did not have a truly holistic program. We communicated to staff and the community that our programs were whole-person in addressing clients' health, housing, and work needs. However, we did not have defined goals in each area to ensure the clients would have long-term transformation. Holistic programs must provide change and long-term transformation to those they serve.

Stakeholders

With this new approach in mind, the research goal of this study was to determine how to develop a comprehensive and holistic program that clearly addresses the clients' needs to transform the homeless community and God's shalom to Colorado Springs. For this type of transformation to take place, Swanson et al. (2010) believe that "Community transformation, if it is to be genuine, lasting, and holistic, will need to take into account all three sectors of society" (p. 149). Questionnaires were sent to various external and

internal stakeholders. The information gathered from these open-ended survey questions defined the areas of need for the homeless and how to develop a holistic program. The outside sectors included local businesses, churches, practitioners, government agencies, and other community members. Internal stakeholders consisted of Springs Rescue Mission program staff, support staff, executive leadership, and the clients, both program and relief clients. For those in the business community, I sent out 65 questionnaires and received responses from 33 business leaders and community members. There were also 30 surveys sent to church leaders and members and 30 questionnaires sent to government officials and employees with a 30% received rate. The practitioner and partner agency surveys sent totaled 50. One of Springs Rescue Mission's partner agency CEOs suggested I create a Survey Monkey (n.d.) for the questionnaire to help receive some feedback from practitioners who wished to remain anonymous. Appendix E is an example of the Monkey Survey questionnaire. This process did provide extra information that might otherwise not have been given due to the respondent's negative feelings about Springs Rescue Mission's Christian bent and program philosophy.

Divisions and hierarchal levels broke down staff questionnaires. The program staff provided the largest number of questionnaires, with 30. The program departments are vocational training, operations (a.k.a. training departments), food services, transportation, relief services, security, client software, and program sheltering. Support staff, development, executive team, and senior Directors are also a part of the Springs Rescue Mission team. The total number of staff questionnaires used for this research was 50.

Findings

Doing research across all sectors, both internally and externally, brought forth great information but also challenging information. Regarding research, Merriam and Tisdell (2016) stated, “If the study had developed a substantive theory, that would have been the focus of the write-up. The report or article would emphasize the study’s methodology and the analysis and interpretation of the findings” (p. 271). When viewing the outside stakeholders (businesses, churches, practitioners), there was consistency throughout on how they viewed the homeless population and their overall needs. The main difference was with church parishioners’ understanding and expressed the need for faith to be a part of long-term transformation. In most cases, outside stakeholders in the business and church sectors also agreed on Springs Rescue Mission’s ability to serve clients with positive outcomes for themselves (clients). The challenge came forth in the differences in partner agency and practitioner views on Springs Rescue Mission’s philosophy of programs and how they and many relief clients see the solution to their current situation.

Businesses

This research began with the private sector to understand the community’s thoughts on the needs of those experiencing homelessness, how to provide for those essentials, and if they see SRM as a possible solution. A figure summarizing each stakeholder group’s responses is presented at the end of each section describing stakeholder responses. Of those in the business realm who returned their questionnaires, the majority stated that those experiencing homelessness needed food and shelter. The next highest indicated was alcohol and drug treatment. The fourth and fifth were

affordable housing and work training. Affordable housing is a vague term. Solomon (2021) agrees and states that,

You may have heard affordable housing used as a pseudonym for public housing, or publicly subsidized housing, or housing set aside for those with low incomes. But most of the time, when you hear about affordable housing, there isn't a definition attached, and different people mean different things. (para 1-3)

Because of this vague term, I questioned Respondent #3's definition of *affordable housing*. She explained, "Affordable housing means we need layers of housing options that help the impoverished move from one level to the next once capable." She stated, "Research shows that multilevel housing causes growth in the community."

Along with the top five items, there were various one-offs, such as socks, toiletries, and mail services. A few respondents also mentioned the concept of program services that guide the clients toward self-sufficiency, as this research seeks as the end goal. For instance, Respondent #12, a real estate developer, stated, "Compassion in multiple levels of support with the goal being independence and self-sufficiency," and Respondent #15, an executive assistant, said,

Shelter, food, assistance to find employment, medical, mental, and personal hygiene support, access to resources that support all of these. A retired resident who has lived in Colorado Springs for 10-plus years says that she believes those experiencing homelessness need "Addiction Recovery services and processes to help deal with the issues that cause their homelessness." She also believes that vocational training, job search help, and counseling for mental health and trauma are areas of need.

Regarding how Springs Rescue Mission can provide for the needs of the homeless community and if the respondents see the benefits of SRM programs, the majority stated that they believe that SRM is already serving the needs of the clients and that the ministry is a benefit to those they serve. However, one individual surveyed did not think the mission was positive for the community. Respondent #23 stated, “My overall opinion is that the Mission enables the homeless to continue as they are. Free meals, a place to sleep, etc.” He went on to say that he is upset with how the homeless think and that they “choose to be that way.” I would have liked to ask him if a holistic approach would alleviate some of his frustration about the mission, but his questionnaire was anonymous.

The overwhelming majority believed positively about Springs Rescue Mission’s ability to provide for the needs of the homeless community and desired to see SRM continue to provide for the clients. Along with their positive reactions to SRM, many respondents described a process that could be characterized as holistic regarding how to provide for the needs of the homeless community. For example, Respondent #24 believes that Springs Rescue Mission should establish a

program that teaches skills, allowing the homeless population to empower themselves and interact with the community. The program should center around/include – education on mental and physical health, communication, skill development for potential jobs, service opportunities to build skills and reputation.

Respondent #26 greatly understood the need to create a program and continually evaluate for success.

The private sector of Colorado Springs provided some great insight into not only how they view the needs of people experiencing homelessness but also how Springs Rescue Mission can serve these needs. A few questionnaires also gave examples of clients' success stories from SRM. Respondent #26 stated that she knew of graduates from the program who are "able to stand on their own two feet and give back to SRM by working for them." Respondent #31 said the gym he attends has "partnered with SRM and has talked with clients who have graduated and are now housed and working." The business sector graphs (Figures 5 and 6) show the items of need defined by the respondents, how Springs Rescue Mission could serve the homeless population, and the positive and negative views of SRM.

Figure 5

Business Graphs: Homeless Needs

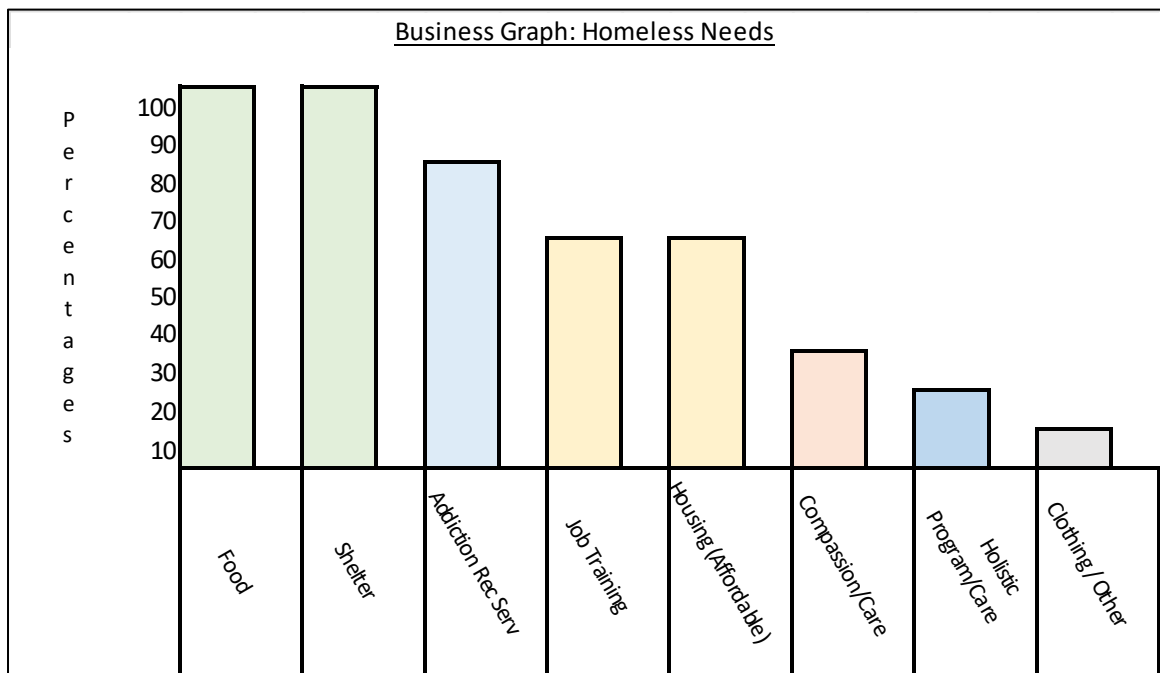
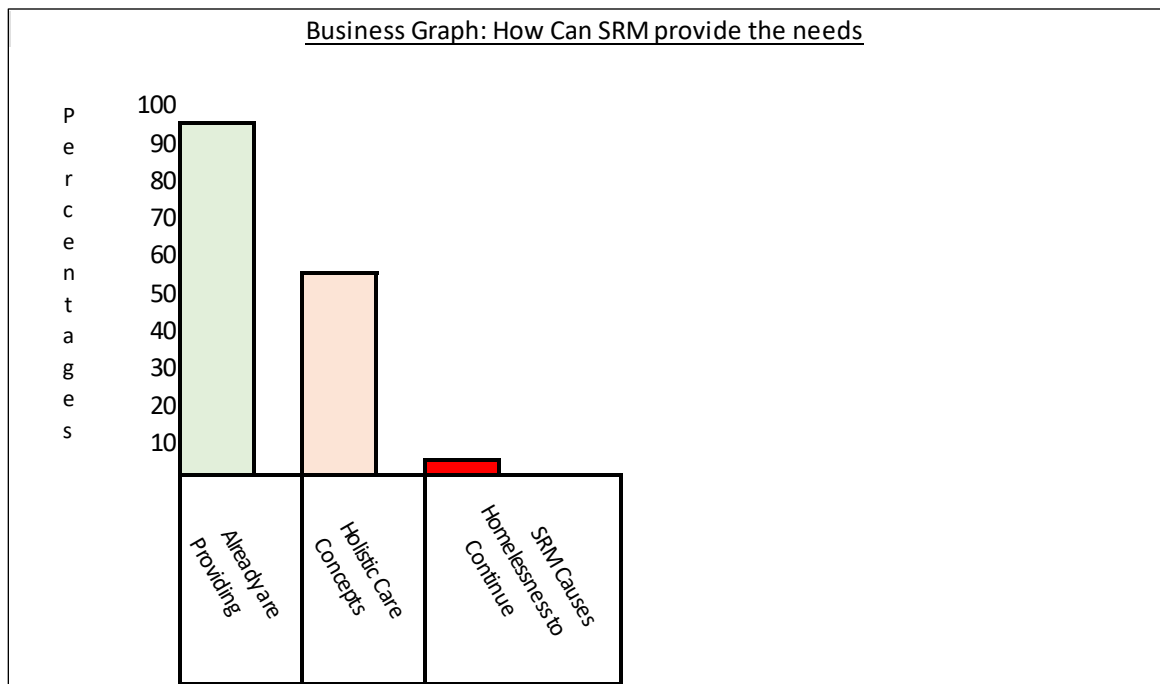


Figure 6

Business Graph: How Can SRM Provide the Needs



Churches

The church questionnaires received were very similar to those obtained from the business community. The similarities could be due to Colorado's having a very strong faith community. Therefore, the business and church sectors have similar thoughts as those in business often attend church. Yi (2013) agrees and states,

Among many American Christians, Colorado Springs is also known for something else—as an epicenter of evangelical faith and activism. That's partly because of the high-profile megachurches in the community but mostly because of the sheer number of national evangelical Christian groups headquartered here. In fact, there are so many Christian groups in this community, Colorado Springs has earned something of a reputation and a nickname: America's Christian Mecca. (para. 1)

Although there were some very strong connections between business and the church regarding the needs of those experiencing homelessness, those in the church all commented on the need for Christ in the context of needs and how Springs Rescue Mission can serve the homeless population. This addition might have been due to where they received the questionnaire: church, business, or home. For instance, Respondents #12 and #13 received their community business questionnaire at home, and one mentioned Christ as a need, while the other described serving through compassion. Both of these respondents are church patrons of the same denomination.

Regarding church leadership, the answers were more direct about those experiencing homelessness needing the Gospel. Respondent #2, a pastor of a larger downtown church, stated,

Shelter, Food, Clothing, Community/Relationships, Access to Medical Care, Mental Health and Recovery Programs, Vocational Training – all within the context of the love, hope, and power of the Gospel.

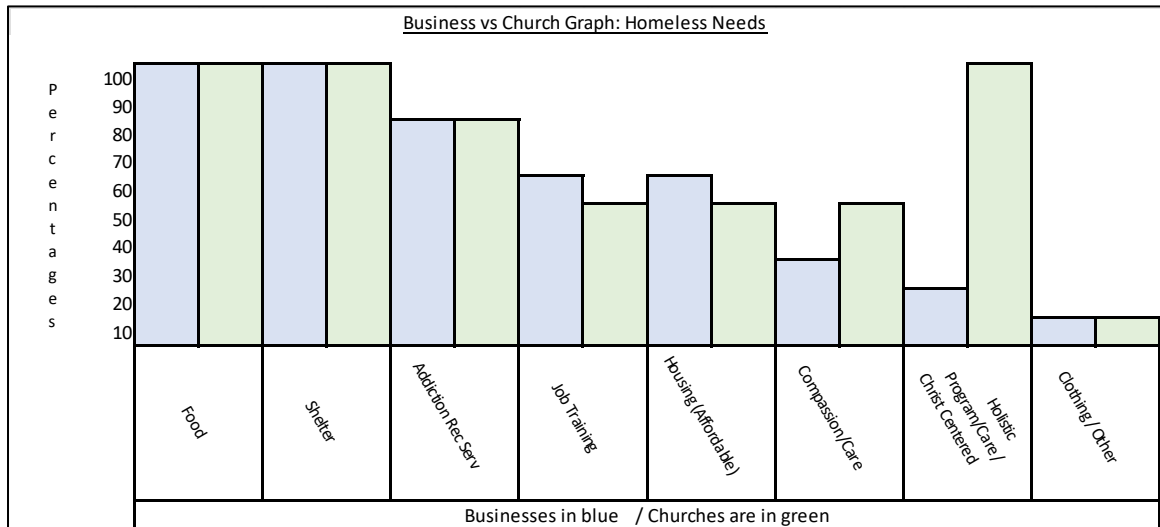
Respondent #4 was similar and identified the following items: “Spiritual Counsel, Mental health evaluation & counseling, Job training, Temporary housing, and Drug rehabilitation. In answering the question, How can SRM provide for these needs?” This same pastor wrote,

I have been impressed with what I have seen with the work the SRM has been doing. I guess I would tie the meeting of physical & immediate needs with the long term training and counseling to ensure long term success. Tie what one receives and how much the homeless participate in the program.

Regarding perceptions of the needs of the homeless, Figure 7 shows the similarities of perceptions between the business and church sectors. For this study, holistic care and Gospel-centered are under the same category.

Figure 7

Business vs. Church Graph on Homeless Needs



Partner Agencies and Practitioners

Case managers filled out the majority of partner agency questionnaires. These practitioners agree with the business and church community on the needs of those experiencing homelessness in many ways. However, there is one major difference. The case managers stated housing as the number one issue while churches and business believed food and shelter were the main needs. This difference could be based on varied reasons. The first is the previously mentioned characteristics of case management education, as most respondents were case managers according to their occupation, but many filled out the questionnaire anonymously. As described earlier in the Literature Review chapter, the housing first model is currently the federal government's main focus; therefore, it is also the main focus of case management education. Second, many of

Springs Rescue Mission's partner agencies are not faith-based businesses, nor are many organizations serving the same clientele. Therefore, they do not like our Christ-centered approach. Third, many case managers and other agencies are often frustrated with the publicity and funding SRM receives from the city for the work being accomplished at the mission. According to the Coloradosprings.gov website,

The City of Colorado Springs, Community Development Division, provided a critical infusion of CDBG funds early in SRM's capital campaign, effectively catalyzing the development and rallying the support of private donors, philanthropic organizations, and the State of Colorado Division of Housing. The project expanded SRM's campus as the designated location for unaccompanied adults experiencing homelessness from 4.5 to 8.7 acres, developing adjacent, blighted land as well as the commercial properties intermixed with its previous facilities. (Springs Rescue Mission Campus Expansion | City of Colorado Springs, n.d. para. 4)

The website explains how the city and SRM worked together to create a resource campus where partners can serve the homeless population without duplicating services.

The frustration about how certain case managers feel about SRM shows in Respondent #3's response as follows.

I'd also consider how SRM comes into important conversations, particularly regarding city funding, and access such a large part of it when there are a lot of other agencies who need a piece of that pie. There is a huge power imbalance. I am curious about how SRM advocates for other important providers in this community.

Respondents #4 and #5 also seem frustrated with SRM, as both mention that the organization does not work well with other agencies to build comprehensive services. Respondents #7 and #22 agree and add that SRM needs to stop trying to “push religion.” Respondent #22 emphasizes this belief and states, “I’ve seen evidence that the Rescue Mission believes it is more important to evangelize than to truly serve. These choices contribute to the unacceptable amount of death, disability, and disconnection that the homeless in Colorado Springs face.”

Along with many case managers having a negative view of Springs Rescue Mission, they agree that the housing first model is the best approach to positively serving the homeless population. One hundred percent of the case manager respondents either mentioned the term “housing first” or described the concept. Respondent #4 described Colorado Springs homeless services needs by stating, “More transitional housing programs; Implementation of Housing First approach to community members.”

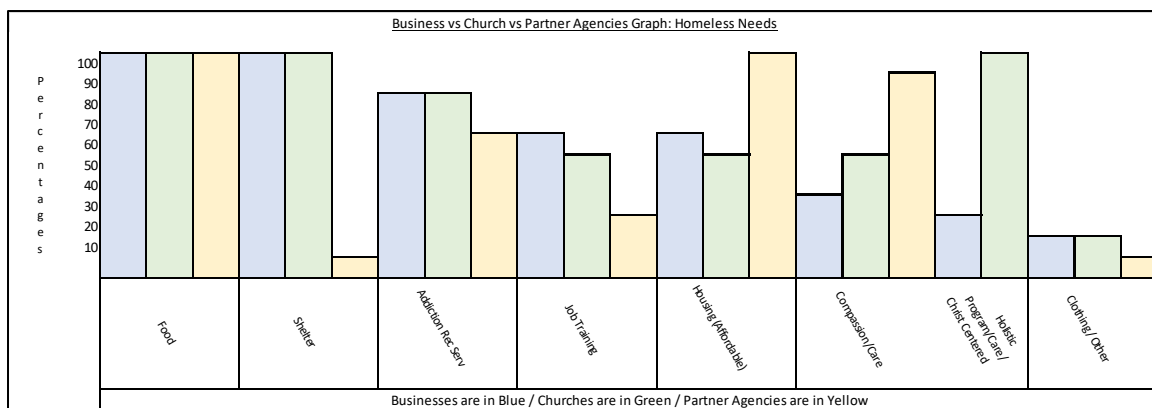
Although most surveys from case managers and other practitioners gave poor reviews about the Springs Rescue Mission, the leadership of many partner agencies sees the Springs Rescue Mission as a vital part of serving the homeless population. According to Respondent #14, the CEO of a ministry that serves the homeless population in the downtown area, “SRM provides quality services that address all the needs of those experiencing homelessness.” Respondent #16 agreed, saying, “Yes, I believe SRM is doing a good job for our community.”

The differences in views between partner agency leadership and their staff could be attributed to the need for leaders to be seen as collaborators and not really believing what they wrote about SRM. There could also be a disconnect in understanding the

services SRM provides between practitioner case managers and their leadership. Either way, SRM is deficient in educating other agencies and needs to find ways to be seen as better collaborators. Figure 8 shows the differences between businesses, churches, and partner agencies regarding the needs of those experiencing homelessness.

Figure 8

Business vs. Church vs. Partner Agencies Graph on Homeless Needs



Government

The city government is the final external stakeholder surveyed in serving the homeless population's needs and providing holistic programs with the long-term goal of transformation. As described earlier, the city of Colorado Springs is a partner of Springs Rescue Mission. They seek to provide funding for some relief services. Like businesses and churches, most residents consider food, shelter, and medical care the most dire needs. They also added job assistance, and more than half stated that rental aid was essential for those living on the streets. Government Respondent #7 gave this comprehensive list: "mental health services, employment training, family counseling, substance abuse assistance, rental housing assistance, credit repair, and advocacy information." Respondent #8 had an even more in-depth list that included the following.

Financial stability/job earning a living wage or housing based at 30% of their income if disabled, supportive services to help them transition from survival skills to housing skills (for example, developing positive relationships with landlords, home maintenance basics, long-term goals and financial planning, monthly budgeting, decision-making skills, cooking, and nutrition).

These complete lists show that these government employees have experience in homeless services. Respondent #8 is a homeless prevention and response coordinator and was previously the CEO of a family shelter program.

There are varied responses to what SRM can do to serve the homeless population's essential needs. The homeless prevention and response coordinator stated that SRM is good, but "I think it's unrealistic to expect one agency to meet all the needs. I think collaborating with partner agencies is a tremendous benefit and something they do well." Respondent #5 explained that she believes that SRM should "provide more transparency around issues SRM faces that may not be more publicly known to partners and the community." Respondent #9 gave an intriguing answer and declared,

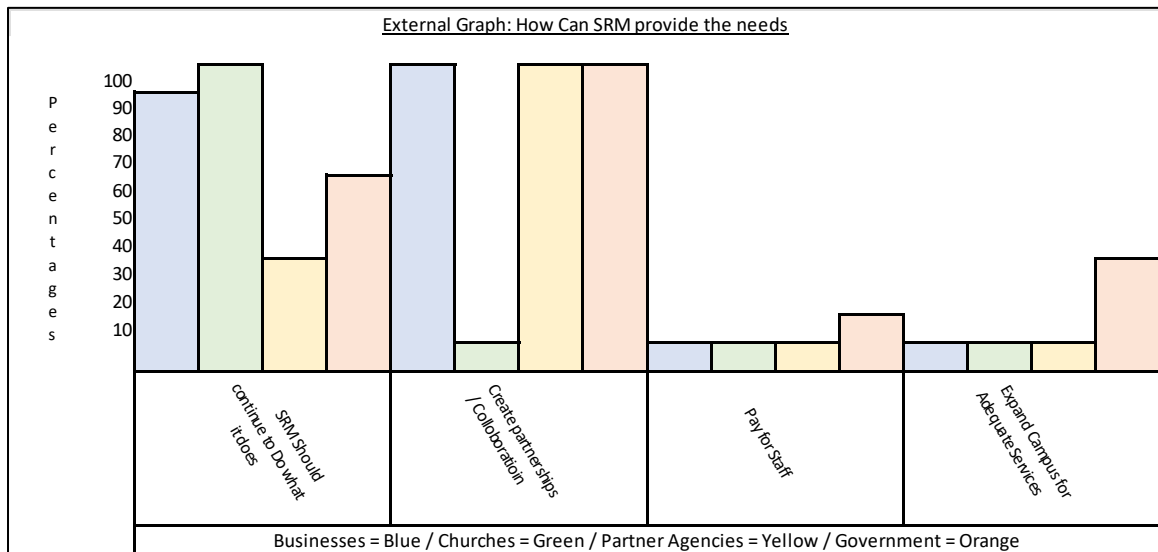
Continue to provide comprehensive wrap-around services. I would assume retention in this field is key to relationship building and trust. Paying the people that are doing the work well will serve the community at large, and the clients you are providing services to will reap rewards greater than the initial monetary investment.

These types of answers are thought-provoking as some reiterate what partner agencies state about SRM needing to be more collaborative. Figure 9 is an external stakeholder

figure that shows how the various sectors answered the following question. How can the Springs Rescue Mission best meet all of these needs as a homeless program provider?

Figure 9

External Stakeholder Differences to Question 6



Staff

The staff was divided by hierarchy, time employed, divisions, and departments. This process helped to determine if there were differences in information between the varying levels, cross-departmentally and tenure, regarding clients' needs, the SRM program process, and examples of success. As for comparing the hierarchy levels and time working at Springs Rescue Mission, there was little to no difference. The executive teams and Senior directors answered their questionnaires with nearly the same responses as their staff, with one exception: Travis Wiliams, the chief development officer, responded to the question of needs and how SRM can serve those needs with a strong emphasis on relationships.

My big picture answer on needs won't fit the form, but I see that the most significant need of the homeless population are POSITIVE RELATIONSHIPS.

As I think through common denominators, there are the ones we talk about, like addiction and mental health, maybe even employment. Yet, for many, one of the reasons they are homeless is that they've lost touch with the momentum that comes through relationships with others. Many have lost touch with, by their own doing or by circumstances, connectivity with relatives, loved ones, etc.

The second breakdown began with divisions and departments. When comparing staff from programs to support staff, the major difference tended to be the length of the needs list. Those within programs have longer and more detailed lists, while those who do not work directly with the clients have general lists similar to the business and church sectors. For instance, those in the program staff often mentioned things such as a healthy diet, hygiene, physical activity, and medical care. Those in support services stated those experiencing homelessness needed food and shelter. One other notable difference was between program departments. Those who serve in the vocational training and program shelter answered differently than relief service staff and differed from program case management. Those within program services, sans case management, gave detailed lists of programmatically focused needs such as vocational training, education, budgeting classes, and Bible study courses. At the same time, the relief staff focused on essential needs such as blankets, sleep, and a warm place to sleep. The case managers gave answers based on access to medical assistance and emphasized nondiscriminatory health care. Case Manager #1 gave the following list, "eds, diet, healthcare, nondiscriminatory practitioners. while Case Manager #3 gave nearly the same list.

When asked how SRM can provide services in each of the domains of life, health, housing, and work, there were many similarities across all program departments. Nearly

100% of staff determined that programs must include physical activities, mental health assessments and evaluations, church connections, addiction recovery services, and vocational training. Most respondents also stated that life skills, budgeting, and housing classes are needed in a holistic program. A few case managers identified the need to expand vocational training to less physically demanding areas.

Springs Rescue Mission currently provides vocational training in facilities, food services, and supply logistics through the donation center warehouse. These particular departments have been a part of the organization for many years. In most cases, missions or similar ministries consider these departments to be operations. When I began to develop the vocational training process, it was convenient and cost-effective to utilize the current operational structure of the mission. I could use the expertise of each department manager to develop the training for their respective departments without placing a large monetary constraint on the mission. This process also ensured that Springs Rescue Mission provided effective training for the clients, as the education offered was from experts in their field. As SRM progresses in programming, there could be opportunities to develop vocational training in office work, development, security, and transportation. Current staff and experts in these areas could teach and provide vocational education toward new career fields, as suggested by some staff surveys.

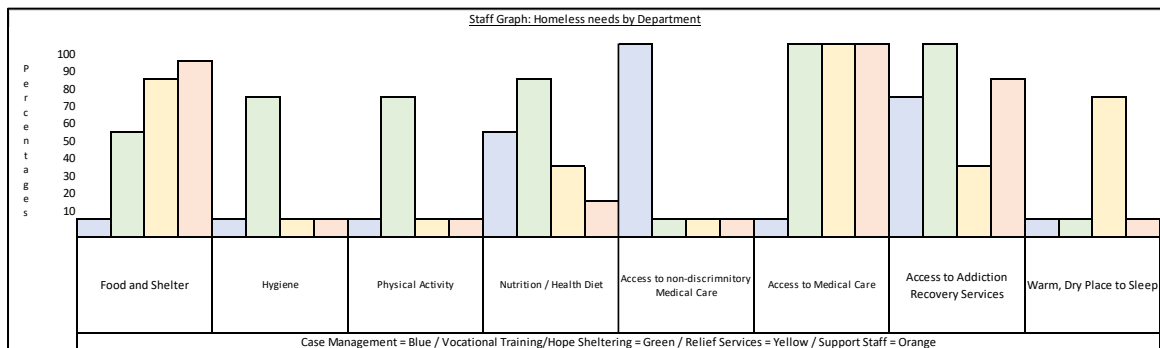
Although the staff questionnaire was not broken down by life experience, there was an apparent difference in answers between those staff members who were previous clients and those who were not graduates of a Springs Rescue Mission program. The significant difference was the emphasis on Christ-centered programs. For example, two of the facilities' vocational training staff are graduates of the addiction recovery program,

and both state that without the New Life Program, they would be dead both physically and eternally. The third facilities staff member is not a graduate, and her answers were less Christ-focused and more operationally focused, such as the case manager's answers. On a side note, this staff member is also working toward her bachelor's in case management.

The final question was, As a staff member, have you seen evidence that SRM is making a difference in the lives of its clients, and what examples can you give? There was a 100% yes response with many examples. Those who are previous graduates tended to give themselves as an example. The executive chef, a previous graduate, wrote, "Without SRM, I might still be an addict. Our goal of helping people out of homelessness is working and is something to build upon". A secondary kitchen employee who is not a graduate stated, "Well, I work with a great group of clients who I see struggle every day, but they always push through; when I talk to them, they say they appreciate the patience and care we give here in the kitchen." Some of the more intriguing comments came from security. Security #7 mentioned a female client #MT11825 who went to the mission as a very frustrated person. This client was always upset and rude to the staff. Then, she joined the Hope Program, and within a few months, her demeanor changed. Since then, she has garnered employment and an apartment. He stated, "It was hard to believe this was the same lady from the beginning to the end." Figure 10 shows the differences between departments regarding the needs of clients.

Figure 10

Department Differences on Homeless Needs



Clients

The final stakeholders were clients, both program and relief clients. As described earlier, program clients are those currently in the Hope Program, and relief clients are those not participating in Springs Rescue Mission programming. There were 50 surveys provided to both program and nonprogram clients, totaling 100 with a readable return of 97 questionnaires. As the Addiction Recovery Program, formerly known as the New Life Program, provided the framework for the Hope Program structure, the addiction recovery clients were also surveyed and divided into male and female sections, with a total of 27. For all programming, the stated goal of SRM is that 51% of clients on campus are participating in the Hope Program; therefore, surveys were given to an even number of male and female clients to relief and program clients.

Addiction Recovery Clients

When reviewing the client information of those in addiction recovery services, there was one thing that stood out quickly, which is the age of the participants in the program. Currently, all clients are 40 or older, most in their 50s. This phenomenon could be due to the distinct fact that younger individuals often think they can handle their

addiction issues on their own, and once they have gotten older, they come to realize they need help. When it comes to their children's home lives, they varied considerably, with only a small portion being raised in Colorado Springs, most with a high school diploma and a few with college degrees. In how they felt about their childhood, most were abused or raised in a substance-use environment.

Regarding what brought them to SRM and seeking a program, all respondents declared drugs or some trauma in their lives. Regarding the clients' thoughts about SRM staff, nearly 100% believed the staff is great and truly cares for them, with one stating, "Some staff are rude, some rules are hard, but it is a safe place." Regarding the questions on client dreams and how SRM could help, most stated dreams were based on having a good job and their own place. Along with housing and work, they also indicated sobriety and a strong relationship with God as their ultimate goals. Regarding whether the program has changed their life, only two did not say that SRM programs have made a big change.

Relief Service Clients

The relief clients ranged in age, how long they had been at SRM, education level, and where they grew up. Those who indicated they had a terrible childhood and those who said they had an amazing childhood were nearly split 50-50. When asked about what brought them to SRM, answers tended to lean toward how they became homeless, such as when they became ill and lost their job and apartment or they lost a spouse or family member. All answers could be viewed as some form of trauma. What clients thought about staff was similar to addiction recovery clients, with only a few stating that some stated they had issues with some employees. The question on dreams had similar answers

about jobs, houses, and family but was not as defined. Only one participant mentioned a relationship with God. It also seemed that most relief service clients could not identify how SRM could help them achieve their dreams. However, many clients stated they had had a big change in their lives since being at SRM.

Program Clients

Clients participating in the Hope Program have backgrounds and education, and the reason they came to SRM is similar to those in the relief services. Like the addiction recovery clients, the ages tend to be older, with only two clients being under 30 years old. Regarding how the program clients feel about the staff, the answers are similar to those in addiction recovery. Program Client #MT10847 stated, “They have helped me grow stronger than I ever thought I could.” Client #MT10418 declared that he likes the changes that are happening. Like the addiction recovery clients, the dreams are more robust about their spiritual desires. MT#10063 claims, “I want strong health, a house, work that matters, maybe even a cat, and most importantly, to live according to God’s plan.” For the final questions on how they have changed and whether it is a big, medium, or small change, another majority claimed a big change. Client #MT13711 stated that he now has hope, and #MT10063 explained that he is “Rid of anger and negative emotions.” Figures 11 and 12 provide insight into the differences between program clients (addiction recovery and Hope Program) and relief clients.

Figure 11

Program Clients vs Relief Service Clients

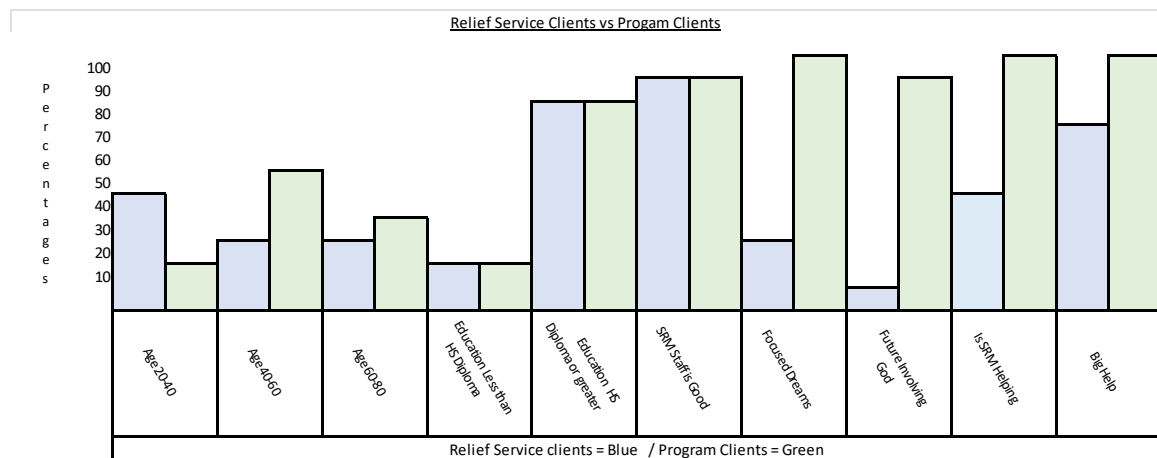
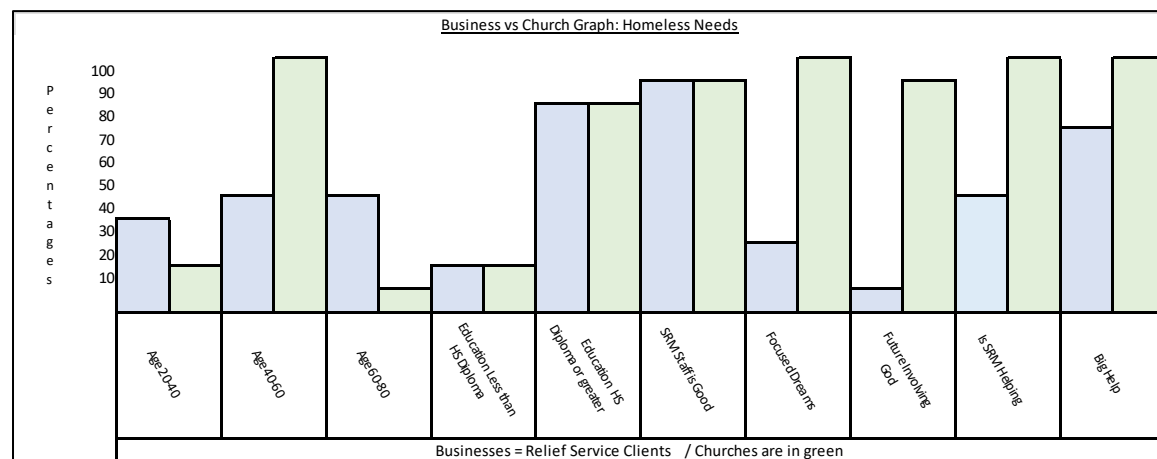


Figure 12

Business vs. Church Graph: Homeless Needs



Transformation and God's Shalom for the City of Colorado Springs

As the goal of this research is to provide transformation for those experiencing homelessness with the long-term goal of God's shalom for the city of Colorado Springs, the final two questions for the external sectors and SRM staff were "What assumptions or belief systems act as either pillars OR barriers to neighborhood/Community and City involvement and transformation for those experiencing homelessness" and "What

systems do you believe are priorities for this city to create transformation for those experiencing homelessness?”

There were varied answers to these wide-open questions, but the topics could often be grouped. For instance, for question 8, business respondent #3 stated, “Believing that everyone has value is key to transformation.” At the same time, a government official quoted Martin Luther King Jr. and declared, “The moral arc of history is long, but it bends toward justice.” A staff member from the SRM development team stated, “Individuals need to look at how they can help others. Don’t shut the door.” These statements discuss how Springs Rescue Mission staff must see people as equals and how the team must work together to create transformation. CEO and President of Springs Rescue Mission, Jack Briggs, conveys this ideal and states that “All people have worth.” He goes on to say that “I believe that worth comes from the fact that the creator of the universe chose to die for us.” He realizes that not all people will see things from a biblical worldview, but they should at least be able to agree on human worth.

Practitioner Respondent #7, regarding the same question, had a very in-depth thought on preconceived ideas. He stated,

I think fixed mindsets, beliefs, and failure to self-evaluate can hinder community development. I first approached my work of bringing behavioral health services into the communities with my fixed belief system, and it led to disastrous results. Once I changed my perspective to approach the community’s needs through listening and learning, it dramatically changed my connection to the community and later led to successful outcomes.

When comparing this response with previous responses, it is apparent that the most difficult challenge to transformation can often be those looking to be the helper. Well-meaning people have preconceived ideas about how to do things, frequently based on current philosophies such as the housing first, work first, or behavioral health models.

Question 9 was, “What systems do you believe are priorities for this city to create transformation for those experiencing homelessness?” This question was also quite similar across all sectors, with collaboration between cities, businesses, and practitioners being the overarching theme. Swanson et al. (2010) resonate with these thoughts and state, “Community transformation, if it is to be genuine, lasting, and holistic, will need to take into account all three sectors of society (p. 149). A true and lasting transformation is how God’s shalom will come forth. Pastor #4 concurred with these thoughts and said,

Without ignoring or downplaying other real needs (food, housing, employment, safety, etc.), I know the greatest need people have is spiritual, and it is the only need that, once met through faith in Jesus Christ, will transform a life for the better in every area. So, I see my greatest role in preaching the Gospel and encouraging the people of our church to actively love others in Jesus’ name.

Evaluation of the Empirical Research

The collected questionnaires provided significant information for developing a comprehensive and holistic approach to programs serving the homeless population with long-term transformation as the goal. They also showed how the community can unite to bring forth God’s shalom for everyone. Questionnaires were received from significant numbers of respondents to ensure the validity of the information was acceptable. Information was tracked, coded, and inputted into separate stakeholder spreadsheets.

Merriam and Tisdell (2016) say that “Coding is nothing more than assigning some sort of shorthand designation to various aspects of your data so that you can easily retrieve specific pieces of the data” (p. 199). Appendix F provides a list of codes used in the tracking information. Appendix G is an example of the spreadsheet used for addiction recovery clients.

Impact of Surveys: Resulting Program Modifications

The information gathered from all stakeholders provided significant information to help develop a holistic program with client transformation as the long-term goal. Cross-departmental teams were created to ensure all program departments could give input into the program and determine how to restructure the Hope Program, which provided structural determinations toward defined goals. These groups met at least twice weekly. Over three months, from April to June 2023, I met with these teams as we worked through the logic model and the theory of change. We discussed what activities, resources, and outputs would lead toward the final transformation goal in all domains of the client’s lives. In determining each activity, the teams also had to define how these activities would be assessed to ensure they provided the desired outcomes. Appendix H shows the logic model template used for these meetings. If the activity was a class, the teams had to create a test to evaluate if the clients were gaining the desired information. Under resources, the particular department course would also be responsible for teaching that class. If topics could be in multiple areas, the whole team decided what department was ultimately responsible for conducting that course. The timelines for each team to develop the phases are shown in Appendix I.

Health

Health is a complex issue, including physical, mental, spiritual, and behavioral health. It also is the most difficult to assess on a typical rating scale. However, the teams did define many health goals for each phase. The phases steadily moved toward the health transformation. They started with small milestone goals, such as getting a physical with the on-campus medical provider. Spiritual health moved from a lack of understanding of God's love to knowledge of Christ. Mental health is similar to physical health, with small incremental steps leading toward self-stewardship of health.

Appendix J shows a simple phased approach to health outcomes.

To provide knowledge and skills in health, the group also developed a life skills class that provided skills and expertise in the health domains. However, it became apparent that utilizing an already completed curriculum for this course might be better. Springs Rescue Mission is now partnering with Core Purpose for this activity. According to FindCorePurpose.com (n.d.)

At Core Purpose, our mission is to help people uncover their God-given Purpose because Purpose is the game changer. When we have a clear sense of Purpose, even in the absence of immediate rewards, it gives us Agency, enabling us to take Action and plan for the future.

The first phase of the curriculum helps clients understand why they were created and how to see a better future, giving them hope for a better future. The second section works through cognitive issues with clients living on the street. The case managers see a significant change in clients through these courses. The clients feel and show a sense of hope.

Work

Vocational training was originally designed as a tiered programmatic approach toward providing clients with skills, tools, and knowledge for long-term work success. However, over the past few years, some of the structures for vocational training, such as classroom training and certifications, were no longer a part of the process. The shift away from these vital parts of the training was mostly due to staff transitions and a lack of understanding of the importance of structured activities toward stated goals. Before restructuring the Hope Program, each instructor was expected to ensure clients received weekly vocational training class time and regular tests and evaluations to ensure outcomes were met at each phase. El Paso County Certifications were also re-implemented. Food services would require food safety certification (State Food Safety, n.d.), and facilities would expect Colorado bloodborne pathogens (Course For Bloodborne Pathogens, n.d.) certification before clients could move to the next phase. Those clients training in the warehouse are expected to pass the customer services exam designed by the senior director of work. Clients are tested and evaluated at each training phase to ensure they have the skills and tools to move to the next phase. Each department has levels of training that lead toward the skills and tools needed for the next phase. Appendix K shows the first phase of vocational training in facilities.

Along with vocational training courses per department, the work team incorporated a newly developed Life and Career Stewardship Course. The three phases of classes seek to educate the clients on soft skills needed for work success. It also assists clients with resume building and basic computer skills. When clients have completed the courses and vocational training, they are provided job assistance and connected with one

an employee partner agencies. Clients must also be at a good point in their health and housing journeys to receive a job connection.

Housing

Providing the skills for staying housed long-term meant that the housing team had to take on different responsibilities than before the restructuring. After the teams determined the needs in health, work, and housing, it was apparent that clients lacked understanding about housing, so the team developed courses that discuss the importance of hygiene and keeping your areas clean. The classes also address self-regulation of emotions and de-escalation. Another area the housing team is responsible for teaching is budgeting. This topic can be a focus in work or health as well, but it began in housing and is taught during the evening. An example of a housing Program class is shown in Appendix L. Housing has also incorporated town hall meetings to discuss housing topics continually and reinforce the information. The meeting also provides time for the clients to give feedback on the program. Recently, clients have been standing up doing devotions and reading poetry they have written.

Cohesiveness

The restructuring of the Hope Program also meant that there needed to be stronger leadership at the director and manager levels. I decided to restructure staffing to ensure a director was singularly focused on the Hope Program. I also shifted some program staff to other departments to create a new position, Hope Program Administrator. The changes enabled the director of programs to focus solely on client outcomes and the administrator to focus on tracking clients, creating written processes, and determining client class time

schedules. It has also ensured that the logic model is continually updated to provide the strongest client outcomes.

Another objective arose from the changes, which was the need to ensure cross-departmental collaboration. Each Wednesday, staff from every program department meet to discuss client progress. The Hope Program Administrator leads the discussions so that the process is unbiased and ensures that no one department is solely responsible for determining if clients can move to the next phase of their program.

Effectiveness

The questionnaires provided by both internal and external stakeholders provided information that showed the need to restructure the Hope Program with the long-term goal of client self-stewardship of health, work, and housing. The theory of change and the logic model were the framework for this restructuring. Each of these tools was applied to help develop a more comprehensive program with guidelines and structure that provided a phased approach toward short-term, intermediate, and finally, long-term goals of self-stewardship in health, work, and housing. With these changes, there has been a decrease in the number of clients who have received housing and work. The number of clients housed last year was 221, and those who garnered employment were 179. The number of those employed since the program transition is only 47, and the number housed is 23. Using the first six months as an indicator means 94 clients will gain jobs, and 46 will receive housing over 12 months. However, that indicating process could be insufficient. The current trend of clients joining the Hope Program is increasing, while those leaving the program without completion are decreasing. Also, as indicated by the surveys, the

clients are gaining more skills, tools, and knowledge in each domain of life: health, work, and housing.

Most importantly, as detailed by the staff and clients, lives are changing. The clients feel a sense of hope and a desire for a better life. Program clients are identifying goals for their future in health, housing, and work. Many clients now discuss their relationship with God and how they desire to live for Him. These kinds of qualitative indicators provide information that the restructuring of the Hope Program has been effective for clients' long-term transformation.

Summary

This chapter described the research setting, the stakeholders involved in the questionnaires, the process for tracking their data, and the changes it guided. The case study used was Springs Rescue Mission and the Hope Program. Internal and external stakeholders provided information coded and tracked on separate spreadsheets based on the specific sectors. Each sector's questionnaires were exact to ensure the reliability of the surveys. The information gleaned from survey responses directed team meetings to redevelop and restructure Springs Rescue Mission's Hope Program to guide clients through a phased approach toward self-stewardship in health, work, and housing. Although the current client outcome indicators of numbers employed and housed are lower than the previous structure, the long-term outcome of more permanent transformation in the clients' lives appears to be happening program-wide. The process has also led to an established baseline and a monitoring system that will now allow the collection of solid evidence of success (or failures) in the future, as well as provide a

basis to identify and take any corrective action that might be needed as revealed through periodic evaluations.

CHAPTER 5

DISCUSSION

The qualitative information gathered from this study provided material data for the past, present, and future development of a holistic program approach to serving those experiencing homelessness. Springs Rescue Mission provided a suitable setting for gathering the information as it shifted its philosophy from a services-oriented organization to a program-focused one. The previous structure of the Hope Program showed that programs could be developed to serve unattached single adults regardless of substance use disorder. The questionnaires proved that a holistic approach to homelessness could be effective for a long-term transformation goal for those experiencing homelessness. The majority of external stakeholders believe that SRM is a strong ministry that should continue to grow its program services for the homeless community. The data provided by the internal stakeholders through the Hope Program and questionnaires revealed that the program itself needed to be restructured and have clearly defined goals that addressed all of the client's life's domains: health, housing, and work to be transformational. Once the Hope Program restructuring was finalized, more data indicated that although the number of clients being housed and working has decreased, the changes within the clients seemed transformational, which is the long-term goal.

Interpretation of Results

Developing a whole-person program for single, unattached adults, regardless of substance use disorder, was and remains the goal of the Springs Rescue Mission. It developed a program that was deemed successful based on the number of housed and

working clients. However, the data showed that the program did not provide the long-term goal of transformation with the outcomes of self-sustainment in health, work, and housing. Those who had been through the program were housed, but many lost their living situation and employment within 3-12 months of graduation. These losses were due to various issues that arise when clients fall back into substance use or lose community connections to help through difficulties that occur in life. These individuals find themselves isolated, unable to cope with basic trials and struggles.

With the initial Hope Program as the starting point for this study, the primary research question was, What can be done to reduce adult homelessness in America, specifically in Colorado Springs? The supporting questions are as follows.

1. What are the causes of homelessness?
2. What are the prescribed solutions to homelessness?
3. What would a holistic program approach address for those experiencing homelessness?
4. What program models should be utilized to develop a comprehensive and holistic approach to homelessness?
5. What does transformation for the homeless look like?
6. How could Transformational Leadership guide the process?

The following sections indicate how the findings of this study address these questions.

Findings Related to Suggested Solutions for Homelessness

The information provided by the questionnaires from external and internal stakeholders gave positive data and feedback that homelessness can be reduced. External stakeholders believed that the Springs Rescue Mission is vital to serving the homeless

community and that the services and programs serve a serious need. The previous Hope Program structure showed that individuals in a structured program can move forward toward housing and work at a much higher rate than those receiving only relief services.

There is a distinct difference in homelessness when comparing the three largest cities in Colorado: Aurora, Denver, and Colorado Springs. According to Huspeni (2023), “Of the cities’ three mayors, Denver’s Mike Johnston, a Democrat, faces the biggest problem: Colorado’s capital city counted 5,818 homeless people in January, up by 1,024 compared to the year before” (para 3). According to the same report the homeless count in Aurora decreased slightly from 612 in 2022 to 572 in 2023. These numbers might be a little misleading as Aurora is connected to Denver, which could mean some people experiencing homelessness have commuted between the two cities.

However, in Colorado Springs, the homeless count is very different. Since Springs Rescue Mission shifted its focus from services to programs, the homeless population has continued to decrease, with the largest decreases occurring after the launch of the Hope Program. According to Mueller (2023),

Over the last several years, Colorado Springs’ homeless population has been on a much different trajectory than those in most other cities along the Front Range. In contrast to the Denver metro area, its homeless population is stable, and its unsheltered population is rapidly decreasing. Over the last five years, the homeless population in the city has actually decreased. (para. 3)

Koen (2021) agrees and writes, “The number of people experiencing homelessness in Colorado Springs fell for a second straight year. The 1,156 people counted in this year’s Point in Time (PIT) survey is 174 fewer than that population estimate in 2020” (para. 1).

There is a strong correlation when considering the decrease in the homeless population with Springs Rescue Mission's program progress in getting people housed and working. Two hundred fourteen clients were housed, and 145 received employment while at Springs Rescue during the previous fiscal year. Figure 13 shows the client count for those housed and gained employment through Springs Rescue Mission in fiscal year 2023 (July 2022 – June 30, 2023).

Figure 13

*Clients Housed and Employed Through SRM**

SRM GIVEN SERVICES & OUTCOMES FY 2023						
SERVICES	126,546	202,599	34,559	11,095	5,311	3,686
	SHELTERS	MEALS	SHOWERS	LAUNDRY	CASE MANAGEMENT SESSIONS	ADDICTION RECOVERY ATTENDANCE
	6,876	577	256,710	2,349		
	SPIRITUAL ATTENDANCE	VOCATIONAL TRAINEES	Welcome Center Entries	New Guests		
PROGRAMS	519	115				
	HOPE	ADDICTION RECOVERY				
OUTCOMES	214	145	26	63		
	HOUSED	EMPLOYMENT	HOPE ARS GRADUATED	HOPE NON ARS GRAD.		

*Services do not represent the number of clients but the number of times a service was rendered.

Although the Springs Rescue Mission has been successful in getting people housed and working, the previous concept of the Springs Rescue Mission program did have its difficulties. The program did not provide measurements for long-term success for the clients. With the new structure of the Hope Program, there appears to be positive

changes as the clients move through program phases with improved defined goals in all domains of life.

Findings Related to Causes of Homelessness

The first secondary question is complex. There are varied viewpoints on the causes of homelessness. According to the surveys taken, many of the practitioners believe that affordable housing is the cause. This thought process is prevalent in most individuals who raise the banner for housing first. Those who lean toward the work first approach believe that homelessness is caused by laziness. There is also a large portion of the community that considers substance use as the major issue with homelessness. Although the community and practitioners do not seem to agree on these particular topics when discussing the cause of homelessness, the majority realize that trauma is involved.

When reviewing the reason clients are homeless, it was apparent that they all had some traumatic experiences that caused them to be homeless. This trauma could have begun in many forms: the death of a parent or family member, the victim of a crime, human or drug trafficking, or the loss of a job due to illness. According to Robinson et al. (2023), “Emotional and psychological trauma is the result of extraordinarily stressful events that shatter your sense of security, making you feel helpless in a dangerous world” (para. 1). It can also be exacerbated by other experiences such as mental health issues, addiction, violence, the passing of someone close, or further traumatic experiences. Farren (2021) states, “Trauma has been proven to have brain-altering effects that make it difficult for survivors to obtain stable housing for themselves, sometimes leading to homelessness” (para. 3).

Findings Related to Holistic Approaches to Homelessness

A holistic program approach must first address the cause. This research has shown that trauma is the major cause of homelessness, and therefore, a program must look to untangle the issues of trauma first and foremost. Elliot (2006) believes that,

Human beings are complex, and any efforts attempting to make a shattered life whole have to take into account a host of variables. While it's tempting to think in terms of single causes for social maladies, the reality is often multicausal. The most successful faith-based groups have healed hurting people by addressing both body and soul together. (p. 110)

For trauma to be addressed, there must first be trust. According to the staff at Springs Rescue Mission, the largest need for clients is relationships. This need is due to a lack of trust that clients have in others, which is exacerbated by their trauma and living on the streets. These traumatic experiences lead to a physiological mindset of fundamental survival. The fear of being harmed is real and constant for those who live in the homeless community. Breaking down fear starts with a relationship. However, to even get to the point where clients want to have a relationship, a program must meet the essential needs of those experiencing homelessness. Until a person has these basic needs met, they cannot address other concerns in their life. Elliott (2006) explains that "Until they can cope with the multifaceted demands of life, they cannot remain stable. Holistic ministry helps them do that" (p. 110).

Once the essentials are satisfied and clients realize that the staff does care, relationships are built, and clients can be encouraged to move forward in life.

A holistic approach must look at all areas of an individual's life as they are connected. This research has determined that the domains of life can be divided into health, work, and housing. Health is further divided into spiritual, physical, mental, and behavioral. The analysis of data gathered from the Hope Program supports the belief that none of the three can be missing, or the clients will not be successful when moving into the community. Each area needs to be addressed, and individual milestones should be defined, leading to defined short-term goals in each area. These short-term goals should then lead to intermediate-term goals, which lead toward the long-term goal of having the skills, tools, and knowledge to succeed and self-steward in all life's domains.

What program models should be utilized to develop a comprehensive and holistic approach to homelessness? An overarching process should guide the steps to ensure a holistic program is designed thoroughly. The research and the redevelopment of the Hope Program have shown that both the logic model and the theory of change have provided a useful framework and using them for monitoring purposes has been quite effective in directing the process. The theory of change gives the program's framework from a top-down view of how to move clients through a holistic program. Each goal that was met provided a new baseline for the next goal to be achieved. It allows the program development to start with the client transformation's end goal and then work backward toward intermediate and short-term goals.

The logic model then guides the process of developing a complete program and monitoring system. It provides an understanding of the resources needed for each activity within the program. Without the logic model, the original Hope Program lacked structure around which conversations could take place. The redeveloped Hope Program has

defined resources for each activity. The activities are evaluated through outputs achieved or not, such as tests and certificates. These outputs help determine if the activities provide the necessary skills, tools, and knowledge for the defined outcomes.

The Concept of Transformation as Related to Homelessness

Long-term transformation is more than just a basic change. It is a dramatic transition in a person. It isn't just a job or a place to live. It is a change in their internal being. As quoted earlier, Mezirow (2000, as cited in Poutiatine 2009) explains that "Transformational change requires us to engage on many levels and often from a meta-cognitive standpoint that differs from other types of change" (p. 191). Transformation is when a person's thought processes have been so altered that they see things around them completely differently (Poutiatine, 2009, p. 191). As a Christian, I believe this transformation comes from the Holy Spirit. Hill (2016) states, "The Spirit persists in convicting the hearts, transforming lives, and confronting principalities and powers. He leads [the individual] toward repentance and discipleship [and eventually] to Jesus Christ" (p. 17). Barker (2018) agrees and explains that "The aim of transformation here is that a person will personally receive the authority of Jesus, empowered by the Spirit to live as the Creator-God intends in a fallen, unjust world" (p. 258).

As clients move from essential needs toward the holistic program, transformation begins. They are starting to gain hope and a desire for a better future. Each goal that is met becomes the baseline for the next goal. Throughout the process, they grow and transform into what God has created them to be. Based on the information gathered from internal and external stakeholders, it is apparent that the Hope Program is a tool God uses to transform clients of the Springs Rescue Mission. Stories about the transformation of

Hope Program participants are discussed daily at SRM. In January, Facilities Vocational Training Manager, David Saarela told this story about client #MT7057:

The client is growing in many ways. He is becoming a leader for other clients, particularly other men in Addition Recovery Services. Kevin has made a concerted effort to humble himself in many ways. He asks questions and is ready to process the feedback as he looks to apply the information to his thinking and life. The client heard the song lyric, “Amazing love, how can it be. That you, my King, would die for me.” It paused him, and he said he had never known love like that. He understands God’s love is changing him. The old person is passing away and is beginning to recognize that the new person has come; now, new is possible.

A similar story was told about #MT11258 by Vocational Training Manager Trevor Bennett.

After leaving college, one of our clients remembers being optimistic about the future. It seemed he always managed to secure good jobs. He met someone and got married. Life was looking promising. After four years of marriage, things started to fall apart. His wife asked for a divorce, which caused him to take a long look at himself. He realized that he had become an angry and negative person. This made him realize he had contributed to the breakdown of his marriage. At the same time, Covid hit, and he lost his job. He was unemployed for the next 12 months. He began couch surfing, and it was at this time he started struggling with depression. In his own words, he had become lazy, not even wanting to work. The whole experience was very humbling for him.

He needed help. At this time, someone told him about the Springs Rescue Mission and, specifically, the Hope Program. He remembers feeling peace when he arrived at the campus and thinking this was a place where he could get help. He appreciated all the available help, including his case managers and all the different classes offered to him. In a little more than six months, things began to turn around for Him. He enjoys his vocational training assignment and gets along well with other trainees. He is in the application process for a new job and is incredibly grateful to the entire staff. He feels like the mission has his back.

These same sentiments were in many of the questionnaires, both from staff and clients of the newly developed Hope Program. Clients can achieve transformation through a holistic program by acquiring the tools to be self-stewards in health, work, and housing. But for true long-term eternal transformation to occur, it must be a work of the Holy Spirit. God must guide the process and be at the forefront of the program. The staff and the Hope Program are only tools He is using. God is doing a work at Springs Rescue Mission, and clients are being transformed.

The Role of Transformational Leaders as Related to Homelessness

Transforming those experiencing homelessness is the start of bringing shalom to the City of Colorado Springs. Springs Rescue Mission can be the catalyst for doing just that. The organization must be willing to take the lead and show God's love to those it serves and to the community. Elliott (2006) explains, "The purpose of the body of Christ is to be the physical replacement of Jesus on earth, in the local community— ministering to people across all barriers in a powerful and positive way, while connecting them in his name" (p. 223). Business Respondent #12 quoted Tim Keller in his sermon from

Jeremiah 29:7, “Seek the welfare of the city.” She believes that SRM should seek the welfare of the clients and the city. Business Respondent #10, claimed,

We will never completely eliminate Homelessness. There are too many factors in our society that are creating homelessness: Addiction, mental health caused by various forms of trauma, Broken homes, and a failing education system. That said, SRM has addressed these issues and made an amazing impact on El Paso County. If you removed SRM from the community, you would immediately see the impact that they are making.

Springs Rescue Mission is a transformational leader who serves those experiencing homelessness. This reality continues to show itself daily as SRM seeks to speak into many aspects of the city, not just homeless programs, but beyond that. SRM has been asked to consult with the town of Aurora in their homeless services as they move from work first to a holistic program approach.

Validity and Trustworthiness of the Project

The overall validity of the questionnaires for all stakeholders was confirmed by triangulating similar responses across the three domains addressed by SRM. The ability to engage in follow-up questions with some of the respondents helped clear up some vague answers. However, providing a Survey Monkey for anonymous respondents was also helpful in understanding partner agency and practitioner views on the homeless population’s needs and their view on the Springs Rescue Mission. For internal stakeholders of a case study, moving from information gathered from questionnaires to biweekly meetings to address changes in the previous Hope Program was extremely positive. It was a benefit – and blessing – to SRM since it enabled us to determine

whether a holistic program could be constructed or not with the long-term goal of self-stewarding in all life's domains. Applying the theory of change and logic model planning tools combined with our past and current experience provided Springs Rescue Mission with a powerful framework to restructure, monitor, and evaluate a holistic program for those experiencing homelessness. Because of these tools, the program's restructuring improves clients' results with the tools, skills, and knowledge to be self-stewards in health, work, and housing.

Effectiveness of the Transformational Strategy

This research process setting was at Springs Rescue Mission post program development for unattached single adult homeless individuals. The ability to use SRM as the case study for the research provided the opportunity to redevelop a program with a holistic approach. The theory of change and the logic model guided the restructuring process. These tools provided a framework to define the long-term goal of client self-stewardship in all domains of life. The current data shows that strategy is trending positively toward client transformation. Clients are participating in a phased program that provides skills, tools, and knowledge in health, housing, and work. At each phase, the clients have a new baseline showing that transformation is occurring. The qualitative information gathered provides proof that transformation is occurring. As the data of quantitative indicators grows, it is expected to provide additional evidence of success as well. As the clients continue through the phases, their effectiveness will continue to be monitored. The logic model can be dynamically adjusted to achieve the desired outcomes if the resources and activities do not provide the desired outcomes.

Significance and Implications

The overall research process impacted the development of a holistic program serving the homeless community and providing the long-term goal of transformation through self-stewardship of health, work, and housing. As the chief programs officer at Springs Rescue Mission, I see the significance and potential impact of the study as immense. Had I known two years ago what I know now, I would have begun this process earlier so that clients who had started the program then could have avoided another round of lost jobs and places to live and, in some cases, returned to SRM. Many of those program graduates have lost their jobs and homes and, in some cases, have returned to Springs Rescue Mission.

Project Insights and Lessons Learned

In redeveloping the Hope Program, I came to realize the significance of cross-departmental meetings in defining the program. These collaborations brought buy-in from all areas and created a stronger team culture, whereas the program teams were previously siloed and frustrated with one another. The teams are now working together to ensure the success of the clients. The largest impact on the organization was through the logic model. It highlighted the need to restructure program staff and their interactions with each other.

Springs Rescue Mission's Hope Program appears to be positive in transforming those experiencing homelessness; however, it is only effective for those participating. As chief programs officer, I realized the need for separate and dedicated leadership for each area. There is now a senior director for relief services and a senior director for the Hope Program. Although the leadership teams work together regularly, the staff can direct their

attention to their specific areas. The relief services staff focus on providing life essentials to those in need, building relationships with clients, and encouraging them toward the Hope Program. The Hope Program staff can then direct their attention toward the clients in the program. They can focus on ensuring they provide the clients with the tools, skills, and knowledge at each phase toward completion of the Hope Program so that the clients can be self-stewarding in health, work, and housing.

Regarding external stakeholders, it is apparent that Spring Rescue Mission has work to do in building bridges with certain partner agencies and their practitioners. Spring Rescue Mission is not seen as a collaborator. Springs Rescue Mission cannot be a community leader if others are unwilling to follow. Jennings and Stahl-Wert (2016), regarding barriers to city collaboration, state,

As a team, we concluded that one of the most significant barriers to progress in all sectors of the city was the lack of effective leadership. We have been working for several years to accelerate the emergence of effective leaders around the city. We are now working in all sectors of the city: business, government, nonprofit, and community organizations. (p. 19)

Although the government, churches, and many organizational executives see SRM as a leader in the community, practitioners see the mission differently. Many external case managers view Springs Rescue Mission as a Christian organization that does not seek to serve but to evangelize. As a Christian ministry that serves the homeless community, SRM must find ways to build bridges. SRM must also realize that SRM's faith is the organization's cornerstone and that Christ can sometimes be offensive to others. SRM

can do its part in building these bridges, but there will be agencies that do not want to collaborate with SRM because of Christian faith.

Theological Significance

The theological significance of this study was twofold: calling-based leadership and shalom leadership. Calling-based leadership is “The leader seeking to understand God-given gifts, experiences, and opportunities in understanding his/her unique role as a called instrument of Christ’s transforming work in and above world cultures” (Bakke Graduate University, 2023). Shalom leadership is when “The leader pursues reconciling relationships between people, people and God, people and their environment, and people and themselves. The leader works toward the well-being, abundance, and wholeness of the community as well as individuals” (Bakke Graduate University, 2023). I believe God is using both of these leadership processes in tandem at Springs Rescue Mission for the common good of Colorado Springs.

Calling-Based Leadership

I came to Springs Rescue Mission wanting to make a difference. I felt a call on my life to do more than make others and myself a profit. My wife, who is also a part of my personal learning community (PLC) and knows me better than anyone, told me recently that she has always known that God has given me a desire for something bigger, a job with meaning. “The longing for meaningful work has been mostly understood in recent times as a drive towards fulfillment or ‘self-actualization.’ More accurately, it is obedience to the way we were made” (Maggay, 2017, p. 20). Over these past years, I have realized that God has prepared me to be the chief programs officer for this time. Guinness (1998) wrote, “The truth is not that God is finding us a place for our gifts but

that God has created us and our gifts for a place of his choosing-and; we will only be ourselves when we are finally there” (p. 53). According to APEST assessment results, I am equal parts apostle and prophet, with a tertiary bent toward teaching; I find fulfillment in being a prophetic and innovative Leader who envisions a better future, energizes individuals, and teaches teams to accomplish daring goals (FiveFold Ministry Test, n.d.). God has used me to develop a holistic program at Springs Rescue Mission, and that calling is not over yet. Work is still to be done to ensure that the clients are being transformed and provided the skills, tools, and knowledge to be self-stewards of their health, work, and housing.

Shalom Leadership

God is always at work; His children must connect and join that process. Action-oriented people, including myself, jump in and do work they feel needs to be accomplished but do not stop to realize where God is already working. “There is a mystery here that we often miss, not taking the time to discern what God is doing amongst us and joining Him in it” (Eymeren et al., 2017, p. 6). To be a part of the transformation of a community, it must be work of God. Swanson et al. (2010) wrote, “The first thing we need to understand about community transformation is that it is the work of God” (p. 42).

God is working through Springs Rescue Mission in Colorado Springs to transform the homeless community. However, SRM does not connect with some of those in the community. It takes God’s people to lead the way for God’s shalom to become a part of the community. SRM must learn from past mistakes and build strong bridges to move the community toward shalom. Jack Briggs, CEO of Springs Rescue Mission, states, “We

cannot use the crutch of our faith as a reason not to collaborate but to build the bridge of reconciliation.” There will always be secular organizations that will not work with the faith-based community due to hostility toward the Gospel, jealousy, or both. Still, it is the responsibility of God’s children to try and build that bridge.

Communication Strategies Discovered

The questionnaires leading to the cross-departmental discussions became vital to the success of redeveloping the Hope Program. Using Springs Rescue Mission as the case study provided opportunities that would not have been as accessible in other settings where services were more prevalent than programs. As the Chief Programs Officer, I prioritized the meetings and ensured that restructuring the Hope Program had priority in staff structure, budgetary allotment, and directed resources. Bringing together multiple layers of staff across all program departments garnered stronger buy-in that continues to be the energy behind the overall program. Allowing the various departments to speak into the development of the activities and determine the outputs helped the teams see each phase’s end goals. They were able to break down each concept with specific mile markers. In recreating a new product, Kelley and Littman (2001) explain that “One way to begin is to break the product or service down into its component elements. The DNA of the experience, as it were” (p. 197). The teams felt innovative in creating a program that led to providing long-term transformation.

During the restructuring, it also became apparent that meetings had to continue to ensure consistency across departments and that the determined activities at each phase were being implemented. The continual regular weekly meetings have continued the collaboration across program departments. The staff restructuring focusing on the Hope

Program confirms that the daily priority is the program and its clients. A senior director will be appointed to oversee staff meetings, concentrating on the program's effectiveness in providing the long-term goal of self-stewardship in health, work, and housing. Having a senior manager in this department also safeguards case managers from reverting to their previous style of advocating for the client but now, instead, making efforts to ensure they are advocating to and for the participant to stay in the program. The constant communication between departments is key to the success of the program. Without the teams working together, it would not be a structured program; instead, a variety of services that mirror housing first, work first, and the behavioral health model, each of which would be working in silos.

Replicability of the Transformational Model Implemented

There is a strong potential for the Hope Program to be replicated in other missions across the nation. Still, it would take a concerted effort of organizations to overcome existing inertia in order to prioritize long-term transformation above the quick fix answers of housing first and work first, both of which are government-focused models and therefore, the government provides a surplus of grants to encourage organizations to focus on these models. However, this research has provided the data and analysis to show that singularly focused approaches are ineffective in reducing homelessness. Implementing a holistic program in other ministries for those experiencing homelessness is innovative and requires a phased approach. It can't be done overnight. Adair (2009) says, "Innovation, as the introduction of change in this sense, has the essential characteristic of being gradual" (p. 6).

The first step to address is that missions must shift their mindset from emergency services to program outcomes. This philosophy change can be hard to do when many shelters are overwhelmed with simply providing for the basic needs of everyone who comes for assistance. This move can be difficult because most emergency services ministries are funded based on their current models. This shift is complex, but it can be accomplished. Many funders, even the government, seek to provide revenue to ministries based on defined outcomes. For instance, Springs Rescue Mission is not a work first model. Still, SRM receives grants from the government for its vocational training because it provides job services to the homeless population. Another approach would be to appeal to funders to allow for a new approach. It may also involve what is sometimes called “educating the donor” about new strategies.

The second area to address is staffing structure, which can also be phased and seasonal. At each implementation process, the staff may need to be restructured multiple times to ensure the staff’s focus is on program outcomes. For example, in 2013, when I arrived at Springs Rescue Mission, the staff was organized for emergency services, addiction recovery services, and operations. As described earlier, operations were food services, facilities, and warehouse (donation center). The varied departments were very siloed, with little communication on what was needed for the clients to become successful. Over the next few years, I restructured the program division so that operations became a part of the program. All operations were transitioned into vocational training departments. This shift created stronger collaboration, and the vocations training teams began to see client outcomes in training as a priority. The teams have been restructured multiple times to ensure that silos were not being built back up based on department

alignment. Each time a restructuring happens, it should stay aligned with the long-term goal of client transformation.

The current staffing divisions are relief services, restorative programs, and reintegration. Relief staff provides for the client's essential needs while building relationships and encouraging relief clients toward the Hope Program. The restorative team oversees the Hope Program and prioritizes client success and long-term transformation. The reintegration team focuses on staying connected with and tracking graduates to ensure that the program provides the clients with tools, skills, and knowledge for long-term self-stewardship in health, work, and housing. In other words, the units are organized for short, intermediate, and long-term outcomes.

The third complexity to address is space. Most organizations lack the space to differentiate emergency services spaces from program spaces, especially the sleeping areas. For Springs Rescue Mission, a capital campaign enabled the organization to build the necessary spaces for program and relief services. Although having separate buildings is helpful, using the same buildings for relief and programs is not impossible. It can be done by dividing spaces with barriers or even segregated times to allow for program activities versus relief services.

The final hurdle can often be the executive teams and board of directors, as they may push back on change. Adair (2009) makes a poignant statement about this issue, "All organizations tend to bow down to the god of routine. Your message is that we must look ahead and make pre-emptive changes" (p. 67). Change can be scary, but it will become irrelevant unless organizations are willing to make changes. Those who have risen to executive status often desire the status quo due to fear of change because change may

affect them personally. Knowing that philosophy change is difficult is why “educating the donor” (in this case, the board) about the benefits of a new but tested approach is essential. Regarding this type of thought process, Vincent (2017) states,

Self-interest also restrains an otherwise emancipated imagination. “What’s in it for me?” or “What’s the return on our investment?” The questions themselves put self-interest in front of interest in others and prevent the conceptualization and generation of ideas that embody love without a return.

Making changes in an organization is complex. It can be even more difficult in older companies and ministries as the old way of doing things is close to many hearts. It will take prayer and a willingness to continue to move forward during the tough times and remembering the goal of long-term transformation for the clients.

Involvement of the Personal Learning Community

My personal learning community (PLC) is unique. The majority of the team works with me at Springs Rescue Mission. I am blessed to work alongside some of the most courageous and sacrificial individuals I have ever known. They have innovative spirits that guide them toward always seeking to make programs at Springs Rescue Mission stronger.

I could discuss my dissertation with the team daily. President and CEO Jack Briggs for Springs Rescue Mission originally pushed me to get my Doctor of Transformational Leadership degree. We regularly discussed all aspects of the dissertation process and, more importantly, what it does for the success of the programs. Managing Senior Director of Relief and Reintegration Tyler Peoples has worked with me the longest at SRM. He has helped me transition from emergency services to outcomes-

based programs. He challenges me daily and is a true example of a servant leader.

Without his help, I know Springs Rescue Mission would not be where it is today. Senior Director of Restorative Programs Lee Jones is the calming force of the team. When certain individuals get upset or overly anxious, he reminds everyone to step back and assess the issues that must be addressed. This process enables the program leadership team to prioritize the correct items daily and move toward the desired goals.

The final and most important PLC member is my wife, Lisa Cook. She has been through so much with me over these past 30 years. Without her, I would never have finished my bachelor's degree, MBA, and doctorate. When I am struggling with difficulties that arise at work, Lisa can calm me down. If I am frustrated with colleagues, employees, or even the program, she can help me see other viewpoints. Lisa is my comfort and strength.

Recommendations and Future Action Steps

Further action in developing a holistic program at Springs Rescue Mission that provides long-term transformation to those experiencing homelessness is multilayered. Continued processes that guide clients toward the Springs Rescue Mission must be implemented. Once on campus, steps must be taken to help clients move through relief services and into restorative holistic programming. Once clients have completed the program, continual efforts to connect with graduates through reintegration must be established to ensure the long-term goals of self-stewarding in health, work, and housing have been met. Bringing God's shalom to Colorado Springs will also involve various steps.

With the restructuring of staff allowing employees to focus on their areas of responsibility, the next step is to define the relief services process for encouraging clients toward the Hope Program. The senior manager and manager of relief services will begin to determine the activities and services that will create agency within the clients. The following are services that may be implemented in relief services.

1. kiosk dedicated to personal documents (i.e., social security cards, state I.D., and birth certificates)
2. in-campus outreach that explains the benefits of the Hope Program to those who have recently arrived on campus
3. televisions with possible short messages about the Hope Program
4. Bible studies to help clients realize the love of God
5. staff and relief client outings to build relationships
6. partner agency case management to address emergency needs

The Hope Program restructure has begun showing positive health, work, and housing outcomes. However, it is not complete. Some areas must be enhanced to ensure the desired outcomes are met. The following items still need strengthening and bolstering in the Hope Program.

1. Physical health
 - Physical activities must be comprehensive. Currently, there is only a workout space in the addiction recovery area. The Hope Program needs structured activities to address physical health for the participants in all program areas.

- Nutritional meals are vital to strengthening the health of clients. Continued research must be accomplished to determine what healthy and economical meals are most effective for clients.

2. Spiritual health

- Structured Bible studies are needed that encourage spiritual growth.
- Christian mentors are needed for clients to help with church connection post-graduation.
- Staff training about how to have Christ-centered conversations with all levels of clients is needed.

3. Mental health

- Annual partner agency reviews are needed to ensure mental health provision is comprehensive
- There is a possible need for psychiatric and mental health drug providers on campus.

4. Addiction recovery health

- There is a need to continue to provide all program clients with a substance use assessment.
- There is a need for input assessments in the client software and possibly utilizing AI software to quantify qualitative data.
- It needs to be determined if addiction recovery services and non-addiction recovery service clients can cohabitate.
- Evaluating if the phased approach in addiction recovery services and non-addiction recovery services can mirror one another is needed.

5. Work

- Ensuring clients are receiving adequate hands-on and classroom training to provide the skills, tools and knowledge necessary for employment.
- Continuing to track assessments and evaluations based on outputs toward outcomes.
- Creating other vocational training opportunities for clients with less physical abilities to provide the skills, tools and knowledge necessary for employment.
- Working to create more employment connections and partners without outside companies to provide gainful employment opportunities for clients.

6. Housing

- Determining best practices for the Hope Program living areas to ensure clients are provided skills, tools, and knowledge in housing needs.
- Continuing to define activities in the Hope Program living area that will guide clients toward successful community living.
- Creating more housing connections with landlords for graduate living placements.
- Continued and enhanced tracking measurements for clients in transitional housing to ensure they are utilizing the skills and tools they have learned.

Once clients have graduated, it can be difficult to stay connected. Reintegration is vital to understanding the success of the Hope Program. The team must seek ways to

connect early in the client's program and build relationships with the participants. The following are ideas on how to create these relationships.

1. Starting in phase three or four, the reintegration team has activities scheduled with clients to increase the level of dialogue created earlier in the program.
2. The reintegration team creates later phase-specific classes.
3. The reintegration team becomes the client case manager in the last phase of programs and into transitional housing.
4. The software team develops software for clients that encourages continued connection with SRM and potentially creates a monitoring system and database of indicators based on client input.

Being a transformational leader and bringing God's shalom to the community must be God-led. In cities where great things happen, God's people see His work and join Him. Elliott (2006) claims, "In the cities where this work flourishes, it was born in a group of people who intentionally bridged these diverse worlds, first in prayer, then in action. What emerges out of unity is clarity of purpose" (p. 175).

The following are steps that Springs Rescue Mission must take to build bridges with the community and be a transformation leader to bring forth God's shalom to Colorado Springs.

1. Reach out to community partners and provide relationship-building opportunities.
 - SRM needs to invite partner agency staff to lunch at the mission for communication and relationship building.
 - SRM must continue to provide educational tours for partner agencies.

- SRM must continue to ask questions.
 - SRM must show the community that we care.
2. Collaborate with the city government in building connections with agencies.
- SRM could possibly turn down some funding so that the money could be redirected toward other agencies while seeking new funding sources.

Along with seeking ways to lead locally, Springs Rescue Mission is finding ways to lead other communities. The city mayor of Aurora recently asked SRM to consult on their homeless services. This opportunity should provide significant space for transformational leadership as SRM can discuss a holistic programming approach. Secondly, I have been asked to speak at the City Gate Network Conference on Springs Rescue Mission programs. The yearly conference has 400-plus rescue missions coming together to discuss and learn best practices. In the workshop, I will speak to hundreds of service providers about the benefits and implementation of long-term, transformational programs. God has called Springs Rescue Mission to transform those experiencing homelessness in Colorado Springs. God is also using SRM as a tool to guide other ministries into transformational organizations.

Summary

The study aimed to determine if a holistic approach could reduce the homeless count in the community using Springs Rescue Mission as a case study. The previously developed Hope Program showed that single-unattached homeless adults do benefit from a structured program regardless of substance use issues. The SRM program previously demonstrated positive outcomes in work and housing but was not transformative in the

long term. This research project used the previous program structure as the starting point for determining how a holistic program could help decrease homelessness with the long-term goal of transforming the lives of the homeless community and providing them with the skills, tools, and knowledge to be successful in all life's domains. The initial results have been positive, so SRM has decided to continue moving in that direction, working on a process of continuous improvement through periodic evaluations and self-examination.

This chapter discussed the information gathered from the qualitative questionnaires from various internal and external stakeholders to answer the primary research question. What can be done to reduce adult homelessness in America, specifically in Colorado Springs? The qualitative information collected helped define the causes of homelessness and prescribe solutions for it. They also provided knowledge on what to address with a holistic approach, starting with providing for the client essentials and guiding them toward a transformative program. In developing a holistic program, it was apparent that there needed to be an overarching framework to guide the procedure and a secondary tool to define the steps of the program at each level. The theory of change and the logic model were used as guiding principles for this process. These questions lead to the question of what the transformation of those experiencing homelessness looks like, which is now defined as self-stewarding in health, work, and housing. The final study question answered was based on how SRM and I, as Chief Programs Officer, could be transformational leaders in this process and guide other communities toward serving those experiencing homelessness holistically.

REFERENCE LIST

- Adair, J. E. (2009). *Leadership for innovation: How to organize team creativity and harvest ideas*. Kogan Page Limited.
- American Medical Association. (2022). *What is behavioral health?* <https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health>
- Aoraha, C. (2023, August 14). US sees highest EVER spike in homeless people. *Daily Mail*. <https://www.dailymail.co.uk/news/article-12406201/US-spike-homeless-people-record.html>
- Audeoud, M. (2023). *Research as Worship in the Company of God*. Wipf & Stock Publishers.
- Background Information on Logic Models*. (n.d.). Enhancing Program Performance with Logic Models. Retrieved October 31, 2023, from <https://logicmodel.extension.wisc.edu/1-1-background-information-on-logic-models/>
- Bakke Graduate University. (2023) *Transformational leadership perspectives..* Retrieved October 26, 2023, from <https://bgu.edu/transformational-leadership-perspectives>
- Barker, A. (2018). *Slum life rising: How to en flesh hope within a new Urban world*. Isum.
- Bennett, A., Crosse, K., Ku, M., Edgar, N. E., Hodgson, A., & Hatcher, S. (2022). Interventions to treat post-traumatic stress disorder (PTSD) in vulnerably housed populations and trauma-informed care: A scoping review. *BMJ Open*, 12(3), e051079. <https://doi.org/10.1136/bmjopen-2021-051079>

- Better Evaluation. (n.d.). *Describe the theory of change*. Retrieved October 31, 2023, from <https://www.betterevaluation.org/frameworks-guides/managers-guide-evaluation/scope-evaluation/describe-theory-change>
- Biblical Self-Care. (2020). Redeemer City to City.
<https://redeemercitytocity.com/articles-stories/biblical-self-care>
- Board, T. G. (2023, August 21). EDITORIAL: ‘Housing first’ is a dead end for Denver’s homeless. Denver Gazette. https://denvergazette.com/opinion/editorials/editorial-housing-first-is-a-dead-end-for-denver-s-homeless/article_2d2581d8-3e48-11ee-a7ef-eb0096ffc112.html
- The Bowery Mission. (2022, May 26). Trauma & homelessness: What’s the connection? The Bowery Mission: Updates. <https://www.bowery.org/updates/2022/05/trauma-informed-care/>
- Brown, A. (1997) *Work first. How to implement an employment-focused approach to welfare reform*. MDRC. <https://www.mdrc.org/work/publications/work-first>
- CSH. (n.d.). Housing First. *Housing-first-fact-sheet.pdf*. (n.d.). Retrieved October 31, 2023, from <https://www.hcd.ca.gov/grants-funding/active-funding/docs/housing-first-fact-sheet.pdf>
- CMSA - Case Management Society of America. (2023, April 19). What Is a Case Manager? <https://cmsa.org/who-we-are/what-is-a-case-manager/>
- Cato Institute. (n.d.) Evidence Calls “Housing First” Homelessness Strategy into Question. (2023). <https://www.cato.org/blog/evidence-calls-housing-first-homelessness-strategy-question>

Chen, M. (2023). *The history of homelessness in America*. HomeMore.

<https://thehomemoreproject.org/blog/the-history-of-homelessness-in-america>

Christopher, B. (2023). California homelessness: Where are the state's billions going?

Here's the new, best answer. *CalMatters*.

<http://calmatters.org/housing/2023/02/california-homelessness-spending-report/>

Citygate Network., (n.d.). Retrieved July 18, 2023, from

<https://www.citygatenetwork.org/agrm/default.asp>

Colorado Coalition for the Homeless. (n.d.). *The Colorado state of homeless report 2022*.

Retrieved October 25, 2023, from

<https://www.coloradocoalition.org/sites/default/files/2023-01/StateOfHomelessness%20%28SOH%29%202023%20%281%29.pdf>

CorePurpose (n.d.). *We'll help you make a difference*. Retrieved February 13, 2024, from

<https://www.findcorepurpose.com>

Course For Bloodborne Pathogens. (n.d.). Colorado Bloodborne Pathogens Training

Class. Retrieved February 13, 2024, from <https://courseforbbp.com/states/CO>

Creswell, J. W., Creswell, J. D., Creswell, J. W., & Creswell, J. D. (2018). *Research*

design: Qualitative, quantitative, and mixed methods approaches. (5th ed.).

SAGE.

Crowe, A. (2020). *Stereotype #1: Homeless people are lazy*. The Human Impact.

<https://www.thehumanimpact.org/post/stereotype-1-homeless-people-are-lazy>

Curry International Tuberculosis Center. (n.d.). *Debunking the Myths of Homelessness*.

https://www.currytbcenter.ucsf.edu/sites/default/files/product_tools/homelessness

andbt toolkit/docs/background/Factsheet/Debunking%20the%20Myths%20of%20Homelessness.pdf

Dawson, C. (2007). *A practical guide to research methods: A user-friendly manual for mastering research techniques and projects*. (3rd ed). How To Books.

Department of Human Services (n.d.) *Logic Model Tip Sheet*.

https://www.acf.hhs.gov/sites/default/files/documents/prep-logic-model-ts_0.pdf

Derek Prince Ministries. (n.d.). Laziness Brings Poverty | Watch | Retrieved October 27, 2023, from <https://www.derekprince.com/word/c-w156>

Dignity Health. <https://www.dignityhealth.org/articles/what-is-holistic-health-care-anyway>

Dinh, J. E., Lord, R. G., Gardner, W. L., Meuser, J. D., Liden, R. C., & Hu, J. (2014).

Leadership theory and research in the new millennium: Current theoretical trends and changing perspectives. *The Leadership Quarterly*, 25(1), 36–62.

<https://doi.org/10.1016/j.leaqua.2013.11.005>

Dovetail. (2023) What is purposive sampling? Technique, examples, and FAQs.

<https://dovetail.com/research/purposive-sampling/>

Eide. (n.d.). *Housing first and homelessness: The rhetoric and the reality*. Manhattan

Institute. Retrieved October 17, 2023, from

<https://manhattan.institute/article/housing-first-and-homelessness-the-rhetoric-and-the-reality/>

Elliott, B. J. (2006). *Street saints: Renewing America's cities* Templeton Foundation Press.

Eymeren, A., Barker, A., & Elisara, C. (2017). *Urban shalom and the cities we need*.

Urban Shalom Publishing.

Farren, T. (2021). *How trauma can lead to homelessness*. Blanchet House.

<https://blanchethouse.org/how-trauma-can-lead-to-homelessness/>

FiveFold Ministry Test. (n.d.). *Discover your Kingdom strengths*. Retrieved August 25,

2023, from <https://fivefoldministry.com/>

Gould, T. J. (2010). Addiction and cognition. *Addiction Science & Clinical Practice*,

5(2), 4–14. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3120118/>

Greene, A. C. (2017). *The Great Depression and religion in Mississippi*. Mississippi

History Now. [https://www.mshistorynow.mdah.ms.gov/issue/the-great-](https://www.mshistorynow.mdah.ms.gov/issue/the-great-depression-and-religion-in-mississippi)

[depression-and-religion-in-mississippi](https://www.mshistorynow.mdah.ms.gov/issue/the-great-depression-and-religion-in-mississippi)

Gromlich, G. (2022). *Homelessness today: Why housing first isn't working*. Union

Gospel Mission. [https://blog.uniongospelmission.org/stories/homelessness-today-](https://blog.uniongospelmission.org/stories/homelessness-today-why-housing-first-isnt-working)

[why-housing-first-isnt-working](https://blog.uniongospelmission.org/stories/homelessness-today-why-housing-first-isnt-working)

Guinness, O. (1998). *The call: Finding and fulfilling the central purpose of your life*.

Word.

Hecker, J., & Kalpokas, N. (n.d.). *Conceptual vs theoretical framework*. Atlas.ti.

Retrieved October 24, 2023, from [https://atlasti.com/guides/qualitative-research-](https://atlasti.com/guides/qualitative-research-guide-part-1/conceptual-vs-theoretical-framework)

[guide-part-1/conceptual-vs-theoretical-framework](https://atlasti.com/guides/qualitative-research-guide-part-1/conceptual-vs-theoretical-framework)

Hill, G. (2016). *GlobalChurch: Reshaping our conversations, renewing our mission,*

revitalizing our churches. IVP Academic.

Holland, T. M. (2018, January). Dignity Health | What Is Holistic Health Care, Anyway?

- Housing First in Permanent Supportive Housing Brief*. (n.d.). Retrieved October 17, 2023, from <https://www.hudexchange.info/resource/3892/housing-first-in-permanent-supportive-housing-brief>
- Huspeni, D. (2023). Homelessness in Colorado: Three cities, three strategies. *Colorado Springs Gazette*. https://gazette.com/news/homelessness-in-colorado-three-cities-three-strategies/article_098ce57c-1b4a-5b4c-8a6a-9531d071de3a.html
- Hydrocephalus Research 101: Generalizability*. (2021, November 5). <https://www.hydroassoc.org/hydrocephalus-research-101-generalizability/>
- Jasemi, M., Valizadeh, L., Zamanzadeh, V., & Keogh, B. (2017). A concept analysis of holistic care by hybrid model. *Indian Journal of Palliative Care*, 23(1), 71–80. <https://doi.org/10.4103/0973-1075.197960>
- Jennings, K., & Stahl-Wert, J. (2016). *The serving leader: Five powerful actions to transform your team, business, and community*. Berrett-Koehler Publishers, Inc.
- Jones, M. M. (2015). Creating a science of homelessness during the Reagan era. *The Milbank Quarterly*, 93(1), 139–178. <https://doi.org/10.1111/1468-0009.12108>
- Johnson, B. (2017). New study reveals faith-based organizations shoulder heavy burden for the homeless. *The Hill*. <https://thehill.com/blogs/congress-blog/politics/319014-new-study-reveals-faith-based-organizations-shoulder-heavy/>
- Kazman, S. (1989). *Homelessness: Describing the symptoms, prescribing a cure*. The Heritage Foundation. <https://www.heritage.org/poverty-and-inequality/report/homelessness-describing-the-symptoms-prescribing-cure>

- Kelley, T., & Littman, J. (2001). *The art of innovation: Lessons in creativity from IDEO, America's leading design firm* (1st ed). Currency/Doubleday.
- Kessler, W. (2023). *Despite pouring billions into the crisis, California Continues to battle surging homelessness. Here's why.* Daily Caller.
<https://dailycaller.com/2023/08/27/california-spent-billions-homelessness-heres-why/>
- Koen, A. (2021). *Updated homeless population estimate released.* KOAA News.
<https://www.koaa.com/news/covering-colorado/updated-homeless-population-estimate-released#:~:text=COLORADO%20SPRINGS%2C%20Colorado%20%E2%80%94%20The%20number%20of%20people,174%20fewer%20than%20that%20population%20estimate%20in%202020.>
- Latif, S. L. (2021, June 17). What Are Life Domains & How Can We Balance Them? PositivePsychology.Com. <https://positivepsychology.com/what-are-life-domains/>
- Ledbetter, B. M., & Banks, R. (2016). *Reviewing leadership: A Christian evaluation of current approaches.* (2nd ed.). Baker Academic.
- Leonard, V. F. (2019). *What's the difference between programs and services?* Medium.
<https://valeriefleonard.medium.com/whats-the-difference-between-programs-and-services-28a01e0f4693>
- Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care*, 4(3), 324–327.
<https://doi.org/10.4103/2249-4863.161306>

LifeCourse Nexus. (n.d.). Exploring the Life Domains – Retrieved February 19, 2024, from <https://www.lifecoursetools.com/lifecourse-library/exploring-the-life-domains/>

Lopez, G. (2022). Homeless in America. *The New York Times*.
<https://www.nytimes.com/2022/07/15/briefing/homelessness-america-housing-crisis.html>

Lussier, R. N., & Achua, C. F. (2016). *Leadership: theory, application & skill development*. (6th ed.). Cengage Learning.

Maggay, M. P. (2017). *Global kingdom, global people: Living faithfully in a multicultural world*. Langham Global Library.

McLeod, S. (2024) Maslow's Hierarchy of Needs—Simply Psychology. Retrieved November 18, 2022, from <https://www.simplypsychology.org/maslow.html>

McCormick-Cavanagh, C. (2022). *Denver and Aurora map out different approaches to resolving homelessness*. Westword.
<https://www.westword.com/news/homelessness-denver-aurora-coffman-hancock-approach-15522294>

McNeil, B. S. (2015). *Roadmap to reconciliation: Moving communities into unity, wholeness, and justice*. IVP Books.

Merriam, S. B., & Tisdell, E. J. (2016). *Qualitative research: A guide to design and implementation*. (4th ed.). John Wiley & Sons.

Merriam-Webster. (2024) *Definition of stewardship*. <https://www.merriam-webster.com/dictionary/stewardship>

Middleton, F. (2019). *Reliability vs. validity in research | Difference, types and examples*.

Scribbr. <https://www.scribbr.com/methodology/reliability-vs-validity/>

Moran, M. (2018). *In Need of definition: How to select terms to define in your*

Dissertation. Statistics Solutions. <https://www.statisticssolutions.com/in-need-of-definition-how-to-select-terms-to-define-in-your-dissertation/>

Mueller, B. (2023). *Homelessness in Colorado Springs*. Common Sense Institute.

<https://commonsenseinstitute.co.org/homelessness-in-colorado-springs/>

National Academies of Sciences, (n.d.) (2018). The History of Homelessness in the

United States. In *Permanent Supportive Housing: Evaluating the Evidence for*

Improving Health Outcomes Among People Experiencing Chronic Homelessness.

National Academies Press (US).

<https://www.ncbi.nlm.nih.gov/books/NBK519584/>

National Alliance to End Homelessness (2022). *Housing First*. Retrieved August 17,

2023, from <https://endhomelessness.org/resource/housing-first/>

National Institute on Drug Abuse. (n.d.). *Part 1: The connection between substance use*

disorders and mental illness | [https://nida.nih.gov/publications/research-](https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness)

[reports/common-comorbidities-substance-use-disorders/part-1-connection-](https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness)

[between-substance-use-disorders-mental-illness](https://nida.nih.gov/publications/research-reports/common-comorbidities-substance-use-disorders/part-1-connection-between-substance-use-disorders-mental-illness)

National Institute of Mental Health. (n.d.). *Substance use and co-occurring mental*

disorders. Retrieved November 7, 2023, from

<https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health>

National Library of Medicine (2018). *Permanent supportive housing: Evaluating the evidence for improving health outcomes among people experiencing chronic homelessness*. <https://www.ncbi.nlm.nih.gov/books/NBK519584/>

National Park Service. (n.d.). *Salem Church*. Retrieved May 11, 2023, from <https://www.nps.gov/frsp/learn/historyculture/sc.htm>

National Public Radio/Kaiser Family Foundation/Kennedy School of Government. (2021).

National survey on poverty in America. Retrieved October 27, 2023, from <https://www.kff.org/wp-content/uploads/2001/04/3118-t-poverty-in-america-survey.pdf>

Oxford Languages. (n.d.). *Social service*. Retrieved May 12, 2023, from https://www.google.com/search?q=social+services&si=AMnBZoE_SgVdNzFvWI74rwHkJYEE_Dp-RCUkzgv6JCIBHvQZldTXl3p1AuHAYlqaRq1lzibB05dIHCjE6NaYEEdVSkDtdQu3M_qf_IbD0MEKUEQD8E38Bfs%3D&expnd=1&sa=X&ved=2ahUKEwiZtZXtlvD-AhWzPH0KHTBDDd4Q2v4IegQIFRAP&biw=1592&bih=739&dpr=1

Park, J., Lee, K., Lim, J. I., & Sohn, Y. W. (2018). Leading With callings: Effects of leader's calling on followers' team commitment, voice behavior, and job Performance. *Frontiers in Psychology*, 9, 1706. <https://doi.org/10.3389/fpsyg.2018.01706>

Perkins, J. (2017). *Dream with me: Race, love, and the struggle we must win*. Baker Books.

Petkus, A. J., Lenze, E. J., Butters, M. A., Twamley, E. W., & Wetherell, J. L. (2018).

Childhood trauma is associated with poorer cognitive performance in older adults.

The Journal of Clinical Psychiatry, 79(1), <https://doi.org/10.4088/JCP.16m11021>

Ph.D, S. L. (2021, June 17). *What Are Life Domains & How Can We Balance Them?*

PositivePsychology.Com. <https://positivepsychology.com/what-are-life-domains/>

Poutiatine, M. (2009). What is transformation?: Nine principles toward an understanding

transformational process for transformational leadership. *Journal of*

Transformative Education, (7)

Precision Dissertation Services. (2021). Choosing a theoretical framework: Popular

theories for dissertation research [https://precisionconsultingblog.com/choosing-a-](https://precisionconsultingblog.com/choosing-a-theoretical-framework-popular-theories-for-dissertation-research/)

[theoretical-framework-popular-theories-for-dissertation-research/](https://precisionconsultingblog.com/choosing-a-theoretical-framework-popular-theories-for-dissertation-research/)

R. Voss (personal communication, February 12, 2024)

Radias Health. (n.d.). The Importance of a Housing First Approach to Treatment.

Retrieved October 27, 2023, from [https://radiashealth.org/the-importance-of-a-](https://radiashealth.org/the-importance-of-a-housing-first-approach-to-treatment/)

[housing-first-approach-to-treatment/](https://radiashealth.org/the-importance-of-a-housing-first-approach-to-treatment/)

Ramey, T., & Regier, P. S. (2019). Cognitive impairment in substance use disorders. *CNS*

Spectrums, 24(1), 102–113. <https://doi.org/10.1017/S1092852918001426>

Raosoft. (n.d.). *Sample size calculator*. Retrieved November 16, 2023, from

<http://www.raosoft.com/samplesize.html>

Robinson, L., Smith, M., & Segal, J. (2023). *Emotional and psychological trauma*.

[https://www.helpguide.org/articles/ptsd-trauma/coping-with-emotional-and-](https://www.helpguide.org/articles/ptsd-trauma/coping-with-emotional-and-psychological-trauma.htm)

[psychological-trauma.htm](https://www.helpguide.org/articles/ptsd-trauma/coping-with-emotional-and-psychological-trauma.htm)

- Rocky Mount HIPAA Guru. (n.d.). *We make HIPAA easy™*. Retrieved November 21, 2023, from <https://www.rmhguru.com/>
- Rosenbaum, J. T. (1988). Bilateral anterior uveitis and interstitial nephritis. *American Journal of Ophthalmology*, 105(5), 534–537. [https://doi.org/10.1016/0002-9394\(88\)90247-4](https://doi.org/10.1016/0002-9394(88)90247-4)
- Rufo, C. (n.d.). *Homelessness in America: An overview*. The Heritage Foundation. Retrieved October 27, 2023, from <https://www.heritage.org/poverty-and-inequality/report/homelessness-america-overview>
- Rufus, S. (2023, April). *Logical Model in ML*. <https://www.linkedin.com/pulse/logical-model-ml-stephen-rufus>
- Rush, R. III (2021). An analysis of the move from traditional rescue mission tactics to transformational ministry strategies. Doctoral of Transformational Leadership. Bakke Graduate University. <https://bgu.edu/dissertations/revival-and-city-transformation-project>
- Self-sufficient Definition & Meaning. (2023, August 29). Dictionary.Com. <https://www.dictionary.com/browse/self-sufficient>
- Sharp, S. (2021). Logic models vs theories of Change. *Center for Research Evaluation*. <https://cere.olemiss.edu/logic-models-vs-theories-of-change/>
- Sheth, U. (2023). Theory of Change vs. Logic Model: Complimentary *Tools* <https://www.sopact.com/guides/theory-of-change-vs-logic-model>
- Smith, G. (n.d), Shalom [Unpublished article]. Christian Directions, Inc., Montreal, Quebec, Canada.

The Spiritual Gifts Project (n.d.). The Spiritual Gift of Administration: What It Is and Why It Matters - Advent Christian General Conference. (2021, July 7).

<https://www.acgc.us/the-spiritual-gift-of-administration-what-it-is-and-why-it-matters/>

Springs Rescue Mission Campus Expansion | City of Colorado Springs. (n.d.). Retrieved April 5, 2024, from <https://coloradosprings.gov/springs-rescue-mission-campus-expansion>

State Food Safety. (n.d.). *How to get your El Paso County food handlers card*. Retrieved February 13, 2024, from <https://www.statefoodsafety.com/food-handler/colorado/el-paso-county>

Stuart, P. H. (2013). Social Work Profession: History. In Encyclopedia of Social Work. <https://doi.org/10.1093/acrefore/9780199975839.013.623>

Solomon, L. (2021). *(Let's define our terms: What is affordable housing, anyway?* <https://ggwash.org/view/80708/lets-define-our-terms-what-is-affordable-housing-anyway>

Spees, H. (2013, March 17). Bakke Graduate University — *Connecting the City*. <https://vimeo.com/62031544>

Springs Rescue Mission. (n.d.) | *Homelessness in COS*. (n.d.). Retrieved July 28, 2023, from <https://www.springsrescuemission.org/about/homelessness-in-colorado-springs>

The Spiritual Gifts Project. (2023) *Spiritual Gift of Leadership*. <https://spiritualgiftsproject.org/what-are-the-spiritual-gifts/spiritual-gift-of-leadership/>

St. Catherine University. (2022). *What is holistic health? Overview and career outcomes*.

<https://www.stkate.edu/healthcare-degrees/what-is-holistic-health>

Stanley, P. D., & Clinton, J. R. (1992). *Connecting: The mentoring relationships you need to succeed in life*. NavPress.

Streetstream (n.d.). *Debunking the myths of homelessness*.

https://www.currytbcenter.ucsf.edu/sites/default/files/product_tools/homelessness_andtbtoolkit/docs/background/Factsheet/Debunking%20the%20Myths%20of%20Homelessness.pdf.

Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.). *About Us* | Retrieved October 24, 2022, from <https://www.samhsa.gov/about-us>

Summers, D. (2023). *How homelessness in Denver compares to other cities*. FOX31.

<https://kdvr.com/news/data/denvers-homeless-compared-to-other-cities/>

SurveyMonkey. (n.d.). *Get answers with surveys*. Retrieved February 12, 2024, from <https://www.surveymonkey.com/welcome/sem/>

Swanson, E., Williams, S., & McNeal, R. (2010). *To transform a city: Whole church, whole Gospel, whole city*. Zondervan.

Swinth, K. (n.d.). *The Square Deal: Theodore Roosevelt and the themes of progressive reform* | The Gilder Lehrman Institute of American History. Retrieved May 11, 2023, from <https://www.gilderlehrman.org/history-resources/essays/square-deal-theodore-roosevelt-and-themes-progressive-reform>

Tarr, P. (2018). *Homelessness and mental illness: A challenge to our society*. Brain & Behavior Research Foundation.

<https://www.bbrfoundation.org/blog/homelessness-and-mental-illness-challenge-our-society>

Taylor, D. (2022). *Is self-care selfish? Stewarding your Personal life for long-term ministry*. <https://deanhtaylor.com/2022/02/06/is-self-care-selfish-stewarding-your-personal-life-for-long-term-ministry-2/>

Torres, F. (2023). *Housing supply and the drivers of homelessness*. Bipartisan Policy Center. https://bipartisanpolicy.org/report/housing-supply-and-homelessness/?gad_source=1&gclid=Cj0KCQiAuqKqBhDxARIsAFZELmJNGcrGlu5Y4gduDMbhpcnDvjWj8WdzcIvxSVJI0kbxBGvI-tdl6CsaAi1qEALw_wcB

U.S. Department of Housing and Urban Development. (2023). *HUD releases fiscal year 2024 budget in brief* https://www.hud.gov/press/press_releases_media_advisories/hud_no_23_051

United States Census Bureau. (n.d.). *QuickFacts Colorado Springs city, Colorado*. Retrieved November 29, 2023, from <https://www.census.gov/quickfacts/fact/table/coloradospringscitycolorado/PST045222>

Urban Institute. (n.d.). *Housing and community development expenditures*.. Retrieved October 10, 2023, from <https://www.urban.org/policy-centers/cross-center-initiatives/state-and-local-finance-initiative/state-and-local-backgrounders/housing-and-community-development-expenditures>

van den Toren, S. J., van Grieken, A., de Kroon, M. L. A., Mulder, W. C., Vanneste, Y. T. M., & Raat, H. (2020). Young adults' self-sufficiency in daily life: The

- relationship with contextual factors and health indicators. *BMC Psychology*, 8(89)
<https://doi.org/10.1186/s40359-020-00434-0>
- Villeneuve, L. (2012). When laziness seizes the life of a homeless person. The Bottom Line UCSB. <https://thebottomline.as.ucsb.edu/2012/02/when-laziness-seizes-the-life-of-a-homeless-person>
- Vincent L. (2017). *Innovation Theology*. Wipf & Stock.
- Vocabulary.Com. (n.d.). Transformation—Definition, Meaning & Synonyms.. Retrieved July 28, 2023, from <https://www.vocabulary.com/dictionary/transformation>
- Welcome to the Colorado Department of Human Services. (n.d.). Colorado Department of Human Services. Retrieved February 12, 2024, from <https://cdhs.colorado.gov/>
- Whittemore, R., Chase, S. K., & Mandle, C. L. (2001). Validity in qualitative research. *Qualitative Health Research*, 11(4), 522–537.
<https://doi.org/10.1177/104973201129119299>
- W.K. Kellogg Foundation. (2004) *W.K. Kellogg Foundation logic model development guide*. betterevaluation.org
- World Health Organization (WHO). (n.d.). Constitution. Retrieved November 7, 2023, from <https://www.who.int/about/accountability/governance/constitution>
- Yi, F. (2013~ *Colorado Springs evangelicals* || Religion & Ethics NewsWeekly | PBS.
<https://www.pbs.org/wnet/religionandethics/2013/02/22/february-22-2013-colorado-springs-evangelicals/14792/>

APPENDICES

Appendix A

Client Questionnaire Sample

SRM Client Questionnaire

1. Name _____
2. Client Tracker # _____
3. Age _____
4. How long have you been homeless? _____
5. Where did you last live? _____
6. Where did you grow up? _____
7. What was your childhood like? _____
8. What level of education do you have? _____
9. What brought you to the Springs Rescue Mission (SRM)? _____

10. How Long have you been at SRM? _____
11. What do you think of SRM and the staff? _____
12. What kinds of help are you looking for at SRM:
Health: Physical _____ Mental _____ Substance Use _____ Spiritual _____
Work _____ Housing _____
Other _____
13. What do you dream about for your future:
Health: Physical _____ Mental _____ Substance Use _____ Spiritual _____
Work _____ Housing _____
Other _____
14. How do you think SRM could help provide you with the skills and knowledge to meet these dreams?

15. If your life has changed since you came to SRM, please describe what has changed and how that has impacted you. Would you call this a small, medium, or big change?_____

Appendix B

Staff Questionnaire Sample

SRM Staff Questionnaire

1. Name _____
2. Title _____
3. Department _____
4. Years at SRM? _____
5. What are the most significant needs of the homeless population
Health: Physical _____ Mental _____ Substance Use _____ Spiritual _____
Work _____ Housing _____
Other _____
6. How can SRM provide for the homeless's needs and ensure they are given the tools, skills, and knowledge to be self-stewards in all domains of their life (health, work, and housing)?
Health: Physical _____ Mental _____ Substance Use _____ Spiritual _____
Work _____ Housing _____
Other _____
7. How can SRM encourage and guide clients toward a holistic program that can provide the above needs?

8. As a staff member, have you seen evidence that SRM is making a difference in the lives of its clients?
What examples can you give? _____

9. What assumptions or belief systems act as either pillars OR barriers to neighborhood/Community & City involvement and transformation for those experiencing homelessness? _____

10. What systems do you believe are priorities for this city to create transformation for those experiencing homelessness? _____

Appendix C

Community Questionnaire Sample

Community Questionnaire

1. Name _____

2. Occupation _____

3. Years living in Colorado Springs? _____

4. Zipcode: Home _____ Work _____

5. In your opinion, please list the homeless population's needs. _____

6. In what ways, as a homeless program provider, can the Springs Rescue Mission best meet all of these needs? _____

7. As a community member, have you seen evidence that Springs Rescue Mission is making a difference in the lives of those they serve?

What examples can you

give? _____

8. What assumptions or belief systems act as either pillars OR barriers to neighborhood/Community & City involvement and transformation for those experiencing homelessness? _____

10. What systems do you believe are priorities for this city to create transformation for those experiencing homelessness? _____

Appendix D

Client Consent Form



Client Consent for Sharing of Your Information

By signing this form, you allow COHMIS partner agencies to share your personal information to coordinate housing and homelessness resources and related services on your behalf. Please read this form carefully and ask any questions you may have.

What is COHMIS?

COHMIS stands for the Colorado Homeless Management Information System. COHMIS is a system shared by partner agencies to store information about people who use homelessness services for purposes of providing better support for them. COHMIS is managed by the four Continuum of Care groups in the State of Colorado. They are MDHI (Metro Denver), Pikes Peak (El Paso County) Northern Colorado (Larimer and Weld Counties), and Balance of State (Remaining 54 Colorado Counties).

Who may share my information?

The partner agencies who are allowed to share your information include county human and social services agencies, non-profit community groups, and other care coordination groups that you are receiving, or may receive, services from. A current list of partner agencies is provided with this form and is available at <https://cohmis.zendesk.com/hc/en-us>

How will my information be used?

The partner agencies may use your personal information for coordinating housing and homelessness resources and related services on your behalf. The Continuum of Care groups and partner agencies may use anonymous information (information that does not identify you) to do research, evaluate service programs, get funding, and for any other legal purposes related to the needs of the homeless community and people at risk of homelessness. The Continuum of Care groups and all partner agencies must keep your personal information confidential and follow all federal and state laws that apply to your information.

What information may be shared?

- Name, date of birth, gender, race, ethnicity, social security number, phone number, address
- Basic medical, mental health, substance use and daily living information
- Housing and program eligibility information
- Use of crisis services, veteran services, hospitals and jail
- Employment, income, insurance and benefits information
- Services provided by partner agencies
- Results from assessments
- Photograph or other likeness

BY SIGNING THIS FORM, I UNDERSTAND THAT:

- I have the right to know who has seen my information.
- I may see my information at any time and change it if it is wrong.
- I may cancel this consent at any time by filling out a revocation of consent form, which I can get from any partner agency.
- I may file a complaint if I think my information has been misused by filling out a grievance form, which I can get from any partner agency.
- I may refuse to share information with other agencies while retaining rights of access to this agency's services.
- If I refuse to share information, I may not be eligible to participate or receive services from some programs.
- I may have a copy of this form.
- This consent will expire seven years after this ROI is signed.

Printed Name of Client or Legal Guardian: _____

Printed Names of additional minor children covered by this release: _____

Signature of Client or Representative: _____ Date: _____


Signature of Agency Witness: _____ Date: _____

_____ *Initials of Client If Declining Consent*

COHMIS Client Consent and ROI v1.2

Appendix E

Monkey Survey

 Drive engagement and satisfaction with integrated virtual event/meeting feedback solution with SurveyMonkey. [Get a Zoom demo »](#)

[ANALYZE RESULTS](#) → [PRESENT RESULTS](#)

Springs Rescue Mission - Jeff Cook Dissertation Questionnaire

1. Name (optional)

2. Occupation

3. Years Living In Colorado Springs

4. Zipcode

5. . In your opinion, please list the needs of the homeless population:

6. In what ways, as a homeless program provider, can the Springs Rescue Mission best meet all of these needs?

7. As a community member, have you seen evidence that Springs Rescue Mission is making a difference in the lives of those individuals they serve?

8. What examples can you give?

Appendix F

Codes for Tracking

Client Codes	
Alcohol/ism	Alc
Brother	B
Daughter	D
Father	F
High school	HS
Jesus Christ	JC
Molested	Mol
Mother	M
No Where To Go	NWTG
Sister	S
Sobriety	Sbty

Community / Staff Codes				
Address	Adr		Partner Agencies/Partne	PA
Affordable	AFD		Permenant Supportive H	PSH
Aftercare	AC		Physical Activities	PAC
Apartments	Apt		Program	Prg
Assessments	Asmt		Program Shelter Coordin	PSC
Boundaries	Bound		Relationships	RLS
Case Manager	CM		Safe Space	SS
Church	Ch		Services	Srv
Classes	ClS		Severe Mental Health	SMH
Clients	Cl		Sober Living	SL
Communication	Com		Support	Spt
Core Purpose Classes	CP		Staff	S
Counselors/counseling	C		Therapy	Thpy
Denominations	Denom		Training	Tr
Doctors	Docs		Transition Housing	TH
Evaluate	Eva		Transportation	Tran
Feedback	FB		Trauma	T
Felony Friendly	FF		Vocational Skills	VT
Finances	\$		Work	Wk
Groups	G		Wrap Around Services	WA Serv
Hard and Soft Skills	H/SS			
Health Care	HC			
Health	HI			
Housing	Hs			
Job Skills	JS			
Knowledge	Knldg			
Landlords	LL			
Medication	Med			
Mental Health	MH			
Outreach	OR			

Appendix G

Addiction Recovery Client Spreadsheet

Men (AR)														S/M/L change
Name	MTB	Age	Homeless s Photo SNM	Grew Up Inc.	Childhood	Education Level	What brought client to SNM	Length at SNM	Thoughts on SNM Staff	Dreams	How can SNM help w/ Dreams	Changes since SNM		
Daniel G	12095	41Yrs		1525 Copperfield Court	Moved lot, Father's, Mo C	HS	MNTG	6mon	Artist C was worried how he knows's cars	Story, support w/ B, Married, Children, Preach Christ as missionary	Build the w/ Jr, Preach Chr,	Salvation,	1	
										Help process T and anger, Took to stay sober, build Bel	Don't need drugs, God is all			
Steven M	5535	43Yr		Prison	Trinidad	neglected and poor	GED	God	5mon	God still loves's and share testimony	w/ god	that matters	1	
									Good place to recover, God forgiving and understanding					
Tyrene H	12026	55Yrs		Willie in TN, NO La	Drugs, like bands	GED	Alc	7mon		Life filled w/ God	Healing get the w/ God	See that God loves me	1	
Patrick S	12224	55Yrs		Boice	Harrodsburg, KY	Abus, Albus	HS	Homeless	8mon	Genuine caring people	God love, w/ H Be who God wants me to be	Peace, know God loves me,	1	
Ron R		52Yr		CS	LA, CA	Abus, Married	11th	Alc, Drugs	4mon	Staff are great, concerned for us	Heal others, Trusting in the Lord	Get GED	Not defined by my past, new vol	
Ed N	110089	55 1/2 Yrs		Kidona	Tampa	suicidal	GED	Homeless	8month	Good	Gods work	Bible Classes	born again	1
						Obotic, around Drugs and Alc, Placed in his home, Prison at 15								
Daniel S	6225	40 3/4 Yrs		Prison	St. Pete Fl and D-23	GED	Structure of SNM	3mon	SNM is good	Wants to see gods	Beginning stages		5	
Danny B	2756	50		Lived at a shelter Collins	Good family	HS	work on Addiction	8mon	helpful	live joyful and peaceful	up to me to have a first	knows he needs God	M	
less A	12866	42Yrs		Denver	Mo	though	GED/SSXX	After the rec w/ D	6mon	A catholic for seeing a bigger pic	Setting goals	Closer to God, pushing me to be mature	1	
Mele B	0008	50			T-shirt Min self-def	College Degree Addiction		4mon	Blessing to clients and community	Story, connect w/ D, Purpose	Classes, Bible	Closer to God	1	

Appendix H

Springs Rescue Mission Team Project (Part 1)

Springs Rescue Mission Team Project Part 1		
Project: Describe what the project is in basic details		
Determine Phase Appropriate Outcomes for Phases 1 thru 3		
Tiger Team		Facilitator
		Date Started
Long Term Goal: Describe what the final goal of the project looks like when it is completed		
Intermediate Term Goal: Describe what the project looks like when it is midway through to completion		
Short Term Goals: Describe each milestone of the project toward achieving the intermediate term goal. There may be only 1 or they may be many short term goals. There shouldn't be anymore than 5 Short Term Goals toward an Intermediate Term goal		
1		
2		
3		
4		
5		

Short Term Activities to achieve Intermediate Term Goals: Describe activities to meet each short term goals: The Item, the description, the resources needed, the department to oversee activity, and evaluation process						
Goal	1	Activities	Description of Activities	Resources Needed	Department	Eval Proc
Goal	2	Activities	Description of Activities	Resources Needed	Department	Eval Proc
Goal	3	Activities	Description of Activities	Resources Needed	Department	Eval Proc
Goal	4	Activities	Description of Activities	Resources Needed	Department	Eval Proc
Goal	5	Activities	Description of Activities	Resources Needed	Department	Eval Proc
Once the Short Term Goals are defined: start Part 2 of the Project form that utilizes the Intermediate Term Goal as the new Short Term Goal to meet the Long Term Goal						

Springs Rescue Mission Team Project Part 2		
Project: Describe what the project is in basic details		
Tiger Team		Facilitator
		Date Started
Long Term Goal: Describe what the final goal of the project looks like when it is completed		
Intermediate Term Goal from Project Form 1 is New Short Term Goal:		
Short Term Goals: Describe each milestone of the project toward achieving the intermediate term goal. There may be only 1 or they may be many short term goals. There shouldn't be anymore than 5 Short Term Goals toward an Intermediate Term goal		
1		
2		
3		
4		
5		

Short Term Activities to achieve Intermediate Term Goals: Describe activities to meet each short term goals: The Item, the description, the resources needed, the department to oversee activity, and evaluation process						
Goal	1	Activities	Description of Activities	Resources Needed	Department	Eval Proc
Goal	2	Activities	Description of Activities	Resources Needed	Department	Eval Proc
Goal	3	Activities	Description of Activities	Resources Needed	Department	Eval Proc
Goal	4	Activities	Description of Activities	Resources Needed	Department	Eval Proc
Goal	5	Activities	Description of Activities	Resources Needed	Department	Eval Proc

Appendix I

Program Development Timeline

Hope Program Process Change		
Pre - Process Meetings/Trainings		
Case Managers - 3/13/23	Addiction Recovery - 3/23/23	All Program Meeting - TBD
Housing Team - 3/21/23	Vocational Training Teams - 4/3/23	Create Tiger Teams - TBD

Start July 1, 2023					
Team	Tiger Teams: Items To Accomplish				Deadline
Tiger Team 1	Phase - 0		Client Surveys (all clients after 2 week)		6/1/23
			Create Vital Doc Process for Day Center Coordinators		
			Encourage Re-entry to Program	Other?	
Tiger Team 2	Orientation	30 Days	Client Survey	SUD Assessment	4/30/23
			Define VT requirements	Define Class requirement	
			Create 30 -day Assessment	Education Assessments	
			Define client meets w/ Shelt Coord	Define Coord to Hope CM handoff	
Tiger Team 3	Phase 1	2 months to 4 months	Define if timeline seems correct	Define VT requirements, tests etc	4/15/23
			Define VT requirements, tests etc	Define Class requirement	
			Assessment for ending phase	Other?	
Tiger Team 3	Phase 2	2 months to 4 months	Define if timeline seems correct	Define VT requirements, tests etc	5/15/23
			Define VT requirements, tests etc	Define Class requirement	
			Assessment for ending phase	Other?	
Tiger Teams 3 & 4	Phase 3	2 months to 4 months	Define if timeline seems correct	Define VT requirements, tests etc	6/1/23
			Define VT requirements, tests etc	Define Class requirement	
			Assessment for ending phase	Other?	
Tiger Team 4	Phase 4	Max 9 months	Determine what is required to meet phase 4 advancement		5/1/2023
			Determine program Staff and Client connection requirements		
			Define Fee increase process	Other?	
Tiger Team 4	Phase 4	Max 18 months	Determine what is required to meet phase 5 advancement		6/1/2023
			Determine program Staff and Client connection requirements		
			Define Fee increase process	Other?	

Possible Tiger Team 1		Facilitator
Renee	Molly	Lee
Jason J	Tiana	

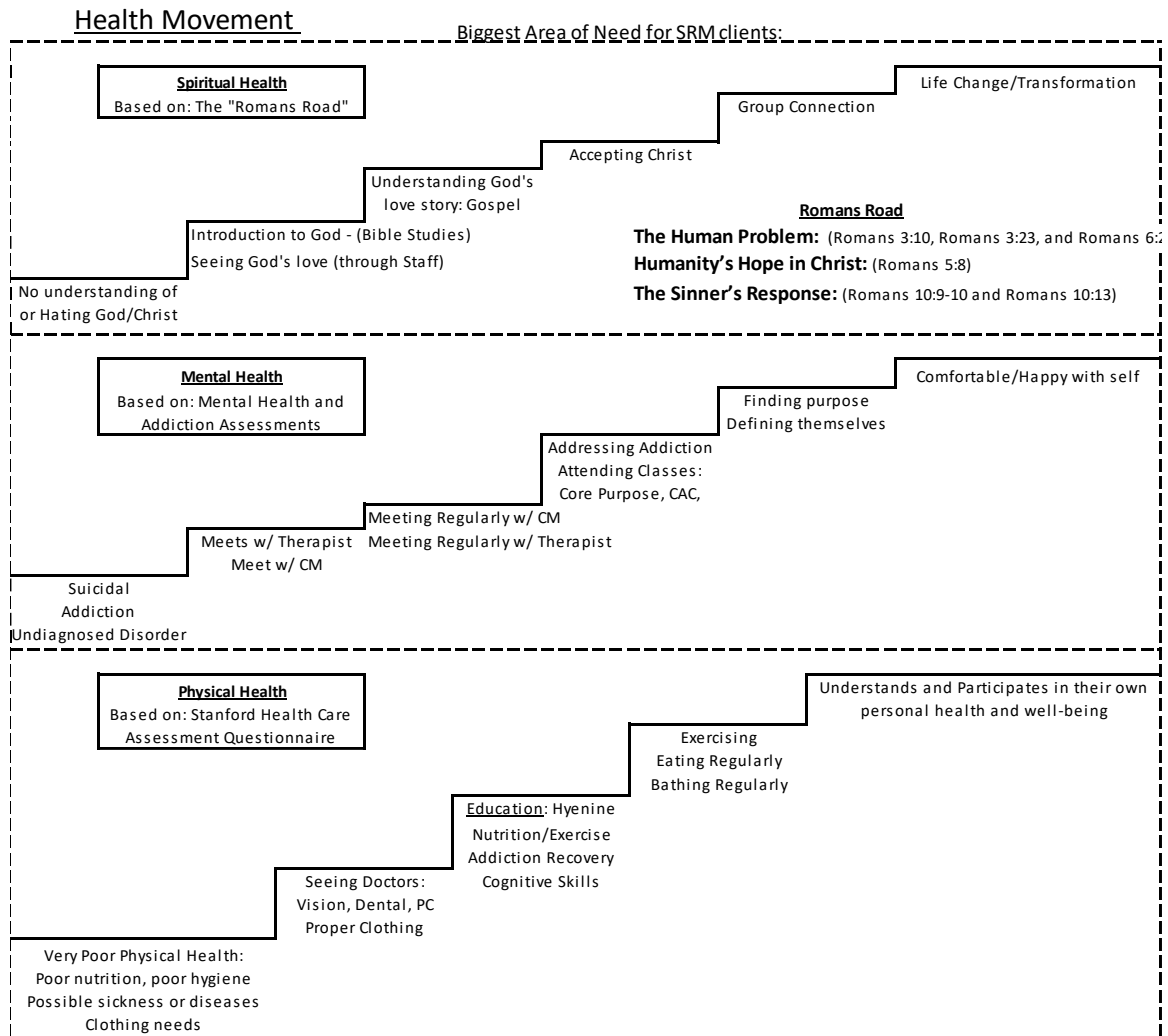
Possible Tiger Team 3		Facilitator
Rebecca G	Ronnie	Jeff
Molly	Darla	
Dustin	David P	

Possible Team 4		Facilitator
Taylor	Sean	Tyler
Robin	Tekoa	

Possible Tiger Team 2		Facilitator
Dustin	Ronnie	Lee
Jason J?	Rebecca J	
Darla		

Appendix J

Health Phase Movements



Appendix K

Phase 1 Facilities Training Overview

Work Assignment Program: Facilities – Custodian (CUST)

Instructor: Facilities Instructor / Manager

Department: Facilities/Maintenance

Tier 1 Assignments

Program Overview:

The trainee will meet with the Vocational Training supervisor to receive his/her assignment. The trainee will be assigned to this program and expected to be in training weekly. The level of the program is an entry Tier 1. The training is basic, and the tasks can be performed by someone with little instruction and minimal supervision. These work assignment positions are meant to encourage trainees in the program to regain and repair a desire to learn and to garner a meaningful career in the community's workforce environment.

Program Summary/Objectives:


In the Tier 1 level of the Vocational Training Program, trainees learn about all aspects of custodial work throughout Springs Rescue Mission facilities. As custodians, they will be trained and educated on the proper procedures of cleaning and sanitizing various assigned areas throughout Springs Rescue Mission's campus.

Student Responsibilities:

- Show up to training on time
- Show up to training in complete uniform
- Stay focused on the tasks assigned by your Work Readiness Program Instructor and put in great effort to ensure the tasks are accomplished to the best of your ability
- Train in the proper procedures of sweeping and moping in a commercial facility establishment.
- Train in the proper procedures of bathroom cleaning in a commercial facilities establishment.
- Train in the proper procedures of storeroom organization and cleanliness in a commercial facilities establishment.
- Train in all cleaning tasks in a commercial facilities establishment
- Work with other Work Readiness Program students to ensure the department is running smoothly and according to Work Readiness Program standards.
- Perform other program tasks as assigned by Instructor/ Supervisors

Appendix L

Housing Class Agenda

	Hope Program Course Agenda							
	Course: HOUSING READINESS 2.0							
	Week: 5			Day:		5 and 6		
	Unit: Fire Safety & Water Damage			Page 1 of:		1		
Topics:								
	Fire Safety				Understanding GFCI			
	Avoiding water damage							
Description of Daily Lesson(s):								
What is a Ground Fault Circuit Interrupter (GFCI)								
How to reset a common GFCI (Garbage disposal, outlets)								
Fire suppression awareness								
CO2 detectors vs smoke detectors								
How to shut off water to appliances								
Importance of Renter's Insurance								
Reporting damage in a timely manner								
Teaching Method(s) (lecture/discussion/games/role play/video/etc.):								
Lecture, Class discussion, Videos								
Class items needed: (Handouts/Video links/etc.):								
Examples of CO2 detector and smoke detectors, example of GFCI, Examples of ball valve & gate valve								
Video links, handouts								
Outcome(s) from the Days Lesson(s):								
Students will be able to identify a smoke detector, a CO2 detector. They will be able to safely shut off								
water to appliances, and identify and reset a GFCI								