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CREATING COMPREHENSIVE WRAP-AROUND SERVICES FOR THE HOMELESS COMMUNITY: EXPLORING NETWORK ACTIVITY AMONG SHELTERS AND SERVICE ORGANIZATIONS WITHIN THE SOUTH-SIDE OF CHICAGO

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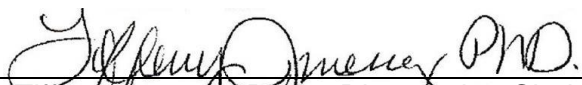
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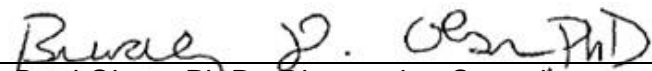
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CREATING COMPREHENSIVE WRAP-AROUND SERVICES FOR THE HOMELESS COMMUNITY

Dedication

This dissertation is dedicated to my two extremely supportive sons Curtis Williams and Corey Williams. Thank you for believing that your mother can do anything and for encouraging me in all my endeavors. I appreciate both of you for trying to keep quiet during the very long nights we shared while I was supposed to be up studying but waking up to all of the lights out because I fell asleep. To my mother, Gloria Jean Allen who supports me in all that I do, praises me and continues to pray for me through rough times. Thank you to my friend Sheila Wortham who is my cheerleader and believes in what I do more than myself.

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Abstract

We may not all agree that the homeless community is increasing and that their essential needs to survive such as food, healthcare and housing are quality of life rights for everyone. We must adopt the compassion of the medical industry and understand the importance of how community programs and services impact their survival. The sense of urgency to address the issues of homelessness does not appear to be moving as fast as other government agendas hindering families and individual's ability to achieve self-sufficiency. It is expected that the priorities within this population are addressed immediately, it should be understood that all homeless are priority.

Studies show that there is a focus on services for special groups within the homeless community. Individuals with various disabilities, women, and children just to name a few are groups that shelters, and homeless providers work with first. They create case-plans supporting them with services, housing placement, and programs. The case plan is to ensure that after an intake and assessment, participants are connected to programs, resources, and services that should encourage and help them on their path to self-sufficiency and sustainability. The plan is a network of organizations forming support systems that include housing, community organizations, hospitals, and other organizations serving homeless clients using collaborative efforts. To understand their relationships and how they support the homeless community; this study explores the network of service systems, the levels of organizations networking together, and how service providers create comprehensive wrap-around services addressing the needs of the homeless.

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Introduction

The City of Chicago has several neighborhoods that have declined in population over the last 30-years and are slow to make a recovery. Foreclosure, loss of revenue and declining populations are all contributing factors to homelessness. Three of the well-known poorest communities are Englewood/West Englewood, Greater Grand Crossing, and New City (Back of the Yards) were selected for this study because of the size of the communities geographically and the number of people residing in them. Englewood covers Garfield to the North, 75th St to the South, Racine St to the West, and the railroad tracks to the East.

Today Englewood has less than 20,000 people living in the community. Englewood covers zip code 60636 and a portion of 60621. Englewood has more than 20 organizations in that community servicing the homeless population. *Greater Grand Crossing is a large community; its population is about 26,000 people. It is as far South as 79th St, as far North as 61st St, as far West as Wallace St and as far East as Kenwood St. Greater Grand Crossing community weaves into other neighborhoods, making it challenging to specific in its mapping. Zip-codes include a portion of 60619, 60620 60621, and 60637. Greater Grand Crossing has more than 20 organizations in that community servicing the homeless population. *New City, widely known as the Back of the Yards, it covers Western to the West, Stewart to the East, Garfield to the South, and Persian Roads to the North. Today New City has less than 41,000 people living in the community. New City covers a portion of 60609. New City has more than 20 organizations in that community servicing the homeless population.

Literature Review

October 8, 2019, the City of Chicago released their Point-In-Time Count report. This is

the annual one night a year walk the street effort to find homeless people on the street and in

shelters for the city's annual homeless budget. The total numbers are one of the deciding factors

on how many federal dollars the city receives for their new fiscal year homeless budget.

- Englewood the 2019 Point-In-Time count reported 0% unsheltered homeless people.

- Greater Grand Crossing 2019 Point-In-Time count reported .2% unsheltered homeless

  people.

- New City 2019 Point-In-Time count reported .6% unsheltered homeless people.

There are 16 – known organizations in the combined three communities that identify as homeless

service programs. There is no information that talks about their collaboration, relationship, or

communication with one another. There is some information about individual organizations and

their specific services.

The Federal government uses various definitions to describe the service system or

organizations responsible for addressing the homelessness issue at the local level. The

Department of Housing and Urban Development is the agency accountable for addressing the

issue of homelessness through the Continuum of Care program and uses a relatively brief though

complicated definition of homelessness. While the annual Point-in-Time Count is known as the

official estimate of homelessness in the United States, the HUD definition is perhaps the most

authoritative. The National Health Care for the Homeless (HCH) Council's leading district

includes Health Resources and Services Administration (HRSA) endorsed Health Centers, that

operates under the U.S. Department of Health and Human Services' (HHS) defines homeless as a

person "who lacks housing" in accordance to section 330(h)(5)(A) of the Public Health Service

Act. Equally important, the recorded HRSA resource known as PAL 99-12 said, "a recognition

of the instability of an individual's living arrangements is critical to the definition of

homelessness." https://nhchc.org/understanding-homelessness/faq/

Millions of dollars are being spent on housing programs but limited new housing units

are materializing. The HHS noted that the wait time for priority housing is estimated at 63

weeks. The homeless crisis continues, as we go on looking for sustainable solutions.

Conversations and ideas are active around these issues, some organizations using systematic

programs as a tool to combat homelessness but fall short of solving or eliminating the problem.

As a result of these shortcomings, we have a great deal of work to do before we can prevent

reoccurring and long-term issues. The HHS has programs in each state such as TANF (cash, food

and medical), LINK (food), medical insurance, or benefits from the Department of Social

Security Administration (SSA) to start them with as a source of income if they qualify. None of

these benefits are enough for any one person or family to maintain a healthy living situation but

it is a start. A person does not qualify for cash benefits, those funds are allocated to the

guardian(s) and child(ren).

The process for any homeless person or family seeking help to overcome homelessness

can be challenging and daunting. Hospitals and police stations are "safe havens" for an

individual or family seeking shelter. Their time in these places depends on access to shelters. The

obstacles they face in navigating through the red tape before they get support, while this is

challenging after being connected to a program, can appear to be hopeful. The next step(s) for

them is dictated by the shelter program and the services that they provide, leading to how the homeless achieve self-sufficiency and sustainability.

This study questions the level of partnerships that exist among homeless shelters and organization programs creating comprehensive wrap-around services that address the needs of the participants and support them with obtaining self-sufficiency and sustainability through and after housing placement. More research is needed to understand how inter-organizational networking and collaboration play a role in serving the needs of the homeless community. This exploratory study looks at the relationships of the shelter programs and community organizations and examines the extent to which shelter programs and community organizations are working together to provide an integrated service experience. The objective of this study highlights the importance of system integration via organization-level networking, the impact of working together, the access for the homeless, and the results of comprehensive wrap-around services. This is a mixed-methods study surveying approximately 16 Executive Directors and Directors of organizations that serve the homeless across several Chicago community areas, including Back of the Yards/New City, Englewood, and Greater Grand Crossing and surrounding areas, located on the Southside of Chicago.

Chicago's Homeless Data

July 2019, the Chicago Coalition for the Homeless (CCH) published its yearly report on "How Many Chicagoans are Homeless." One method in how they gathered data includes the most current census statistics of 2017. There were a total of 86,324 people experiencing homelessness in Chicago and 70,171 people lived doubled-up. The breakdown of the doubled-up

people: 56% were black, 26% white, 9% multiracial, 8% other races, and 28% Latino. The

Homeless Management Information System (HMIS) shared data provided by All Chicago

reports that 22,478 people were served in the shelter system. They also reported from that

number, 6,325 (28%) of them that they served lived doubled-up at some time in the year. All

Chicago reported that the homeless system served 77% blacks, 19% whites, 4% other, and 10%

Latino. https://www.chicagohomeless.org/faq-studies/

The Chicago Coalition for the Homeless (CCH) shared other important demographics

that could be identified as homeless families with children. The data show that there are 13,929

people (21%), are over the age of 18 and employed, 28% attended college, earned an associate's

or bachelor's degree; 34,870 homeless people living with families or friends with children,

29,957 (86%) were doubled-up. A total of 20,779 (24%) were minor children, 13,625 are family

households, 12,333 (91%) were doubled-up, 51,361 homeless individuals, 40,214 (78%) were

doubled-up. Unaccompanied homeless youth, ages 14 through 24, totaled 15,744 individuals, of

whom 14,469 (92%) doubled up. These numbers capture the truth about invisible homelessness.

https://www.chicagohomeless.org/faq-studies/

Some will argue that we can end homelessness, but this not without an aggressive and

expensive plan. The City of Chicago vowed to end homelessness, outlining two different

plans, neither was successful. In 2003, Mayor Richard M. Daley made the first attempt to end

homelessness in 10-years. The plan included providing shelter to people on an emergency

basis, followed by a plan to move them into permanent housing with support services;

however, the city would not commit to the necessary resources.

https://www.chicagohomeless.org/programs-campaigns/advocacy-public-policy/10-year-plan-to-

end-homelessness-in-chicago/. The second attempt was made by Mayor Rahm Emanuel, his 7-year plan was reopened in 2013, scheduled to be fulfilled in 2020. The CCH 2019 statistics on the number of homeless people in Chicago makes it impossible to obtain such an aggressive goal, yet the minority communities continue to suffer housing equality and homelessness.

In this exploratory study the homeless groups that are identified as 18-24 years old, people fleeing from violence or the threat of violence that is likely to be carried out, the physically and mentally challenged (adults and children), families, mothers with children, fathers with children and population within the homeless community. As we work to improve how we serve the homeless population, we will look at the current practices used in how shelter programs connect the homeless to services.

Making the Connection – Homelessness Service Collaboratives

Homelessness has become a public health issue, impacting the health care system itself. Research has shown the consequences of poor health as it to relates homelessness. Research has stated the being homeless puts people at increased risk for serious illnesses such as human immunodeficiency virus (HIV), tuberculosis, substance use, mental illness, physical and sexual assault, and increased mortality. (Jarpe, Mosley and Smith 2018) "Research shows that over the last 10 years, prevention and intervention efforts have resulted in a steady reduction in homelessness nationally. In 2010, the Obama Administration release the Federal Strategic Plan to Prevent and End Homelessness, an overall 18% decrease between 2007 and 2016. Concentrated efforts produced even larger reductions, a 27% decrease in chronic homelessness, a 23% decrease in family homelessness, and a 47% decrease in veteran homelessness." (Jarpe, et.al.)

"Research says that the Federal Department of Housing and Urban Development (HUD), the

major funder for homeless services in the United States, with great leeway, set funding

allocations and services in accordance to local needs," Jarpe, et.al.

Numbers reporting from doubled-up people and their ethnicity in Chicago and the

percentage of decreased family homelessness continues to face slow recovery. Historically, the

United States lags in acting on the equality and injustice against minorities. According to Kegler,

Wolff, Christens, Butterfoss, Francisco, and Orleans, (2019), the wealth and power remain with

those that have control and others continue to suffer. The issue of inequality in health care has

become the new face in our battle to overcome poverty, our nation urgently needs collaborative

multi-sector approaches to address this issue. This argument makes the point that we have been

making regarding the housing crisis since the efforts to end homelessness. What we have not

been saying much about in research is how to work with the resources that already exist to help

the homeless. Several studies show in health care research that collaborative activity has

solutions to serve the vulnerable and those in need. The work involves structuring coalitions

giving people equal power and a voice regarding their care. Shared decision making for the

people regarding their care, health care efforts in disadvantaged communities, and prioritizing

change. (Kegler, et. al., 2019)

To bring the awareness of the H1N1 epidemic to the hard to reach communities, the National

Network of Public Health teamed up with Faith-Based organizations nationally and shared education

and prevention measures. (Kiser and Lovelace 2019) "In 2005, the Partnership Center staff

attended a leadership institute in Illinois. They found 10 multisector teams that shared their visions,

commitments, and action plans for eliminating health disparities in their communities. Second, in

2005, IHP and the CDC convened 6 multisector community networks to develop pilot practices that would increase immunization rates among minority and vulnerable populations and inform community-level pandemic preparedness." (Kiser, et.al.)

"In Chicago, the Center for Faith and Community Health Transformation linked through a well-developed network of thousands of faith and health partners, an extensive listserv, and a well-established-resourced website. Sites decided how to deliver seasonal influenza prevention based on their distinctive competencies and the needs of their community, even addressing upstream barriers to vaccination participation." (Kiser, et.al.) "The collaborative efforts of the National Network of Public Health and Faith-Based organizations across the nation created a framework for Emory Master of Public Health Students. Students conducted a program evaluation for different portions of the initiative, assessing sites and network capacities through in-depth case studies with document reviews, surveys, and interviews. Some sites conducted focus groups and structured dialogues to explore site-specific issues and preferred preparedness communication methods." (Kiser, et.al.)

Serving the Homeless Community

Connectivity to services for the homeless is slow and varies depending on the shelters that they enter. Some larger community shelters function like organizations and may have established partnerships with local government and community that can connect them directly to programs and services for their participants. Other are stand-alone shelters that have no connection to support systems and they rely solely on any donations they receive. Although, this is the reality of how we support the homeless population, the path that many will experience reaching the ultimate relies solely on the access of the shelter programs. How can the homeless

become self-sufficient if the shelters are limited in services provided? Ensuring that homeless groups have equal access and opportunity while trying to obtain self-sufficiency, we need to know what types of services they receive and where they receive them.

According to (Jarpe, et.al.) statistics are promising although addressing homelessness is an ongoing task. Jarpe, et.al. says, the persistent nature of the problem has led HUD to develop a unique initiative intended to strengthen the capacity of local communities to address homelessness through reducing service gaps such as The Continuum of Care (CoC) Program. "This approach was introduced in 1994 and the program is now mandated for every province of the United States, incentivizes service coordination and collaboration within local and regional communities." (Jarpe, et.al.) It also streamlines the application for, and the allocation of, McKinney-Vento Homeless Assistance Act (1987) funds, the dominant funding mechanism for homeless services in the U.S. "This type of service coordination has been widely called for to better address the complex health needs of people who are homeless." (Jarpe, et.al.) Study one findings are used in this study to examine the relationship between case management and how it supports creating comprehensive wrap-around services for the homeless community through homeless service provider partnerships.

Study One Overview

Name of Study

Understanding Service Experiences of Homeless Families and Factors Most Related to Self-Sufficiency

Purpose of Study One

The purpose of this study is to understand what types of support services homeless

families receive from shelter programs, community organizations, and government agencies that

support self-sufficiency. The participants residing in the City of Chicago and within Cook

County, Illinois, assess their satisfaction with those services and explored what factors are most

associated with self-sufficiency and empowerment.

Study One Research Question

How do case management services relate to self-efficacy, self-sufficiency, empowerment, and

sustainability?

Study One Results

Descriptive Statistics

The results show the correlation between case-management and self-efficacy. As

participants communicate more with their case-manager their confidence increases. Self-Efficacy

0.31 and Case-Management 0.21 were the highest predictors of Housing Involvement and 98%

can be explained by this model.

Study Two

The purpose of this study is to understand the theories and practices of community and

systems change collaboration that can produce improved public and social service outcomes for

the homeless community. It is to understand what level of collaboration organizations servicing

the homeless community are communicating as they work to transform and/or create powerful

relations in collaborative change efforts. Like the Jarpe, et.al. study, it has been identified that the

need for public and human service administration organizations work collaboratively on planning

services when addressing homeless issues as it relates to services. This study seeks to learn what

collaborative efforts of shelters and homeless service providers serving the homeless are being

done to support the community, particularly. Is there a model like service coordination through

collaborative planning?

Servicing the homeless population and creating better outcomes for them as they work

towards sustainability requires that we examine if there are existing processes. The idea of

collaboration can be introduced after reviewing organizations' interactions. Other significances

of the study are to:

- Assess the services of the homeless shelters and community organizations servicing the

  homeless.

- Assess the interactions of the homeless shelters and community organizations servicing

  the homeless.

- Assess if shelters and community organizations collaborate creating sustainable programs

  and services for the homeless.

- Understand the types of services provided by the network of organizations serving the

  homeless.

- Get a broader understanding of the network and then ask sub-questions about how they

  serve the homeless.

Research Questions

- How do homeless sustainability service providers work together to serve and ensure that

  the homeless community across the Southside of Chicago area achieve self-sufficiency

  and?

  - **What are the relationships** among organizations servicing the homeless

    community?

- What factors **facilitate/cultivate** relationships/partnerships among shelter and service

  organizations?

  - To what extent is there a perceived need for organizations serving the homeless

    community to work better together for comprehensive wrap-around services?

  - What are some advantages organizations perceive as a benefit to partnering?

- What **challenges** do organizations encounter when working to network with other

  homeless serving organizations and establishing partnerships?

  - How do city, state, and federal level resources and conditions play a role in

    reasons why organizations do or do not choose to partner?

Methods

This study employs a community-based exploratory research approach designed

to gather information from organizations that serve the homeless community in the

Southside of Chicago area. The overall project describes the participant sample; describe

the two phases of the research study design, protocols, measures, and analysis used to

answer each research question; explain procedures for data collection; methods of data

management; and methods used to ensure trustworthiness and validity of data analysis. Social network measures used for analysis include relationship multiplexity, network centralization, network density, degree centrality, and relationship quality (see Figure A).

Partnerships are critical to meeting the needs of the homeless community. Listen to what the participants shared:

The Manager of Programs describes the advantages of partnering with organizations:

> *"Yeah, because basically, our partnerships start out with because we do outreach. So, three days a week, we have our staff go out and do outreach in the community. That's where a lot of partnerships basically cultivate and start. Um, after that, they bring me back all the information and we have like a resource binder and all that. And we have caseworkers that are very adamant about, hey, look, I know this service can be used. These clients will love this. Let's put up a flyer about it. Let's get them on it. So, they are very, very on it. When making sure clients are aware."*

The Manager of Referrals and Outreach says this about wrapping services for their clients:

> *"We go to the Department of Human Services. So, this is the place where they get SNAP benefits and medical cards. Any other case management type service they will get there. And they have them all over Illinois, but we support the ones in Cook County only. So, we set up tables in these offices, and we engage the clients and ask them do they need childcare? Have they thought about childcare? This*

> *gives your child something to do we quote the educational component to them. And some like, ah, yeah, they will be fine, I'll just wait to kindergarten. Then they educate them about the early years are the best years. And then we also put a little spin because sometimes the parents have to see what's in it for me. Ahh, you can get a break, they say oh, that's a good idea. Okay, I'll take a listing now you know, so some parents don't realize it. So, the importance of early childhood education. So, we just try to make sure we letting them know you get a break and will be more willing to take the list."*

The Director of Programs continues to stress the need to work with others is based on the needs of the clients. Although one of the core services is "comprehensive wrap-around service, she continues to share that:

> *"Well, once again, it has to be whatever the need is, you know, A Safe Haven is different, it has all different types of programs. You know, it can be for mental illnesses, it can be for youth guidance, it can be for counseling. It can be for a men's group of women's groups, it depends on whatever the need is, it depends on whatever our individual families, including children's need."*

Community-Based Research Overall Approach

This study is designed using a community-based research paradigm. The emphasis of the research process is on collaborative relationships where the organization's participation and influences of nonacademic collaborators are involved in the process of creating and benefiting

from knowledge gained from the study. The design of the study is closely related to local and

national issues for two reasons: 1) so that the scholarly contribution would include an accurate

representation of what happens in real-life service-providing contexts, and 2) to ensure that the

information obtained and analyzed for reporting purposes will be of use to the needs of the

shelter programs and organizations serving the homeless community.

Systems Theory

System theory is interdisciplinary. It is used across science disciplines and in each field,

the system theory is used to: look, think, and understand the shelters and organization roles.

Systems are unique, they are used in every industry to understand and solve challenges. They are

used to create and integrate new systems. Systems are both larger and different. There are three

points to the system theory: systems are important to dealing with and understanding real-world

problems, seeing matters as complete entities embodied in context and bigger parts. Some

approaches to system research results in qualitative analysis and system structure. This can

support the framework for questions, resulting in qualitative statistics. All entities of systems are

connected and rely are each other to function. Systems are a cause and effect analysis, changes in

one affect the entire system. The data collected from the shelters and organizations can be used

as formative system analysis. The shelter and organization programs can evaluate and measure

the outcomes of their programs, services, collaborations, and measure the outcomes of their

participants.

This theory applies to systematic thinking and explaining behaviors. The purpose of

using the systems theory is to understand how collaborating affect services when serving the

entire homeless community. It is to understand the roles of the organizations responsible for

providing services and the processes used to connect with the homeless community. The goal of the research is to examine existing systems using the smaller systems that make-up the larger systems. The outcome of my research is to understand the service systems responsible for creating self-sufficiency and sustainability, services that are needed, connectivity of services, building, and strengthening existing gaps in servicing the homeless.

Key references from the systems theory are boundaries. Thinking holistically is important to a system approach, it explains the behaviors. It is important to understand that the pieces of the behaviors and their connectivity and that they cannot be separated. The homeostasis is a tendency of a system to be resilient towards external factors and maintain its key characteristics. The ecosystem, the relationship between two or more systems, and the indirect effect on a third system. The macrosystem: the larger system that influences clients, policies, administration of entitlement programs, and culture. The influence of organizations to develop systems approaches to address concerns. The ability to track the instability of analysis and address changes before it affects the system.

Formative Systems Analysis

Formative evaluations are useful for providing feedback to organizational partners about their activity and process for them to reflect and be more intentional in reaching their collaborative outcomes (Patton, 2002). Therefore, a formative evaluation system analysis will be using a few different types of data to make sure the data and findings are as pragmatic as possible for use by the participants. This formative system analysis will ultimately be an assessment of an existing network of organizations to assist in a longer-term evaluation of network effectiveness. Specifically, participants will use this data about their partnerships, or

lack thereof, to reflect, discuss shared purposes, and refine their activity leading to shared outcomes.

Node and tie identification. To identify what nodes (organizations, agencies, groups) and ties (relationships) are present, this study requested organizations to identify those organizations they interact with related to their problem domain in the community (i.e., *What organizations have your organization worked within the last year that is related to the community issues your organization addresses?*).

Network Centralization. Network Centralization examines the distribution of centrality at the network level to determine if a sociogram is more "centralized" in one direction due to the highly central participatory behaviors of specific nodes and is measured by summing the differences in the centrality of the most central node to all other nodes, normalized by the maximum possible (Freeman, 1979).

Degree Centrality. Degree Centrality identifies nodes with a high degree of centrality in a network structure, which means the node maintains more numerous relations than other nodes in the network (Knoke & Burt, 1983). A node that occupies a position of high degree centrality is anticipated to potentially have more access to resources and have more influence within a network (Freeman, 1979).

Network Density. Network Density refers to the overall connectedness among organizations within a network (Provan et al., 2005) and is calculated by dividing the total number of present ties by the total number of possible ties. Network density is represented by a value between 0 (an empty graph) and 1 (a complete graph or everyone is connected to everyone in the graph).

Theoretical Framework

To better understand the levels of partnering amongst the 47 organizations we must first identify to what degree are they collaborating. Himmelman framework describes the various levels of collaboration that would help identify the relationships of the organizations in the Back of the Yards/New City, Englewood/West Englewood, and Greater Grand Crossing Communities. "Often public, private, and nonprofit organizations work together in a partnership (an organization of organizations working together for the same purpose) with communities, neighborhoods, and constituencies." "In this paper, the term used for several organization processes is called partnerships or collaborations." "Typically, partnership strategies for working together are defined as networking, coordinating, cooperating, or collaborating, although the use of these terms is often confusing." " It is suggested that the definitions of the four strategies used by partnerships to help clarify the most appropriate use of each situation." " Although the examples that follow the definitions are based on health care, the four strategies are utilized in addressing a wide variety of issues." (Himmelman 2002)

"In this paper, collaborating is defined in relationship to three other strategies for working together: networking, coordinating, and cooperating that build upon each other along a developmental continuum." " It is important to emphasize that each of the four strategies can be appropriate for particular circumstances depending on the degree to which the three most common barriers to working together -- time, trust, and turf -- can be overcome." " These approaches are most effective when there are a common vision and purpose, meaningful power-sharing, mutual learning, and mutual accountability for results." "The descriptions of terms are offered to assist decision-making about appropriate working together relationships as well as in

assessing organizational readiness to make internal changes that support external multi-

organizational relationships." (Himmelman 2002)

NETWORKING is defined as exchanging information for mutual benefit.

Networking is the most informal of the inter-organizational linkages and often reflects an

initial level of trust, limited time availability, and a reluctance to share turf.

Example: A shelter and community organization exchange information about how they each share

supportive programs and services.

COORDINATING is defined as exchanging information and altering activities for mutual benefit

and to achieve a common purpose.

Coordinating requires more organizational involvement than networking and is a very crucial

change strategy. Coordinated services are "user-friendly" and eliminate or reduce barriers for those

seeking access to them. Compared to networking, coordinating involves more time, higher levels of

trust yet little or no access to each other's turf.

Example: A shelter and community organization exchange information about how they each share

supportive programs and services and decide to alter service schedules so that they can provide their

combined support in a more user-friendly manner.

COOPERATING is defined as exchanging information, altering activities, and sharing resources

for mutual benefit and to achieve a common purpose.

Cooperating requires greater organizational commitments than networking or coordinating

and, in some cases, may involve written (perhaps, even legal) agreements. Shared resources can encompass a variety of human, financial, and technical contributions, including knowledge, staffing, physical property, access to people, money, and others. Cooperating can require a substantial amount of time, high levels of trust, and significant access to each other's turf.

Example: A shelter and community organization exchange information about how they each share supportive programs and services, decide to alter service schedules, and agree to share neighborhood outreach resources to increase the effectiveness of their support.

COLLABORATING is defined as exchanging information, altering activities, sharing resources, and enhancing the capacity of another for mutual benefit and to achieve a common purpose.

The qualitative difference between collaborating and cooperating in this definition is the willingness of organizations (or individuals) to enhance each other's capacity for mutual benefit and a common purpose. In this definition, collaborating is a relationship in which each organization wants to help its partners become the best that they can be at what they do. This definition also assumes that when organizations collaborate, they share risks, responsibilities, and rewards, each of which contributes to enhancing each other's capacity to achieve a common purpose. Collaborating is usually characterized by substantial time commitments, very high levels of trust, and extensive areas of common turf. A summary definition of organizational collaboration is a process in which organizations exchange information, altering activities, share resources, and enhance each other's capacity for mutual benefit and a common purpose by sharing risks, responsibilities, and rewards.

Example: A shelter and community organization exchange information about how they each

support programs and services, decide to alter service schedules, share neighborhood outreach

resources, and provide skill development training for each other's staff to enhance each other's

capacity to support programs and services. (Himmelman 2002)

Table 1: Strategies for Working Together

Definition	Networking	Coordinating	Cooperating	Collaborating
	Exchanging information for mutual benefit	Exchanging information for mutual benefit, and altering activities to achieve a common purpose	Exchanging information for mutual benefit, and altering activities and sharing resources to achieve a common purpose	Exchanging information for mutual benefit, and altering activities, sharing resources, and enhancing the capacity of another to achieve a common purpose
Relationship	Informal	Formal	Formal	Formal
Characteristics	Minimal time commitments, limited levels of trust, and no necessity to share turf; information exchange is the primary focus	Moderate time commitments, moderate levels of trust, and no necessity to share turf; making access to services or resources more user-friendly is the primary focus	Substantial time commitments, high levels of trust, and significant access to each other's turf; sharing of resources to achieve a common purpose is the primary focus	Extensive time commitments, very high levels of trust and extensive areas of common turf; enhancing each other's capacity to achieve a common purpose is the primary focus
Resources	No mutual sharing of	No or minimal mutual sharing	Moderate to extensive	Full sharing of resources, and

	resources necessary	of resources necessary	mutual sharing of resources and some sharing of risks, responsibilities, and rewards	full sharing of risks, responsibilities, and rewards

A matrix on the following page provides a summary of these four working together strategies.
(Himmelman 2002)

Participants

      This study is focused on understanding the inter-organizational network of a finite set

of organizations serving the homeless community within a specific geographic area of

Chicago. Therefore, the participants for this study include the Executive Directors and

Directors of approximately 18 organizations that serve the homeless in the communities of

the: Back of the Yards/New City, Englewood/West Englewood, and Greater Grand Crossing,

located on the Southside of Chicago. The funding of each shelter and organization ranges

from only private funds, mostly government funds to both private and government funds. The

shelter and organizations may differ in programs and services offered, ranging from private

and government overnight shelters, government transitional housing, youth housing, and

programs, drop-in centers, food pantries, workforce development programs, mental health

services, health care, etc. Programs services for participants vary from 30-days to 2-years,

unlimited services to permanent housing. The participants will be of various races, ages, maybe

multilingual and may or may not have disabilities; their disabilities will have no barriers to their

ability to lead a shelter or organization. The following table shows the list of organizations that

are part of the *global network roster* that participants will be asked to refer to when identifying

the organizational partners, they work with.

Table 2: Global Network Roster for Southside Homeless Services

Organization Name and Core Service
West Englewood United Organization/Clara's House - Shelter for families/Church
Family Focus Englewood - Organizations for families domestic violence
Holy Rock Outreach Ministries - Helping Arms - Shelter for families, transitional housing/Church
La Casa Norte (New City) - Shelter for youth and youth families, transitional and interim housing
Ignite Teen Living - Shelter for youth 14 to 26, transitional and interim housing
Institute of Women Today - Maria Shelter - Shelter for families
Olive Branch Mission - Lamplight 1- Shelter for women/Church
Olive Branch - Lamplight 3 - Shelter for families
Primo Family and Women's Shelters - Shelter for women and children
The Salvation Army Adele and Robert Stern Red Shield Center - Community organization
Ujima Village - Shelter for youth 18-24
You Can Make It Inc. - Family shelter closed
Thresholds Rowan Trees - Mental Health Organization
A Safe Haven Foundation - South THELMAS - Homeless organization
Featherfist Hope Village - Homeless organization
Featherfist - Homeless organization
Catholic Charities - St. Francis De Paula - Community organization/Faith-Based
Catholic Charities - Our Lady of Solace - Community organization/Faith-Based
Christian Community Health Center-Amani - Organization that service families and women/health clinic
Primo Family and Women Shelters - Organization for women and children/Church

Data Collection Procedures

Data collection for the system analysis requires collecting data through qualitative means. In other words, qualitative interviews will be the primary mode of data collection. Step 1) getting IRB approval 2) contacting everyone on the global network to find out if they would be interested in talking with me in the near future 3) contacting the participants and with an interview date 4) meeting for the interview and getting consent 5) the interview.

Semi-structured open-ended interviews.

Interviews will be guided by a semi-structured, open-ended protocol. The areas of inquiry to be explored within the interview protocol included: 1) the basic information of the organization, 2) Case management connections 3) accessing the network 4) challenges with inter-organizational partnership 5) overall challenges experienced. For each area of examination, questions and probes will be asked in efforts to understand the organization's relationships with community organizations serving the homeless community. Interviews lasted approximately 60-minutes. Interviews will be recorded using digital recorders.

Description of Interview Protocol and Structured Survey

This study utilized several measures intended to access information across multiple levels, individual and family-level, shelter and organizational-level, collaboration -level). Measures include participant demographics, and shelter and organizational attributes, and the collaboratives efforts.

The interview questions asked open-ended questions on collaboration, community resources, housing opportunities, and participants' connectivity. The questions are specific but broad leaving the opportunity to share more about their experiences. The interview has themes on the regular homeless, wrap-around services, and collaborations. Themes that lead to Collaboration, Community Connectedness, and Resources. These outcomes are needed avenues for the homeless community.

The outcome of this study is to show that collaboration is essential to creating comprehensive wrap-around support services, supporting the regular homeless community with obtaining self-sufficiency. Patton (2002) gives great examples of the evolution of the systems theory. Each example provided is relevant today across industries. The theory influences my research because it guides and supports my way of looking at issues without excluding all intended parties. It shows that past review using the theory cannot ignore all parties and that the causes of homelessness affect the human rights of all including the service providers. The interdisciplinary research is appropriate because homelessness affects all industries. Only through interviews will the researcher learn of the impact using open-ended questions.

The Evaluation plan matrix (below) illustrates which programs and what type of data will be collected to capture specific constructs that fit the three broad outcomes as they were laid out in the most recent draft as well as the timeframe for data collection. One NLU Student plans to collect and analyze data from six (6) of the ongoing programs between March 2020 through April 2020. We will use qualitative data from one (1) process: (1) interviews with shelter and organization directors that service homeless participants.

Data Analysis Procedures

The following guide is best used as a menu, not a blueprint. It is a tool for pondering on addressing multiple issues and activities that are often crucial to collaborative endeavors. The questions and sub-questions derived from the experiences of a wide range of coalitions; thus, are likely to be appropriate for those collaborating on several issues. It is not required to answer the questions in the order, answer all or most of the questions to effectively move forward with specific collaborative efforts. Note, coalitions that are in the initial stages of development should consider answering most of the first questions before continuing with the more complex issues related to the rest of the questions in the guide. (Himmelman 2002)

1. What do you know about other collaborative efforts that have worked on a similar mission and goals?

2. What barriers or conflicts make progress difficult?

3. How can such barriers and conflicts be resolved or overcome?

4. How will people find out about your activities?

5. How will you publicize your activities and provide effective community education and information about the work of the coalition?

6. How well can you inform and engage people, organizations, and communities that represent diverse cultural and ethnic interests or for whom English is not their first language?

7. Do you communicate well and regularly with grass-roots groups and organizations?

The sociogram is a visual representation of the network graph that enables one to visualize two sets of information: 1) the nodes (i.e., organizations), and 2) the ties (i.e.,

relationships) that exist between them. Through sociograms, we understand the social structural properties of a social system which includes: the presence of clusters, concentrations of ties among nodes, the distribution of organizational (node) attributes within the system, and how they may be related to relationship ties. This is equivalent to running descriptive statistics to observe patterns within the network. Sociograms were produced using UCINet software which allows for the estimation of calculated values such as centrality, density, and multiplexity (Borgatti, Everett, & Freeman, 1999). This software allows for the visual plot to be generated using NetDraw.

Social Network Analysis

Creating a Global Network Roster

Analyze the data associated with the identified organizations, a description of the process of data collection for all organizations will be described because the procedures used to question all organizations will be combined in the same process. In other words, qualitative interviews will be the primary mode of data collection. Step 1) contacting everyone on the global network to find out if they would be interested in talking with me in the near future 2) getting IRB approval 3) contacting the participants and with an interview date 4) meeting for the interview and getting consent 5) the interview.

Collecting data

Once the interviews start using the global network roster, specific questions will be entered creating the electronic nodes diagram. A short survey will be created and entered by the

interviewer. The Excel document and subsequently for the collaboration question will be

imported into UCINet for analysis.

Description of Measures

This study used the Himmelman framework to understand partnerships at multiple levels

(e.g., Networking-level, Coordinating-level, Communicating-level, and Collaboration-level).

Participant demographics. Demographics include data collected to understand the

presenting state characteristics of the participants filling out the survey. The role of the

participant within the organization and the length of time they have been with the organization.

Organizational attributes. Data were collected on organizational attributes including the

problem domain the organization addresses, whether the organization collaborates with other

organizations, on which of the four levels, the name and the type of (e.g., state government, city

government, local economic development, etc.) participating organization.

Network participation.

This study will collect data on the organizations related to the organizations (nodes) and

the relationships they have with others in the network (tie). Social network measures used for

analysis include relationship multiplexity, network centralization, network density, degree

centrality, and relationship quality (see Appendix A). What are the many ways organizations might work together? TIE-BASED OPTIONS. Share information on homelessness (exchanging information). Referrals to ensure that clients receive needed services that are not provided by their organization (service-based). Have a legal or official contract requiring they work together (mutual aid/benefit).

INTERVIEW PROTOCOL & NETWORK SURVEY

Introductory Protocol

To facilitate my notetaking, I would like to zoom record our conversations today. Please sign the release form. For your information, only I will be privy to the recording which will be eventually destroyed after they are transcribed. In addition, you must sign a form devised to meet our human subject requirements. Essentially, this document states that: (1) all information will be held confidential, (2) your participation is voluntary and you may stop at any time if you feel uncomfortable, and (3) we do not intend to inflict any harm. Thank you for agreeing to participate.

We have planned this interview to last no longer than one hour. During this time, we have several questions that we would like to cover. If time begins to run short, it may be necessary to interrupt you to push ahead and complete this line of questioning.

Introduction

You have been selected to speak with me today because you have been identified as someone who has a great deal to share about homelessness, services, case management, and partnerships. My research project focuses on services and collaboration of organizations that serve the homeless community, particularly the families that do not have special needs. Our study does not aim to evaluate your techniques or experiences. Rather, I am trying to learn more about how you partner with other organizations that support the same community and hopefully learn about your relationships that help improve me how we service our homeless community.

ORGANIZATION BASIC INFORMATION:

1. What is your role at this organization?

2. How long have you worked with this organization?

3. (TYPE OF SERVICE PROVIDED) What types of services do your organization offer?

4. What are the main populations that you serve within the homeless community?

    a. To what extent does your organization serve the non-special needs homeless population?

5. (IDEAL OUTCOMES) What are the ideal community outcomes for your organization?

6. To what extent does your organization work to create self-sufficiency for the homeless population? and sustainability?

7. How do you assess the success of your clients? Is there a tool that is used to track participants' outcomes? Tell me more about that tool…

8. What kinds of funding does your organization receive?

9. How does your organization work to support the needs of your population?

CASE MANAGEMENT CONNECTIONS

1. What are the challenges of your case manager(s) in servicing your participants?

2. Are there father and child services and temporary shelter?

3. Tell me about the relationship your case manager(s) have with connecting participants with services?

4. How do case managers stay on top of current, relevant, and necessary service?

ASSESSING THE NETWORK:

5. Do you collaborate with any of the organizations within the New City, Englewood, or Greater Grand Crossing communities?

6. Do you or have you collaborated with the following? What is your relationship? w/List of partners

7. Who are your partners?

CHALLENGES TO INTERORGANIZATIONAL PARTNERSHIP

1. What are the challenges you experience in connecting with and partnering with other organizations?

   a. Can you give me an example of a time when you needed to work with another organization? How did that go?

OVERALL CHALLENGES EXPERIENCED:

1. What are your ideas on solving any problems impeding your work?

The Relationship of Study One and Study Two

Study One

 An Exploratory Study of Understanding Service Experiences of Homeless Families and Factors Most Related to Self-Sufficiency

Purpose of the Study

      The purpose of this study is to understand what types of support services homeless families receive from shelter programs, community organizations, and government agencies that support self-sufficiency. The participants reside in the City of Chicago and within Cook County, Illinois, assess their satisfaction with those services, and to explore what factors are most associated with self-sufficiency and empowerment.

Research Question

How do case management services relate to self-efficacy, self-sufficiency, empowerment, and sustainability?

      The results show the correlation between case-management and self-efficacy. As participants communicate more with their case-manager their confidence increases. Self-Efficacy 0.31 and Case-Management 0.21 were the highest predictors of Housing Involvement and 98% can be explained by this model.

This study used the findings from Study One that showed that case management is highly related to self-efficacy. In study one, the result of the exploratory research showed that effective case-management is important to homeless participants. The more homeless participants see their case-management as effective the higher their scores are on housing involvement and that they are achieving their housing goals. The results also show that the higher participants' self-efficacy is the more they are housing involved in a way that is meeting their goals. This study demonstrated the importance of effective case-management and the confidence of once homeless parents to obtain what they need for their families.

While the findings indicated that effective case-management and self-efficacy were significantly related in a positive direction, indicating that case-management was positively related to increases in self-efficacy, interestingly, this correlation did not indicate that it was the quality of a case manager or the interpersonal relationships that they had with their case manager, that increased feeling of efficacy. Data showed that the participants' self-efficacy increased as they received effective case-management but effective case management in this study meant giving participants two single-ride bus passes from their case-manager to travel to the local welfare office and make an appointment with another case-manager for benefits. This example is the experience of the participants with homeless shelter's effective case-management service.

It shows that when the participants received services that they need such as the basic medical, food, or disability programs, that their self-efficacy increased because they received one or more of life essentials to take care of the very basic needs to live. The interpersonal relationships increasing self-efficacy through effective case-management was not demonstrated

in the study but can exist in a participant and case-management exchange. In the study, the basic services they received did not lead to self-sufficiency nor did a true interpersonal exchange that encouraged self-efficacy through effective case management.

The implications of study one, "Understanding Service Experiences of Homeless Families and Factors Most Related to Self-Sufficiency" is being used in this case study. This study seeks to understand if the results of case management have a strong relationship in study two as the following research questions are answered: wrapping Services Supporting Self Sufficiency through Partnerships; the facilitation when servicing their homeless clients access comprehensive wrap-around services and the challenges of servicing the homeless community. Effective case-management and partnerships are the two key indicators in this study and this study showed the influences that they have on self-sufficiency and sustainability.

Results

Study Two

The results of this study showed that case management is essential to creating comprehensive wrap-around services through assessment, intake, and case-planning. It is not identified that case-management showed any self-efficacy in clients, but it did show that case-managers struggled with finding services for clients because of communication barriers, following shelter rules, and being transient. This study showed that service providers need more than the basic medical cards, link cards, or social security benefits to achieve self-sufficiency and sustainability. They need services such as childcare, GED services, HIV testing, mental health services book bag for children, women products for their teen daughter, housing, etc. While

finding show that shelter providers worked with clients that needed life skills to support basics

such as budgeting tools and how to prepare meals on extremely small budgets, clients also had

access to workshops on how to open bank accounts and save money while having limited

income. All these skills were services provided by partners that shelters worked with. The very

basic skills that were stated in the interviews that are needed for homeless clients to start their

journey to self-sufficiency were services offered and given by partnering organizations.

Demographics

This study focused on understanding the inter-organizational network of the three

participants from organizations serving the homeless community within the New City/Back of

the Yards, Englewood/West Englewood, and Greater Grand Crossing communities on the

Southside of Chicago. The participants in this study include three personnel: such as one

Director of Programs, the participant worked at the organization for 2-years. One Manager of

Community Programs, the participant worked at the organization for 18-months. The last one

is the Manager of Outreach and Referrals, the participant worked at the organization for 9-

years. The participants were from two shelter programs, one church, one organization, and

one organization that is contracted by multiple government organizations. Neither age,

gender, race, religion, or education was discussed during the interviews. All participants of

the organizations provide a level of services to the homeless in the communities.

This study sought to understand several aspects of the homeless network. This results

section will present several aspects of this work: 1) facilitators of networking and partnership, 2)

the perceived need for increased connecting among organizations within this homeless serving network, and 3) Challenges experienced.

Network Relationships

RQ1   The first question in this study is: How do homeless sustainability service providers work together to serve and ensure that the homeless community across the Southside of Chicago area achieve self-sufficiency?

To begin to answer this question, this study first sought to understand what are the relationships among organizations servicing the homeless community? To explore these relationships, a sociogram was developed using UCINet software to display the nodes and ties of a network demonstrating the relationships between identified homeless organizations. This visual diagram diagrams the variety of organizations the participant organizations have worked with that are related to the community issues they address, over the last year.

Running Head: CREATING COMPREHENSIVE WRAP-AROUND SERVICES FOR THE
HOMELESS COMMUNITY

Figure A: UCINet Sociogram of All Organizations & Relationships
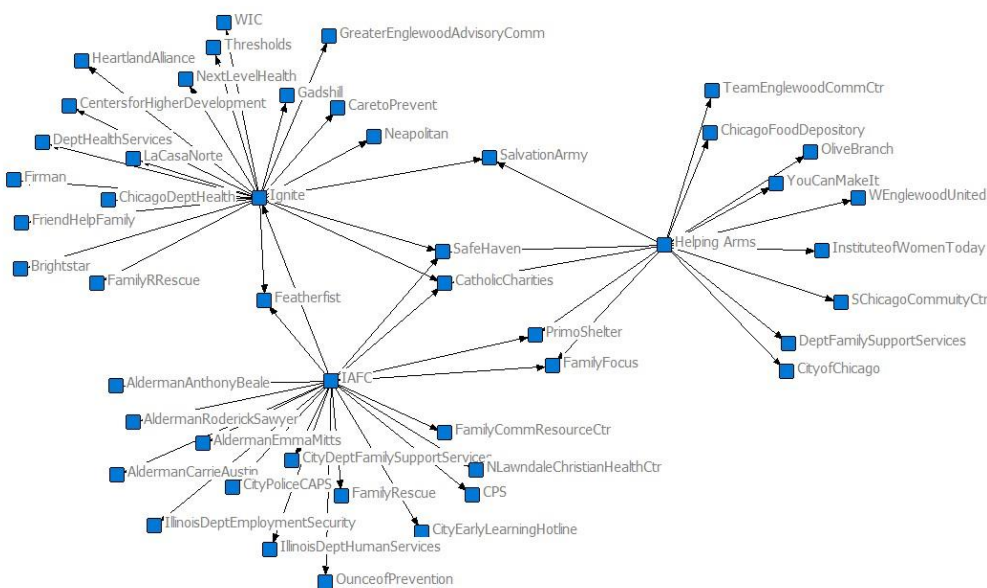
A few network measures have been identified to describe the dynamics of the homeless

services network. *Network Centralization* examines the distribution of centrality at the network

level to determine if a sociogram is more "centralized" in one direction due to the highly central

participatory behaviors of specific nodes and is measured by summing the differences in the

centrality of the most central node to all other nodes, normalized by the maximum possible

(Freeman, 1979). The outdegree graph centralization is 40% and the in-degree graph

centralization is 4%. These values indicate there is a disproportionate amount of concentration in

this whole network, where there is a substantial amount of weight in terms of outdegree. This

further can be interpreted to mean that the power of individual actors has positional advantages.

Given that not all the organizations were consulted for their partnership data, we also know this

leaves the network incomplete, so we cannot assume too much given the incomplete data.

A second network measure used to understand the network is *Degree Centrality.* Degree

Centrality identifies nodes with a high degree of centrality in a network structure, which means

the node maintains more numerous relations than other nodes in the network (Knoke & Burt,

1983). A node that occupies a position of high degree centrality is anticipated to potentially have

more access to resources and have more influence within a network (Freeman, 1979). These data

were split into separate matrices for each relationship type (networking, coordinating,

cooperating, collaborating) and degree centrality was assessed for each type. While there were

only 3 organizations interviewed for this study, it was clear from these values that IAFC, Ignite,

and Helping Arms had the highest degree centrality overall. The most common partnership type

was Networking and IAFC was indicated as prominent with an outdegree of 13%. Cooperating

was one of the least popular types of partnership with a value of 4% for both Helping Arms and

IAFC. Coordinating had a low outdegree of 15% for Ignite. Collaborating was a less popular

type of partnership in this network with an outdegree of 12% for IAFC.

Network Density. Network Density refers to the overall connectedness among

organizations within a network (Provan et al., 2005) and is calculated by dividing the total

number of present ties by the total number of possible ties. Network density is represented by a

value between 0 (an empty graph) and 1 (a complete graph or everyone is connected to everyone

in the graph). The density of this network is .023. This indicates that 2% of all possible ties are

present. This is a low rating, which can be seen in the dynamic of the network figure.

RQ1a What are the relationships among organizations servicing the homeless

community? Research shows that relationships among the three participants have a low density

because of the number of participating organizations in the study. More research is needed to determine an accurate level of participation of organizations on the Southside of Chicago. There were two organizations that were connected to the three participants in the study. Each of their participation with A Safe Have and Catholic Charities varied based on Himmelman's level of partnerships.

Facilitation - what facilitates networking and partnerships across organizations included: 1) What factors facilitate/cultivate partnerships among shelters and service organizations? 2) To what extent is there a perceived need for organizations serving the homeless community to work better together for comprehensive wrap-around services?

3) What are some advantages organizations perceive as a benefit to partnering?

RQ2 – What factors facilitate/cultivate partnerships among shelters and service organizations?

Case Management Creating Comprehensive Case Plans

This study shows that case management and creating comprehensive case plans for the clients are the factors that facilitate/cultivate partnerships among shelters and service organizations. Case management is **t**he author of intake, assessment, and case plans. All these components help propel clients to self-sufficiency. It is mentioned by participants that the success of their clients requires that they not only find resources that their clients need but resources that their clients want. As the participants talk about ensuring that their clients overcome homelessness, succeed, and sustain, offering clients such services requires that homeless shelters and providers have options that their clients can select from. Listen to their

actions on how they facilitated relationships growing their services:

P1 – "So when we go through putting their information into CES. Which is

considered the coordinated entry system, which is where everything is put in for

even a client to get housing that truly gives an assessment of what their needs are.

So, if we do see that there are needs of, if we have a client is dealing with

domestic violence, we're going to make sure the resources are given for that. If we

see a client that really can't even understand the questions that we're talking

about, um during the assessment, we'll talk about um if you got a GED and all of

that. If you're illiterate, can we help you get that taken care of too? And, or even,

um, like you said, mental, mental illness, so we have really taken our assessment

tool to another level to try to figure out kind of what's going on with clients."

P2 – "We provide them with resources like childcare referrals. We help them

qualify for childcare assistance and explain the process to them. We provide the

resources, like if we work with a lot of community organizations, so they say

interested in going back to school or getting a GED or whatever the situation they

need, we try to connect them with."

P3 – We help assist with job search employment. We have referred them to any

social awareness or any social issues such as therapy, counseling, any type of

mental health issues, we help acquire entitlements, benefits entitlements such as

social security and unemployment, and if they are in need of any type of

> *education, referrals such as GED, high school diploma, or any type of job*
>
> *training, skills or trade, we help assistant to locate and participate and find*
>
> *programs such as."*

Partnerships, Programs and Services – Shelter provider and homeless service organizations have acknowledged that the voices of clients drive resources and the types of programs and services being sought after as they help the homeless community reach self-sufficiency. Shelters and homeless service providers have also admitted that it is important for them to get out into the community and promote their services supporting their mutual homeless clients. They recognize that establishing relationships is how they bring awareness to the needs, expand options, and increase their resources. Participants had this to say about partnering:

> *P1 – "Our partnerships start out with because we do outreach…. partnerships basically cultivate and start."*
>
> *P2: "They have really good relationships because we work closely with the FCRC offices."*
>
> *P3 – "Whatever type of need or services that they are seeking to prepare it that we would go to our means and beyond to assist them."*

Funding, Partnering & Resources– Participants were asked about their funding streams and it has been identified that each one of them receives money from at least one of the government sectors; all their funding on the government level overlap. Funding is part of organizations' financial stability, there is no mention that funding restricts their opportunities to network with organizations that share mutual customers. Here are what participants shared:

> *P1 – "We have a lot of partnerships, partnerships, I should say, with various Coalition's agencies, and even volunteers that can help us out in various ways."*

> P2 – *"We support community, we partner with the community,"*
>
> P3 – *"Resources. Once again, we are funded by the city of Chicago. So, most of our resources and funding comes from there."*

RQ2a – To what extent is there a perceived need for an organization serving the homeless community to work better together for comprehensive wrap-around services?

Recommendations: Need Clearer Understanding of Homeless Organization and Services –

This study shows that organizations struggle to successfully establish partnerships as they service the homeless community. In this study, participants talk about expanding relationships improving wrap-around services for their clients, creating new relationships, and acknowledging that there is a need to work together supporting the homeless community. They have mentioned that their understanding of what other organizations have to offer can hinders or slow-down partnering when no communicate well but there is an absolute need to better work together for the community that they serve and form partnerships. Participants shared their thoughts on working together:

> P1 – *"Make sure we are aware of basic understandings."*
>
> P2 – *"Gotta know what's going on – what's out there."*
>
> P3 – *"The ones that get it are the ones that are successful."*

RQ2b – What are some advantages organizations perceive as a benefit to partnering?

Wrapping Services Supporting Self Sufficiency through Partnerships -

Case managers are the architects of creating comprehensive case plans for their clients. They listen, find resources, and help clients navigate their plans. Housing and employment are the

outcomes of what we know as self-sufficiency, this is the result of every organization that serves

the homeless community and the goal of all homeless case management staff. It is recognized

that the in-between supportive programs and services are possible because of partnerships,

without partnerships outcomes are not positive. In their words this is what they shared about the

advantages and benefits of partnering:

> *P1 – "To basically make sure that out of least 60% of the clients that come*
>
> *through our doors are housed."*
>
> *"Basically, two times out the month we have a CST meeting, which is considered*
>
> *a clinical or client." "Talk about their successes, talk about whatever issues they*
>
> *may have, and or the next steps that need to be taking." "We want them to be able*
>
> *to feel as though it is going to benefit the family, is going to benefit you."*
>
> *"We don't know about a lot of the partnerships that we partner them up with until*
>
> *we get to know them."*
>
> *P2 – "That families are self-sufficient. They able to provide, their children are,*
>
> *have a better, in a situation where they have steady housing and they have food,*
>
> *they're getting the educational resources they need and thriving."*
>
> *"We will reach out to the family to see if they were, are they successful in their*
>
> *childcare search, what additional resources do they need, and even if they need*
>
> *something else." "We will try to get to help them as much as we can to get to the*
>
> *resources they can." "And if we need to change the way we do things, we'll*
>
> *rethink about how we do, how we engage our clients to try to get them what they*
>
> *need."*

> *P3 – "Each client has their own different success story. So far since I have been there. I have had five permanent houses. And to me that is a peak of adjustment that you know, coming from out of homelessness, going into your own permanent housing."*
>
> *We got some, it seems or appear to be some issues is going on, you know, and this person or family needs additional assistance than what we can give them." "We assessed and determine okay."" We're mostly referral base, you know, we can help assist obtaining certain items or certain benefits or certain searches yet to be able to help someone in a, in a clinical area or therapy area or mental area." "Referring our residents out, um hum. We just do not have the equipment or the additional program to do it on site."*

Challenges to Partnership

The first research question this study explored is: What challenges do organizations encounter when working to partner with other homeless serving organizations and establishing partnership; and 2) How do city, state, and federal level resources and local conditions play a role in reasons why organizations do or do not partner?

Table: Case Descriptors & Differences Across Organizations

Name	Funder	Community Purpose	Actions in Network	Region Served
Illinois Action for Children	Multiple Contracts: city,	Helping parents find providers that meet their childcare needs	Partnership for the purposes of the contractor's requirement	City of Chicago, Cook County

	foundation, state, federal	Administering organization for childcare assistance programs all of Cook County (pay for services) Referrals for childcare providers, resources for families, financial assistance for families for qualifying families (Several Connector) Advocacy team for childcare providers and parents' Administering organization to federal food program to childcare providers Nurse Consultants to childcare providers Establish relationship across cook county Two components of comprehensive wrap-around service Service multiple communities Services are multi-connected	Partnerships for the organization work Promoting city, state and federal programs and services Increasing numbers served to keep the full budget and/or contract Interested in expanding relationships	

Helping Arms	City of Chicago	Referral Based Service Connector Only Connects services based only on the immediate needs Interim Housing Program All services City of Chicago connected Service the homeless community	Partnerships as needed only through the city of Chicago connections	City of Chicago
Ignite	Federal, State, Private	Referral based program and networking services Various housing programs Connect with organizations on the Southside of Chicago	Partnership as needed or based on the needs of the client Existing established partnerships Interested in expanding relationships	City of Chicago

RQ3 – What challenges do organizations encounter when working to partner with other homeless serving organizations and establishing partnership?

Case Management Navigating Services Needed – Case management is the driving force for

who and what organizations that they should be networking and partnering with. Listening to

exactly what the clients say and getting them connected to exactly what they require. Getting the

right services requires an honest account of what is needed by the client. It is hard to know why

they may or may not tell the truth about what they want but we know that this impedes the

client's referral experience and the organization's reasons to know why they must network or

collaborate in advance. Here is what we learned about challenges case managers encounter when

working with clients as they attempt to connect them to programs and services:

> *P1 – "We never know what clients come off the streets with various conditions
> and or issues in a sense, so we kind of meet them where they are. And then when
> they get here, our caseworkers and they do an intake, they can assess the real
> needs of a client."*
>
> *P2 –" It is getting back in touch with them because they are a transient
> population; and so, if they don't have an email address, don't have an email or
> working number we're not able to get in contact with them."*
>
> *P3 – "So, it is mostly compliance. You know, she has to make sure that they are
> always in compliance, that they are following policy and procedures and that they
> are up to date with the necessary information reporting that is requested and that
> is required for them."*

Confusion & Misunderstanding About Homeless Organizations - Participants explained that

when seeking partnerships with organizations they have experienced breakdowns in establishing

relationships and/or continuing relationships. They have expressed that they have learned that

there are misconceptions about what organizations already think they know about the work of

that organization. Participants want to partner on the behalf of their mutual customers but have

expressed uncertainty on how to take steps and with who. Networking with specific contracting

funders has also challenged participants in networking with other organizations. Participants

shared a few of their challenges:

> *P1 – "So, they kind of want to utilize our services as a one-stop-shop for housing, but we are not the ones that basically give the housing. So, um, we have sometimes some misunderstandings on what we offer, and that we are a third party and making them understand that.*
>
> *P2 – "Trying to figure out how can you partner with them? Guess what is in it for you? What is in it for them? And try to come to a common ground."*
>
> P3 – "*When seeking partnership, you already have that area of whom you're going to be partnering with for that particular need. The challenging part would be not being able to locate or find or proceed with another agency that is not you know assisting or helping or offer that that those types of areas of need."*

Difficulty Promoting Homelessness Services - Servicing the homeless community takes

planning, communication, and working together. The sense that shelters and organizations

supporting mutual clients is expected to have diversified listings of resources and options

wrapping services for their clients is without thought. As service providers, it should be best

practice to inform the community of the services offered by networking with others, create more

opportunities to building and increasing relationships. Here are some challenges participants

shared when making connections and promoting their services.

> *P1 – "Our second annual baby shower for all of our clients that have kids this is*
>
> *mothers and fathers. They did not have a lot of partnerships and/or resources for*
>
> *the pregnant moms and/or fathers that have kids. So, basically what I had to do is*
>
> *make/has made contact list with various organizations that had a focus on dealing*
>
> *with mothers and/or pregnant females and then I started from there. So, what we*
>
> *try to do is we learn more about the program that or what services they have to*
>
> *offer, then a call and our email is made to whoever the contact person is and then*
>
> *we are able to do some type of meeting to be able to meet in person so that you*

know, I can say this is what we offer here my organization comparable to what

you offer, can we go ahead and make this linkage and or partnership available to

our clients."

P2 – "We're always trying to get our names out there so people can know what

we do and how we can help their families."

"Trying to talk it takes time to partner with all of them, trying to figure out how

can you partner with them? Guess what is in it for you? What is in it for them?

And try to come to a common ground."

P3 – "seeking partnership, you already have that area of whom you're going to

be partnering with for that particular need. challenging part would be not being

able to locate or find or proceed with another agency that is not you know,

assisting, or helping or offer that that those types of areas of need.

RQ3a – How do city, state, and federal level resources and local conditions play a role in

reasons why organizations do or do not partner?

Bureaucratic Monetary Rules Limit Partnership Options - Funding has been identified as

another challenge homeless shelters and homeless service providers encounter when establishing

partnerships. Government funding can insinuate who homeless shelters and providers partner

with. It appears that funding creates a division in wrapping services while providers appear to

work in silos. Clients receive services from specific programs they can/do participate in. This

challenge can limit access to other community resources hindering self-sufficiency and

sustainability for the homeless. Here are what participants shared about networking with their

funders:

> P1 – *"We deal with state funding, government funding, and private, so we deal*
>
> *with all three sectors of funding."*
>
> *"The Department of Human Services because I want to say, WIC programs and*
>
> *other programs that deal with early intervention. Because wherever you go for a*
>
> *WIC program or early intervention, you're going to see our information and*
>
> *you're going to go ahead if you're on the south side, they're gonna refer you to us*
>
> *if you need housing."*
>
> P2 – *"We receive state funding. We get city funding and we have different*
>
> *grants."*
>
> *"We get federal funding too." "We work with and partner with IDHS. That's our*
>
> *big one." "Their FCRC offices." "There's a partnership with DFSS which is the*
>
> *City of Chicago and CPS, Chicago Public Schools." "We are at a lot of WIC*
>
> *offices. We work closely with the Illinois Department Employment and Security.*
>
> *We go to their events. We go we go to their offices once a week. We share*
>
> *resources, our flyers we supposedly connected more with them. our community*
>
> *flyer, our referral flyer. We support a lot of Alderman work to, so different*

>
> *Alderman in the city of Chicago. So, we go to their job fairs, their community*
>
> *meetings." We are everywhere."*
>
> P3 – "*We are funded to the city of Chicago."*
>
> *"The city of Chicago. Cause that's mostly where all of our resources and partners*
>
> *come from All Chicago, Salvation Army, Catholic Charities, you know."*

Discussion

This was an exploratory case study of three homeless providers: Ignite, Illinois Action for Children, and Helping Arms all located on the Southside of Chicago working to support the homeless community. Each organization demonstrated several different levels of partnering with other organizations. Study one showed how case management increased self-efficacy and study two shows how organizations through case management and partnering with other organizations work to create comprehensive wrap-around services for their clients increasing their chances of self-sufficiency and sustainability. The word comprehensive refers to addressing all needs that prevent an individual or family from achieving and maintaining a good and healthy quality of life, not just services that clients are eligible for as mentioned in study one such as medical care, link card, or services.

The results in study one showed that those programs and services specifically addressed the needs of the clients that lacked any support; however, comprehensive programs and services mimic models of care such as the head start or medical care recovery models. This study shows that the term wrap-around services are used by the participants and they shared the understanding

as it relates to their clients. Their services support the immediate needs, but they have not

provided "comprehensive" wrap-around services as it is defined.

The first participant, Ignite is an organization that manages an interim and transitional

housing program for youth, the target ages that were talked about in this interview were 18 to 24

years old. The population includes youth with children both single fathers with children and

single mothers, LGBTQ youth, and other youth in their homeless program. They are located on

the Southside of Chicago, funded by the State of Illinois, federal dollars, and private dollars. The

youth can live in their transitional housing programs for up to 24 – months. The second

participant, Illinois Action for Children is an organization that is contracted by the State of

Illinois, the City of Chicago, the federal government, and private funders. Their work consists of

promoting programs of the government-funded organizations through referral and outreach,

partnering with the government organizations, administering state programs, and other work

through government partnership ensuring that government services are being used to help those

that qualify to use them. The third participant, Helping Arms is a church that operates an interim

housing program funded by the City of Chicago. Their customer base is homeless families,

single fathers with children, and single mothers with children. The housing program stay is up to

120 – days.

This study shows that the participants understand the obligations they have to their

homeless clients while guiding them out of homelessness, but they are not always prepared for

the challenges. The term "meet them where they are" is a way of describing the multiple

concerns that the providers work with when the clients show up at their organizations or when

the providers are partnering. The low participation of homeless service providers impacted the

findings on how clients are being connected to programs and services or if their partnership creates comprehensive programming. Referral style partnerships do not look deep into the concerns that clients have. If case management only addresses client problems at the surface, many issues hindering the client's self-sufficiency will not be addressed.

As a practitioner in the field, my experience has been that trust is a barrier as to why some clients are reluctant to give vital information that supports their self-sufficiency. It is also my professional experience that in many cases such as this, trained professionals in specialized fields are likely to get client information faster than case managers depending on the specific services such as mental health, not just a therapist but a psychiatrist because they can identify and validate the client's trauma. This is not always the case, but it is a factor to consider. In my professional experience, outpatient services for a client trying to recover from the battle of the ups and downs of substance abuse struggles are not looking for a visit or once a week treatment plan. When a client tells a case manager of a specific need of treatment and the only relationship the organization has is the neighborhood City of Chicago connected free service that looks at the client's surface concern, the self-sufficiency journey may be hindered. This can equate to leaving the program or getting high in the shelter, breaking rules resulting in a discharge from the facility.

It is vital that case managers and organizations partner and continue to partner for all and more of the mentioned reasons. Another example is when a youth is struggling with their sexuality and has decided that they are ready to take on the identity that they feel; not having the correct resources and service may cause them to mentally destruct or commit self-harm. This study shows that participants are wrapping services but not comprehensively and that they are

not really prepared to do so beyond jobs and housing. This study shows that their current

partners and future partners have not yet created the comprehensive wrap-around services.

Findings

There were three participants in this study. We learned through the network density or the

overall connection of the organizations that participation is very low; only 2% due to the number

of participants. More work is needed to show if organizations are really partnering and working

together to create sustainable client outcomes. The network centralization talks about how

central the relationships are. This shows through the outdegree or how much the organizations

say that they are connecting with one another. It is difficult to determine how many organizations

partner and on what level based on the turnout, but the study does show some data that Illinois

Action for Children's outdegree is 40% and Helping Arms indegree is 4%, two very different

outcomes. This tells us that certain organizations have advantages over others. Degree centrality

tells us which organizations are highly connected in the study. The highly connected

organizations are A Safe Haven and Catholic Charities.

To determine this, we used the Himmelman's framework: network, coordinating,

cooperating, and collaborating. The study reveals that the three participants had high outdegrees

in different areas of partnering: Illinois Action for Children showed in three different levels of

partnering or diverse relationships and Ignite in two different levels of partnering. Illinois Action

for Children shows a higher level of partnerships across three categories. It is likely because of

the level of government funding, contracts, and deliverables of the contract. This also explains

the high number of relationships that they have on the networking level. Ignite had the second-

highest level of partnerships because of their level of connecting with community organizations and their funding. Helping Arms had the least number of partnerships because of their single funding as well as their level of partnerships.

In all outcomes, their interactions are more referral-based, this refers to clients receiving the basic wrap-around services that are described by the participants. How can we improve the level of partnerships with this issue? The City of Chicago and the State of Illinois must do a better job when putting together contract deliverables. Contracts must be intentional about the levels of partnering and connecting people, quality as well as quantity, but they must have quality as an outcome. Action for Children is a large multi-government funded organization that has a high level of partnerships. If they can work on building relationships and follow through all of those that they connect with, they could become the bridge for shelters and other organizations partnering.

This study shows that Ignite is increasing their presence in the community and they can also increase the number of partnerships. They make the effort to build relationships by requiring MOU's which guarantees a level of partnering as they already do. The goal should be to increase the level of partnering that is comprehensive. Helping Arms will need to diversify their partnerships and branch out from their comfort zone if they plan to create sustainable outcomes for their clients. In each case, there must be a clear understanding of each organization that there is a difference in wrap-around services and comprehensive wrap-around services. The homeless community being that they are always the priority, they must always receive nothing less than a thorough assessment, an intake, and a comprehensive case plan from case management.

Limitations of the Study

Due to COVID 19, there were only three participants from the master list of shelters and

organizations that participated in the study: Ignite, Illinois Action for Children, and Helping

Arms. Together, the three of them partnered with 47-organizations, only three connections from

the master list and none from their partners. The level of partnering showed an extremely low

turnout on the Southside of Chicago because of the lack of organization participation in this

study. It cannot be determined how many more partnerships the three participants have with the

others from the master list and if others partnered with them. More research is needed to

determine how organizations located on the Southside of Chicago are working together using the

Himmelman's scale of partnering. The findings from the low turnout cannot determine if

homeless shelters and service providers are creating comprehensive wrap-around services that

lead to self-sufficiency and sustainability for their clients.

There were multiple limitations and challenges when attempting to collect data. There

was opposition from shelter CEO's, directors, and other staff regarding the research. About one

percent from the list responded via email before the Pandemic. After the Pandemic COVID, 19

pushed the Shelter in Place into restriction and all possible motion to my research halted the

organizations that looked hopeful. One CEO responded to my request before the shelter in place

took effect, but it took me a month to reconnect. The interview fell through. Organizations

temporarily closed; staff worked remotely with scaled back work hours and some disappeared. I

attempted to contact all the homeless service providers on the global list four times with very

little success.

Many did not respond to the initial email contact, the follow-up emails, the voice
messages, or the on-hold calls. The open organizations transferred me to different people each
time I called; all I could do is leave messages. I know that they were trying to be helpful at the
time, COVID 19 left everyone operating at a minimum. Although it was a challenge to get
participation from the executive team or senior management at shelters and homeless providers, I
believe that my outcome of participation would not have been impacted as much as it had by
COVID-19.

Recommendations for Future Research

This study shows that case management and creating comprehensive case plans for
homeless clients are the factors that facilitate/cultivate partnerships among shelters and service
organizations. This can only be done by meeting clients where they are, building a sense of
community, establishing trust, and active listening. Service providers pushing the assessments
and intake process without some bond between the client will likely show outcomes of limited
sharing from the client and frustration from case management. Self-sufficiency and sustainability
are the work of both client and case manager, the resources that create a positive outcome is the
work of the homeless service providers, and the partnerships within the community.

It is important that we look at successful models such as headstart and the health care
recovery plans as they relate to comprehensive care for both entities. The models provide a level
of care that saves and changes lives. Homeless providers want better outcomes for the homeless
community, but we must do more work, this must start with the resources that we have to offer.
Resources evolve from building libraries and libraries are built on the volume of information we

gather. We are aware that housing is a challenge but if we cannot partner with organizations that look at options to work around housing challenges, we cannot move clients forward. Rapid Rehousing, Housing First, Section 8, Scattered Sites, etc. are options but slow options. How can we add more?

There is great work in partnering between homeless providers, shelters, and businesses in the community and it starts with the organizations that took up this task. It is mentioned by participants that the success of their clients requires that they not only find resources that their clients need but resources that their clients want. This study shows that organizations struggle to successfully establish partnerships as they service the homeless community as well as finding resources and establishing long term partnerships.

Implications for Practice

From a practitioner perspective, over the last two decades, I have worked in social service organizations contracted by various government sectors, my experiences can speak to the challenges of effective case-management and how it impacts the homeless community. The last year afforded me to work directly with the homeless community, specifically in a shelter environment. The need for partnering and expanding into communities and organizations that offer different programs and services is what wrapping services are about. Connecting with hospitals, educational institutions, and the companies that will hire the homeless and disable is what homeless providers need to do more of; this was just to name a few. Stepping out of their comfort zone, realizing that there is no one shoe fit all solution to homelessness must be realized sooner than later. They must follow through case plans for the sake of a family and individual

life. Comprehensive wrap-around services also prepare clients for, not being matched with housing first models, rapid rehousing, and the other housing programs, this was not mentioned in any of the interviews. Connecting families to a program creating another component to the case plan empower not only the families but the organization. Empowerment is the responsibility of organizations and it is a concept that homeless providers must learn to use. It supports the client's sustainability and the organization's ability to be effective in social and political change as well as helping to improve positive outcomes for the community. It helps to establish deeper levels of partnerships between organizations helping the same group of people. Through empowerment, systemic change can occur when organizations create the culture. The ecological principles and the Himmelman's framework can influence the conversation on what comprehensive wrap-around service should look like as it relates to self-sufficiency and sustainability, the models are available for use.

Implications for Policy

Funding has been identified as another challenge homeless shelters and homeless service providers encounter when establishing partnerships. Government funding can insinuate who homeless shelters and providers partner with. It appears that funding creates a division in wrapping services and providers appear to work in silos. Clients receive services from specific programs they can or do participate in. This challenge can limit access to other community resources hindering self-sufficiency and sustainability for the homeless. Creating partnerships requires clear communication especially from organizations that have government contracts. It is okay to ask for clarity when supporting the community. In fact, we can learn from funders by

asking questions and getting clarify if external relationships complicate the contracts. Getting out

of the comfort zone for the sake of clients is not optional, our homeless community is depending

on our partnerships.

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Appendix A: Consent Form

*Creating Comprehensive Wrap-Around Services for the Homeless Community: Exploring
Network Activity Among Shelters and Service Organizations within the Southside of
Chicago*

Participant ID# _____

The Purpose of this Study:

You are being asked to participate in a research study conducted by Gloria West, a student at
National Louis University, Chicago, Illinois. The purpose of this study is to understand the
theories and practices of community and systems change collaboration that can produce
improved public and social service outcomes for the homeless community.

It is to understand what level of collaboration organizations servicing the homeless community
are communicating as they work to transform and/or create powerful relations in collaborative
change efforts. How do homeless service providers work together to serve and ensure that the
homeless community across three areas on the Southside of Chicago achieve self-sufficiency and
sustainability? The participant ID is a unique ID of the questions/survey respondent which can be
used for authentication. The number will identify each Chief Executive Officer, Executive
Director, Director, or other Management staff that I interview for this study. This study will take
45-days to interview participants, transcribe interviews, and conclude findings.

By signing below, you are providing consent to participate in a research project conducted by
Gloria West, at National Louis University, Chicago, IL. Please refer to the template online on the
NLU website on the IRB page. Please follow that template precisely for your Consent Form.

The Interview Process:

With your consent, you will be interviewed for about 60-minutes with a possible second, follow-
up interview lasting 30-minutes. The interview consists of 18 brief questions. To facilitate my
notetaking, I would like to audiotape our conversations today. For your information, only I will
be privy to the recording which will be eventually destroyed after they are transcribed. Upon
request, you will receive a copy of your transcribed interview at which time you may clarify
information.

Your participation is voluntary, and you may discontinue your participation at any time without
penalty. Your identity will be kept confidential by the researcher and will not be attached to the
data. Only the researcher will have access to all transcripts, taped recordings, and field notes
from the interview(s). Your participation in this study does not involve any physical or emotional
risk to you beyond that of everyday life. While you are likely to not have any direct benefit from
being in this research study, you taking part in this study may contribute to our better

understanding of Creating Comprehensive Wrap-Around Services for the Homeless Community: Exploring Network Activity Among Shelters and Service Organizations within the Southside of Chicago. While the results of this study may be published or otherwise reported to scientific bodies, your identity will in no way be revealed.

*Use of Participant Data***:** The data from this study will be used for an independent research project and only the primary investigator and her advisors will be analyzing and discussing the findings of this research. There is a possibility that the findings may be published, and in that case, we will ensure that the data will be discussed anonymously so that no one individual can be identified.

Protection of Data & Ensuring Confidentiality: Upon completion of the interview, the data will remain on a personal laptop for the duration of the study. The data will be cleaned for any personal identifying information (e.g., names) and provided an accompanying participant ID number. Personal identifying information will be stored with the assigned ID number in a separate excel file so the primary investigator may identify the participant but that will be unidentifiable to others. To ensure confidentiality the researcher will secure recordings, transcripts, and notes in a locked file cabinet in her home office. All data are stored on a personal laptop, which is password protected where only the primary investigator has the password. Therefore, data will not be identifiable to anyone in the case if the security of the personal computer is breached. These data will be stored for 3 years as the data is written up and through the potential publication of findings.

Please remember your participation is voluntary, and you may discontinue your participation at any time without penalty. While the results of this interview may be published or otherwise reported to scientific bodies, your identity will in no way be revealed.

In the event you have questions or require additional information you may contact the researcher:

Gloria West, National Louis University, 122 South Michigan Avenue, Chicago, Illinois 60603; (708) 673-2491; gwest6@my.nl.edu.

If you have any concerns or questions before or during participation that you feel have not been addressed by the researcher, you may contact

Tiffeny Jimenez, Ph.D., tiffeny.jimenez@nl.edu, (312) 261-3582; Bradley Olson, Ph.D., bradley.olson@nl.edu, (773) 308-6380, student's

advisor/chair.

If you have any questions or concerns about this study that you would like to ask of the university, you may contact the chair of NLU's Institutional Research Review Board is Shaunti Knauth, Ph.D., National Louis University, 122 South Michigan Avenue, Chicago, Illinois 60603; Phone: 312.261.3526 Email: shaunti.knauth@nl.edu.

Participant Name (Print)

_____   _____

Participant Signature   Date

_____

Researcher (Print)

_____   _____

Researcher Signature   Date

_____

Running Head: CREATING COMPREHENSIVE WRAP-AROUND SERVICES FOR THE HOMELESS COMMUNITY

Appendix B: Consent Form

Creating Comprehensive Wrap-Around Services for the Homeless Community: Exploring Network Activity Among Shelters and Service Organizations within the Southside of Chicago

Step 1 – Introduction Email

Greeting - My name is Gloria West and I am a doctoral candidate in the Community Psychology Program at National Louis University. My research is on Homelessness and Wrap-Around Services as it relates to Collaborations. I am passionate about the well-being of the homeless and I want to learn more about what your organization offers.

It would be an honor to meet via Zoom with you for about an hour and talk about the work you do for the [organization's name] and how it relates to serving the homeless community. Please let me know if this is possible and your availability within the last week of March and the first week of April 2020.

Step 2 – Follow-up Email

Greeting - I wanted to check-in with you regarding the email below in hopes that you are available to meet with me within the next week. I know that you are extremely busy and that this might have gone off the radar and I completely understand. If you are not available to talk with me, is there someone in your organization that you can refer me too? I completely understand how limited time can be and if you do not mind, I am going to follow-up in 4-days by telephone for the next steps.

Step 3 – Telephone Call (if needed)

Greeting - My name is Gloria West; I am a Ph.D. student at National Louis University. I have been communicating with [person's name] via email over the last couple of weeks. I wanted to know it he/she was available to take my call.

Organizations	Population	CEO/Exec Dir/Dir	Number	Email
A Safe Haven Foundation - South THELMAS - West Englewood	Families	Neli Vazquez Rowland	773-435-8300x8355	neli@asafehaven.org
Featherfist - Greater Grand Crossing	Homeless Organization	Melani Anewishki	(773) 256-1200	manewishki@aol.com
Featherfist - Englewood	Homeless Organization	Melani Anewishki	(773) 955-8598	manewishki@aol.com
Catholic Charities - St. Francis De Paula - Greater Grand Crossing	Families	Monsignor Michael Boland	312-655-7460	mboland@catholiccharities.net
Catholic Charities - Our Lady of Solace - Englewood	Families	Monsignor Michael Boland	312-655-7460	mboland@catholiccharities.net
Christian Community Health Center-Amani - West Englewood	Families, Women	Kenneth Burnett	773-233-4100	kenneth.burnett@cchc-rchm.org
West Englewood United Organization/Clara's House - West Englewood	Women, Children	Clara Kirk	773-778-2811	cl4kirk@yahoo.com
Fchn Feed Clothe & Help the Needy - Englewood	Clothing Closet	Betty Price	(773) 436-8277	http://fchnwecare.com/
Family Focus Englewood - West Englewood		Caterina Varvaro	312-421-5200	loretta.barriffe@family-focus.org
Family Rescue -Rosenthal Family Lodge - Englewood	Families, Women	Joyce Coffee	773-375-1918 x21	JM_Coffee@familyrescueinc.org
La Casa Norte - New City	Family, Youth	Jose M Munoz	(773) 276 4900	http://www.lacasanorte.org
Holy Rock Outreach Ministries - Helping Arms - Englewood	Families	Pastor H.L. Messenger	773-471-0300 773-657-1165 cell	messenger52@sbcglobal.net
Ignite Teen Living - Greater Grand Crossing	14-26 Youth	Jeri Linas	(312) 568-5700	info@ignitepromise.org
Institute of Women Today - Maria Shelter - Englewood	Families	Angela Hicks	773-651-8372	angela.hicks@ instituteofwomentoday.org

Neopolitan Lighthouse - West Englewood	Families, W	Crystal Bass-White	773-638-0228	pcneopolitan@gmail.com
Olive Branch Mission - Lamplight 1 - West Englewood	Families, W, M	David Bates	773-948-3004 x13	dbates@obmission.org
Olive Branch - Lamplight 3 - West Englewood	Families	David Bates	773-948-3004 x13	dbates@obmission.org
Primo Family and Women's Shelters West Englewood	Women and Children	Quintin E. Primo III	(773) 722 0544	info@primocenter.org
Primo Family and Women's Shelters - West Englewood	Women and Children	Quintin E. Primo III	(773) 722 0544	info@primocenter.org
The Salvation Army Adele and Robert Stern Red Shield Center-Englewood	Community Organization	Captain Corey Hughes	773-358-3200	corey.hughes@usc.salvationarmy.org
Ujima Village - Englewood	Adults w/disabilities and youth	Anne Holocomb	312.455.0007	admin@unityparenting.org.
You Can Make It Inc. - New City	Families	Jacqueline Kennedy	773-732-5784	jacqwheel@aol.com
Thresholds Rowan Trees - Englewood		Mark Ishaug	(773) 483-9039	mark.ishaug@thresholds.org

Target Organizations on the Southside - the City of Chicago and Community Services

Appendix C: Data Collection Procedures - Interview Protocol and Questions

Creating Comprehensive Wrap-Around Services for the Homeless Community: Exploring Network Activity Among Shelters and Service Organizations within the Southside of Chicago

Data collection for the system analysis requires collecting data through qualitative means. In other words, qualitative interviews will be the primary mode of data collection. Step 1) contacting everyone on the global network to find out if they would be interested in talking with me soon 2) getting IRB approval 3) contacting the participants and with an interview date 4) meeting for the interview and getting consent 5) the interview.

Semi-Structured Open-Ended Interviews

Interviews will be guided by a semi-structured, open-ended protocol. The areas of inquiry to be explored within the interview protocol included: 1) the basic information of the organization, 2) Case management connections 3) accessing the network 4) challenges with inter-organizational partnership 5) overall challenges experienced. For each area of examination, questions and probes will be asked in efforts to understand the organization's relationships with community organizations serving the homeless community. Interviews last approximately 60-minutes. Interviews will be recorded using digital recorders.

Description of Interview Protocol and Structured Survey

The interview questions ask open-ended questions on collaboration, community resources, housing opportunities, and participants' connectivity. The questions are specific but broad leaving the opportunity to share more about their experiences. The interview has themes on the regular homeless, wrap-around services, and collaborations. Themes that lead to Collaboration, Community Connectedness, and Resources.

Introductory Protocol

To facilitate my notetaking, I would like to audiotape our conversations today. Please sign the release form. For your information, only I will be privy to the recording which will be eventually destroyed after they are transcribed. Also, you must sign a form devised to meet our human subject requirements. Essentially, this document states that: (1) all information will be held confidential, (2) your participation is voluntary and you may stop at any time if you feel

uncomfortable, and (3) we do not intend to inflict any harm. Thank you for agreeing to participate.

We have planned this interview to last no longer than one hour. During this time, we have several questions that we would like to cover. If time begins to run short, it may be necessary to interrupt you to push ahead and complete this line of questioning.

Introduction: You have been selected to speak with me today because you have been identified as someone who has a great deal to share about homelessness, services, case management, and partnerships. My research project focuses on services and collaboration of organizations that serve the homeless community. Our study does not aim to evaluate your techniques or experiences. Rather, I am trying to learn more about how you partner with other organizations that support the same community and hopefully learn about your relationships that help improve the homeless community, informs me of how you facilitate your work and how we service our clients.

Research Questions:

- How do homeless sustainability service providers work together to serve and ensure that

  the homeless community across the Southside of Chicago area achieve self-sufficiency?

  and

  - **What are the relationships** among organizations servicing the homeless

    community?

- What factors **facilitate/cultivate** relationships/partnerships among shelter and service

  organizations?

  - To what extent is there a perceived need for organizations serving the homeless

    community to work better together for comprehensive wrap-around services?

  - What are some advantages organizations perceive as a benefit to partnering?

- What **challenges** do organizations encounter when working to network with other

  homeless serving organizations and establishing partnerships?

o How do city, state, and federal level resources and conditions play a role in reasons why organizations do or do not choose to partner?

Organization Basic Information:

10. What is your role at this organization?

11. How long have you worked with this organization?

12. (TYPE OF SERVICE PROVIDED) What types of services do your organization offer?

13. What are the main populations that you serve within the homeless community?

   a. To what extent does your organization serve specific homeless clients?

14. (IDEAL OUTCOMES) What are the ideal community outcomes for your organization?

15. To what extent does your organization work to create self-sufficiency for the homeless population? and sustainability?

16. How do you assess the success of your clients? Is there a tool that is used to track participants' outcomes? Tell me more about that tool…

17. What kinds of funding does your organization receive?

18. How does your organization work to support the needs of your population?

Case Management Connection:

8. What are the challenges of your case manager(s) in servicing your clients?

9. Are there father and child services and temporary shelter?

10. Tell me about the relationship your case manager(s) have with connecting clients with services?

11. How do case managers stay on top of current, relevant, and necessary service?

Assessing the Network:

12. Do you collaborate with any of the organizations within the New City, Englewood, or

Greater Grand Crossing communities?

13. Do you or have you collaborated with the following? What is your relationship? w/List of

partners?

14. Who are your partners?

Challenges to Interorganizational Partnership

2. What are the challenges you experience in connecting with and partnering with other

organizations?

a. Can you give me an example of a time when you needed to work with another

organization? How did that go?

Overall Challenges Experienced:

2. What are your ideas on solving any problems impeding your work?

Appendix D: Free Counseling Services for Referral
*Creating Comprehensive Wrap-Around Services for the Homeless Community: Exploring
Network Activity Among Shelters and Service Organizations within the Southside of
Chicago*

MENTAL HEALTH SERVICES
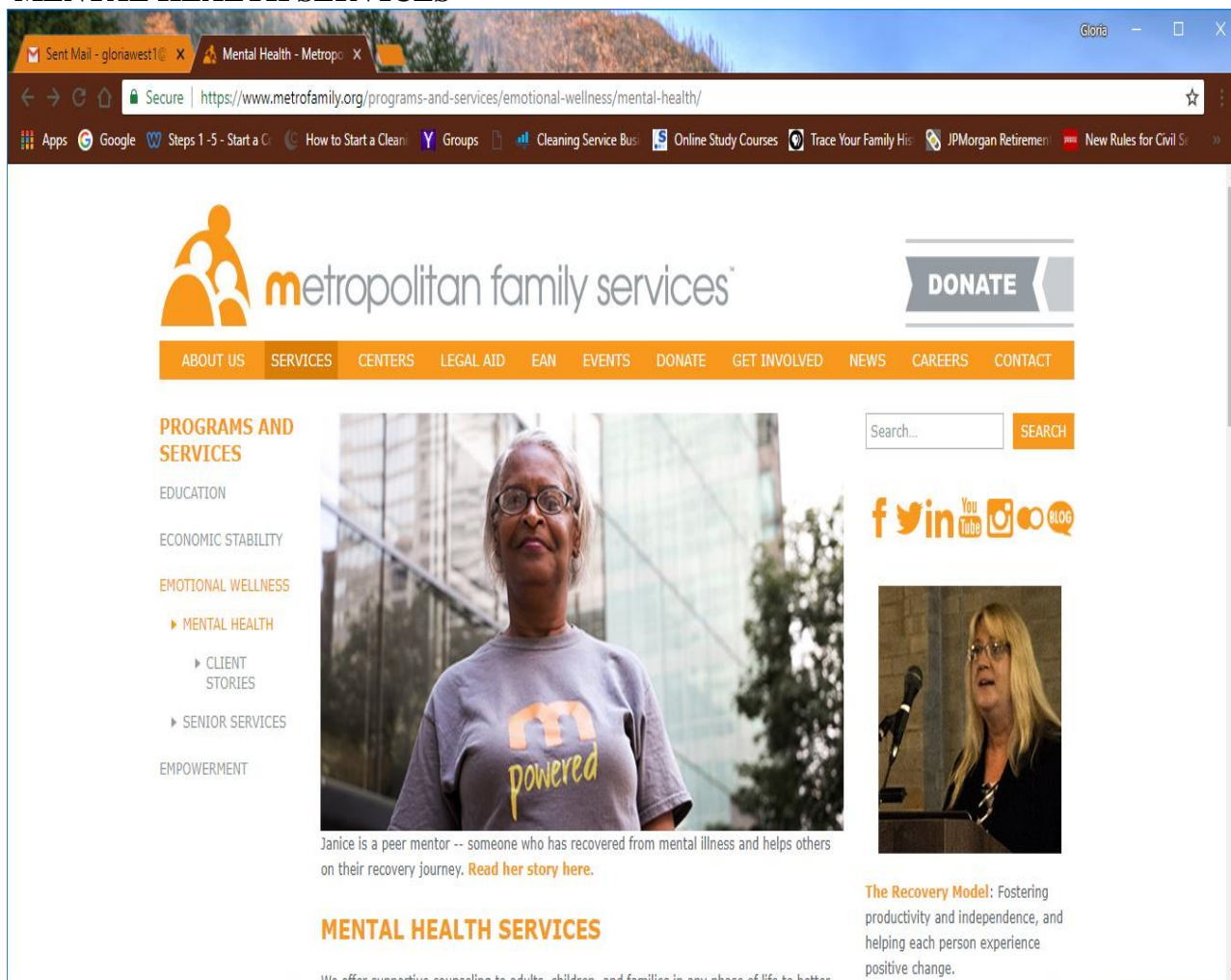
We offer supportive counseling to adults, children, and families in any phase of life to better
handle their challenges. We help individuals and families deal effectively with mental illness and
support recovery.

Adult Mental Health: Our holistic approach helps adults build on individual strengths and
capacity for change and live productively and independently in the community. When needed,

we provide psychiatric evaluation and medication monitoring to keep care on track. Specialized support is available for veterans and domestic violence survivors.

How to Access Services Chicago, South Side

Calumet Center

235 East 103rd St

Intake-line: 773-371-3642

Midway Center

3843 West 63rd Street

Phone: 773-884-3310

Southeast Chicago Center

3062 East 91st Street

Phone: 773-371-2900

Chicago, North Side

North Center

3249 North Central Ave.

Phone: 773-371-3700

DuPage County

DuPage Center

222 East Willow Ave.

Wheaton, Illinois 60187

Phone: 630-784-4800

Southwest Suburbs

Blue Island Center

13136 Western Ave.

Blue Island, Illinois 60406

Phone: 708-974-5800

Palos Hills Center

10537 South Roberts Rd.

Palos Hills, Illinois 60465

Phone: 708-974-2300

Running Head: CREATING COMPREHENSIVE WRAP-AROUND SERVICES FOR THE
HOMELESS COMMUNITY

Community Counseling Centers of Chicago

Services & 24-Hour Crisis Line

773.769.0205

In the case of Emergency Call 911. | Contact Us

24-Hour National Suicide Prevention Lifeline
What to Expect
How to get help from C4:
Phone 773.769.0205.
You answer a few questions.
We give you an appointment.
       -or-
We provide a referral.
We speak your language. Call now.
Hablamos su idioma. Llamenos.
773.769.0205
Our Services

Mental Health Services

At C4's community mental health centers, we provide services for children, adolescents, and adults. We help people manage mental health problems, overcome substance use, and recover from traumas including sexual assault and abuse. **Call 773.769.0205** to schedule an appointment.
Mental Health Specialty Areas
- Assertive Community Treatment (ACT)
- Mental Health Juvenile Justice (MH/JJ)
- Pre-Admission Screenings (PAS)
- Community Support Team (CST)

Mental Health Crisis Services
- Crisis Services & 24-hour Crisis Intervention
- SASS (Screening, Assessment and Support Services) for Children, Adolescents, and Adults

Counseling and Therapy
- Art and Expressive Therapies
- Counseling/Therapy in Individual, Couple, Family and Group Settings
- School-Based Services for Children
- Home-Based Services for Older Adults

Psychiatric Services
- Medication Monitoring

- Psychiatric Evaluations

Social Services

- **Community Support**
- **Mental Health Case Management**
- **Representative Payee Services**
- **Vocational Rehabilitation, including Supported Employment**
- **Drop-In Center for adults**

Trauma Recovery Services

Sexual Trauma Awareness and Recovery Services (STARS)

Education and Advocacy

We offer Youth Mental Health First Aid courses. This FREE 8-hour educational training is for adults assisting young people ages 12-18 who may be experiencing a mental health problem or crisis. **Learn More**

Education

- **Education about Mental Illness for Families**
- **Life Skills for Youth (Alcohol and Drug Use Prevention)**
- **Sexual Violence Prevention Education**

Advocacy

- **Advocacy for People with Mental Health Problems**
- **Parent Advocacy**
- **Sexual Assault and Abuse Advocacy**

Call 773.769.0205 to schedule an appointment or for more information.

Cornerstone Counseling Center of Chicago
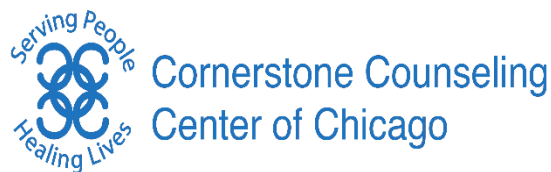
Our highest priority

Our highest priority is to provide a safe, supportive, and confidential atmosphere for our clients. The goal is to help identify negative patterns and develop methods to avoid, cope with, and change these patterns.

Who visits a therapist?

Individuals

Therapy is a process to help individuals identify effective strategies for moving forward when emotions, habits, or life circumstances become unmanageable or overwhelming. Individual therapy is a partnership between client and therapist to help the client meet their goals.

Couples

Couples counseling helps increase effective communication and conflict resolution to bring meaningful, positive change to the relationship. The decision to enter couples counseling can be difficult, and our marriage therapists will be sensitive and supportive throughout the journey.

We provide counseling services to increase couple communication, adjust to life transitions, and to address intimacy concerns. We strive to help couples find greater levels of intimacy, understanding, and balance.

Types of Mental Wellness Issues

Anxiety

Everyone feels anxious from time to time. Stressful situations such as meeting tight deadlines or important social obligations often make us nervous or fearful. Experiencing mild anxiety may help a person become more alert and focused on facing challenging or threatening circumstances.

But individuals who experience extreme fear and worry that does not subside may be suffering from an *anxiety disorder*. The frequency and intensity of anxiety can be overwhelming and

interfere with daily functioning. Fortunately, most people with an anxiety disorder improve considerably by getting effective psychological treatment.

- **Depression**
- **Grief**
- **Life Transitions**
- **Parenting**
- **Peer Relationships**
- **Self Esteem**
- **Stress**

Understanding your therapist

- **What is a psychologist?**
- **What they do**
- **How they help**
- **How they are trained**

A doctoral degree to practice psychology requires at least 4-6 years of full-time study after completing an undergraduate degree. Coursework includes areas such as ethics, statistics, individual differences, and the biological, cognitive-affective, and social bases of behavior, as well as specific training in psychological assessment and therapy.

While in graduate school, psychology students may also participate in research and teaching. A one-year full-time supervised *internship* is required before graduation and in most states, an additional year of supervised practice is required before licensure. Psychologists must pass a national examination and addition examination specific to the state in which they are being licensed.

Once licensed to practice, psychologists must keep up their knowledge, which is demonstrated by earning several hours of *continuing education* credits annually, as required by their state's license and regulations.