



PŪNĀWAI REST STOP PROGRAM EVALUATION

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PŪNĀWAI REST STOP

“providing safe hygiene services for homeless individuals to regain their dignity, and self-respect.”

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Mahalo

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**Pono no kākou e kūlia
i kā kākou hana po’okela.**

(We must strive to do our best work.)



Executive Summary

Program Background

- Opening in January, 2019, the Pūnāwai Rest Stops goal is to provide needed services to people experiencing homelessness who might not otherwise have access to bathrooms and laundries. It is hoped that by pairing basic hygiene services with social services (interim case management), Pūnāwai Rest Stop will encourage those who utilize the rest stop to continue to address other barriers to housing and employment, improve their health and resolve issues that may have prevented them from stable housing.
- During 2019, it is estimated that 2,238 people utilized at least one of the general services available at Pūnāwai Rest Stop.
- 371 participants (17% of total participants) utilized case management services over the course of the year. Only 15% of clients had all of the legal documents that they needed, and the biggest identified need, as expected was housing.

Outputs

- Pūnāwai Rest Stop has served approximately 128% more persons experiencing homelessness per day than was initially anticipated. This speaks to the overwhelming need that the Rest Stop is addressing.
- Pūnāwai Rest Stop provided the following services over the course of the year:

• Showers (39,373)	• Lockers (31,492)	• Laundry (26,572)
• Toilets (16,984)	• Pet space (1,928)	• US Mail service (1,393)
- It is estimated that case managers have assisted approximately 92 participants with securing housing, 35 participants gain some level of employment, and 10 participants enter into substance use treatment.

Findings

- From the Pulse for Good data as well as individual client interviews, participants are generally very pleased with the staff and services at Pūnāwai.
- Other Homeless service providers are aware of Pūnāwai and the services provided and have actively been referring clients there. They also report a high satisfaction level with the services there.

Conclusions and Recommendations

- Pūnāwai Rest Stop has achieved its goal in providing a much needed service to people who are experiencing homelessness.
- Looking more closely at Human Resources and Staffing issues that have occurred during the past year. Incorporating more training and procedure development specifically for PRS.
- PRS should continue to focus on and develop their existing services, avoiding mission drift as much as possible.
- Improving and developing accurate data collection and management systems.
- What PRS has been able to develop in a short period of time is something very special. The relationships developed with clients and the community is something that will be important to maintain going forward. This is not something that is easily quantifiable, but it something that was felt by clients, staff and the evaluators.

The Rest Stop Model Overview

The rest stop model was inspired by the Urban Rest Stop (URS) program in Seattle, where three rest stops have been operating for many years, providing hygiene services to people who are homeless. By providing access to essential hygiene services the URS has improved the quality of life for homeless individuals and families. The Rest Stop is the only hygiene facility with extended service hours which are specifically designed to assist homeless persons who are working or need to get to a job interview. A homeless job applicant cannot be successful during a job interview without the self-confidence that a shower and clean clothes can provide. A homeless individual cannot maintain steady employment or hope for advancement without access to showers and laundry facilities.

The rest stop model is based on a low-barrier approach that provides basic services “where a client is at.” This is in contrast to many homeless services that require participants to meet a series of requirements in order to receive services, such as abstinence from alcohol or other substances (Wallace, Barber, & Pauly, 2017). Low barrier services relax many of the rules that may exclude persons with addictions, serious mental illness, or chronic, long-term homelessness thus diminishing barriers to social inclusion that lack of access to basic services creates. The model works on the assumption that providing services such as showers, laundry, phone and mail access to those excluded from social service systems will lead the participants to further inclusion efforts such as engagement with traditional providers, alternative pathways to recovery, and, ultimately, stable and permanent housing.

Pūnāwai Rest Stop – Honolulu

In 2013, City Councilman Joey Manahan proposed that the city administration explore the feasibility of an Urban Rest Stop Model in Honolulu as a way to provide access to essential hygiene services that would improve the self-sufficiency of homeless individuals and families and address city public health issues. Councilman Manahan reached out to partners such as Mayor Caldwell, Ken Farm (President of the Kalihi-Palama Neighborhood Board), and the Honolulu Police Department who all recognized that such a program was a potential win for those affected by this issue. The aim was to have a hygiene center that had little to no barriers for use by persons experiencing homelessness. Various funding sources for the project were considered to determine which had the fewest potential use requirements. In the 2017 City & County Budget, 2 million was appropriated for planning and construction of a hygiene center in the Iwilei area. In 2018 the City & County released a RFP to run a rest stop for persons experiencing homelessness on 431 Kuwili Street.

Pūnāwai Rest Stop is a program operated by Mental Health Kokua, sponsored by the City & County of Honolulu. Pūnāwai Rest Stop opened in January, 2019, and is a hygiene center providing restrooms, showers, and laundry facilities to homeless men, women and children within a clean, safe and dignified environment. All services are at no cost to patrons.



Operating hours are specifically designed with extended times to assist homeless people who are working (7am - 7pm daily).

At Pūnāwai, one can find 8 private shower rooms, 10 washer and 10 dryer units, large men's & women's restrooms, kennels for pets, lockers for smaller items and storage for larger items such as carts during use of services. Patrons receive free toiletries including toothbrushes, toothpaste, disposable razors, shaving cream, shampoo and soap. Patrons may also borrow a cover-up while they wash their clothes. Free WiFi and computer stations are available for use by patrons. In addition, mailboxes for U.S. Postal Services to send and receive mail and stamps are available at no cost.

In addition to the hygiene services, Pūnāwai Rest Stop (PRS) provides information and referral materials as well as interim case management services for homeless individuals and families. Case managers provide assistance with a variety of needs, including benefits and medical insurance, legal identification documents, referrals for employment and permanent housing. Resources are available in English and other languages.

Finally, PRS serves as a venue for outside agencies to connect with persons experiencing homelessness. With the high volume of participants as well as percentage of participants who are largely disconnected from traditional providers, the PRS is an ideal site to connect with and provide services to this population. Organizations who have come to PRS during 2019 to assist participants include: the Street Dog Coalition, Legal Aid, the Public Defender's office, the Supplemental Nutrition Assistance Program (SNAP), and a variety of medical programs such as optometry and mental health.

Description of the Pūnāwai Service Model

Pūnāwai Rest Stop provides services via a low-barrier model. This low-barrier model is embraced by Pūnāwai staff and reflected in the atmosphere at the Rest Stop, its procedures and services offered. It was evident throughout this evaluation that exhibiting respect, compassion and a non-judgemental attitude toward participants and colleagues is expected and underlies the planning and delivery of all services.

Understanding some of the barriers encountered by participants sheds light on the need for a low-barrier service agency such as the Pūnāwai Rest Stop. In interviews with PRS participants three categories of systemic barriers were spoken about; rigidity, access, and lack of respect.

Participants described difficulties with the **rigidity of the current social service system** and its programs. For participants, this rigidity resulted in a lack of consideration for their unique, individual needs.

- One participant reported “The other agency person was more controlling, she wanted me to do things the way she felt I should do them. That was a brief experience at that agency for me.”
- Another explained, “I once before went to this other place. The one I met with was very aggressive when I asked for help and said “we don’t do that, we aren’t doing this”, I don’t go there anymore.”

Participants also spoke of **barriers around access** including limited hours of operation, distance to services, and the cost of services.

- One participant stated “They have showers over there [Agency X], but they are only open in the morning and sometimes there isn’t enough time to get a shower in.”
- Another reported “At other places you have more strict rules about when to get your stuff. It means I can’t go to my meetings because I have to worry about my stuff.”
- Access to services is often tied to membership and compliance in a program. This can serve as a barrier as one participant stated, “I go to [Agency X] for meals and they told me to come over here. They didn’t allow guests to use showers, just their own residents.”
- One participant spoke about the barrier of even small fees for services, “They have free laundry here, that’s awesome. I used to do whatever I could to get a bit of money so I could just buy new clothes, because it’s so expensive to wash, and your stuff is just going to get stolen anyway.”

Finally, participants spoke about **not feeling accepted or safe** as a barrier to receiving services.

- One participant spoke of the feeling of a lack of respect for her possessions, “At my temporary housing our stuff is all left in a big room, we don’t get our own lockers. People come in and steal stuff.”
- The feeling of being judged serves as a barrier for one participant who said “Some places “down you”, thinking they know where I’ve been.”
- Some participants spoke about not feeling safe at other spaces. “The other place, their bathrooms aren’t safe. Stuff goes on in there. There’s like no screening so I don’t go there.”

PRS is designed as a low-barrier service program that complements other services/providers in the system of care that includes social services, housing, and employment. The State of Hawai‘i, County of Honolulu, and local non-profits have dedicated extensive resources of late to address the issue of growing homelessness (Mayor’s Office of Housing, 2019; Hawai‘i Policy & Budget Center, 2019). Resources include a coordinated entry system that seeks to coordinate the provision of housing and other services to persons experiencing homelessness.



Logic Model

The following logic model (Figure 1) expresses the evaluators' understanding of the relationship between the activities of the PRS and its intended effects. The overall goal of the Pūnāwai Rest Stop is predicated on providing participants a welcoming space that emphasizes personal dignity. The combination of human, physical, and social resource inputs result in the services that the Rest Stop provides. Those services lead to outputs including referrals to outside agencies, retention of employment and housing, referrals to obtain housing and securement of benefits. It is at this stage that the reporting expectations from the City & County of Honolulu, have been met. The contract between the two entities detailed outputs of services. However, PRS is also directed at several outcomes: short, mid and long term.

PRS aims to improve the quality of life of their participants in the short-term by improving their hygiene and subsequently their overall health. Additionally, the PRS model aims to improve the self-respect of each participant. Being homeless is often a dehumanizing experience (Weiss & Quinn, 2018). Through the provision of a safe space, grounded in respect, participants can experience improved self-worth. Relatedly, the provision of a space to carry out activities required for daily living such as showering and laundry gives participants improved sense of safety in their lives. People who are homeless are often the victims of aggression (Lee & Schreck, 2005), so having a safe space during the day is a significant outcome of this program. Finally, engagement in PRS and the case management services is a short-term outcome of the PRS model. This engagement is an important step to social integration.

Figure 1: Pūnāwai Rest Stop Logic Model

Goal: By providing basic services to persons who are homeless in a welcoming place that emphasizes personal dignity, participants will improve overall wellbeing and undertake further inclusion efforts such as engagement with traditional providers, alternative pathways to recovery, and, ultimately, stable and permanent housing.

Resources	Activities	Outputs	Outcomes		
			Short-term	Mid-term	Long-term
<ul style="list-style-type: none"> Staff <ul style="list-style-type: none"> Center assistants Interim case managers Funding C&C Building space <ul style="list-style-type: none"> Washers/dryers Computers Showers Lavatories Case management offices Storage space Partner agencies Community support <ul style="list-style-type: none"> Local business Government General public 	<p>Hygiene services</p> <ul style="list-style-type: none"> Showers Lavatories Washer/dryer Toiletries <p>Other services</p> <ul style="list-style-type: none"> Computers/Wifi Storage lockers Mail access Kennels <p>Case management</p> <ul style="list-style-type: none"> Information and referral <ul style="list-style-type: none"> Housing/shelter Employment Medical Psychiatric/ mental health Benefits Supportive counseling Needs assessment <p>Space for Outside Providers</p>	<ul style="list-style-type: none"> # services provided # receiving short-term case management # referrals made # entered substance abuse treatment # retained employment # retained housing # registered for Federal and 	Improved hygiene	Active in case management	Increased employment
			<ul style="list-style-type: none"> Improved health Improved self-respect/self-worth Improved safety Engagement in PRS Engagement in case management 	<ul style="list-style-type: none"> Engagement in services with other providers Increased resources 	<ul style="list-style-type: none"> Increased permanent housing Increased overall social reintegration



				State benefits			
				<ul style="list-style-type: none"># obtained ID			



These short-term outcomes are intended to lead to the following mid-level outcomes; active involvement in case management and planning over one’s life, increased engagement in the overall service system, and increased resources available to the participant, including income and benefits. This is where PRS fills an important gap in the service system in Hawai`i. There are many services for persons experiencing homelessness in Hawai`i. In spite of this, the State continues to struggle with reversing the trend of increased homelessness. Certainly the overall effort of all of the services for the homeless is aimed at attainment of permanent and stable housing. PRS is aimed at helping persons experiencing homelessness to re-engage in the social fabric. They do this in a variety of ways; through making services available to all, at no cost; by treating participants with respect and care; and by providing interim case management focused on building quick, genuine rapport and success at meeting expressed needs. At this point, PRS hands off to other service providers to assist in achieving the long-term outcomes. Certainly there are times that involvement in PRS services leads directly to employment and housing, however the real aim of PRS is to increase participants active involvement with other service providers through achievement of those mid-term outcomes.

Program Implementation

Program/Process Implementation

The evaluation team was not involved from the beginning of the program, but has spent almost three months talking to management, case managers, and center staff about how the program and its processes have been implemented along the way as well as reviewing documentation in order to assess program implementation.

A grand opening was held on January, 8, 2019, where City and other government officials came to celebrate Pūnāwai's start of services. As to be expected, numbers increased over time as individuals and agencies learned about Pūnāwai and the services available. A story printed in the Honolulu Star Advertiser in February, 2019 discussed the relatively quick increase in shower utilization, but that case management services were taking time (Nakaso, 2019).

Staff members discussed the early push with brochures, meeting with agencies and general outreach to let the community at large know about the opening of PRS and the services available. While outreach continues in terms of distributing brochures and communications with other service providers, there is much more awareness of Pūnāwai. People are referred to Pūnāwai through word of mouth, police, hospitals, shelters serving the homeless population and other social service agencies.

As with any new program, there were challenges and successes throughout that first year. Some of the main challenges that presented in the data were:

- Natural progression of agency/services
 - Policies and Procedures
 - Documentation
 - Vision/Mission and Agency Culture
- Safety and Security for staff and participants
- Staffing/Human Resources

The primary challenges that PRS experienced can be attributed to the typical growing pains experienced by a new program. One example of this is the development of policies and procedures. To begin, PRS adopted its policies and procedures from its parent organization, Mental Health Kokua (MHK). As situations arose, procedures were informally tailored to PRS. Some examples of this are described in the 'Safety and Security' discussion. There are significant points of departure between PRS and MHK that necessitate attention be paid to developing individualized policies and procedures that address PRS's unique needs.

Another example of the challenges that have been experienced as a new program is the evolution of documentation. Documentation at PRS during this first year focused on capturing the outputs such as numbers of showers taken or loads of laundry completed. Challenges to even accurately capturing that data have arisen. The agency uses a sign-in sheet at the front desk to collect the service use data, however as the agency has evolved from utilizing a dedicated front desk security guard to staff assuming that role, accurate documentation has been difficult to capture. Staff are called away frequently to deal with imminent issues. When participants come and go from the rest stop during the day, should each visit be counted separately? How long are participants outside before it counts as a separate visit? Currently the primary person responsible for the integrity of the data collected has numerous duties, many more imminent. Dedicating enough time to ensure the data is accurate is difficult given the current staffing patterns and data collection system. In concert with the effort to keep the agency low-barrier, individual level data is not captured on each participant, unless they are seeing a case manager. As the agency faces pressures from outside funders/public to justify its model and capture more accurate data, the program is challenged to keep the PRS low-barrier. The addition of any documentation step(s) that involves collecting data from participants can be understood as a barrier and in order to keep fidelity with this emerging model should be weighed carefully.

A third area that has developed over this year in the program is the solidification of the agency culture and early development of mission and vision of the program. The evaluators will bring up this theme of agency culture and respect throughout this report as it seems to be the foundation for much of the success for Pūnāwai's program and relationship with clients. PRS has a unique approach that emphasizes removing systemic barriers that are often overlooked. Minimizing these barriers and providing services in a culture of respect results in humanization of services, allowing for fuller reintegration of participants and increased utilization of services. This agency culture has evolved over the last year and is seen as a primary component of the success that the agency has seen.



Safety and Security

Consistent with the low-barrier model, the Rest Stop has minimal house rules, balancing ease of access with maintenance of a safe environment for staff and participants. PRS has the following house rules:

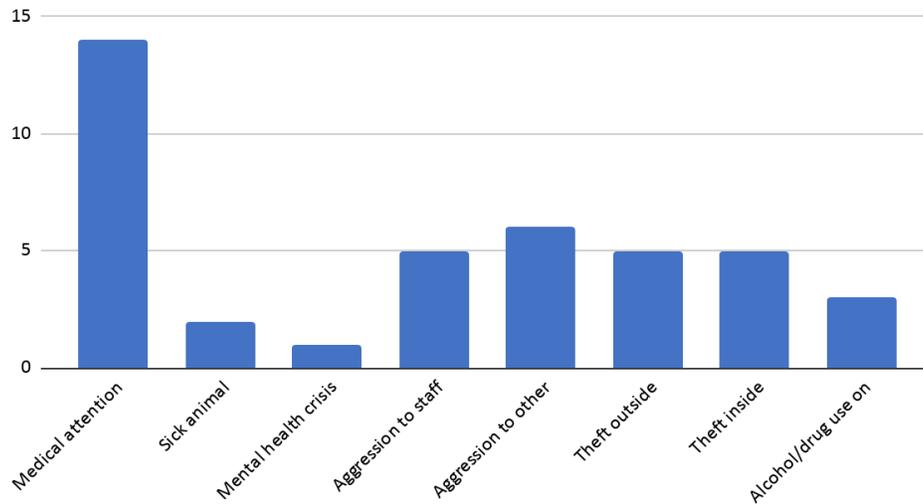
- No storage of client property except while client is using the facilities
- One person in the shower at a time (except for minor children and caregivers of disabled participant)
- Cleaning supplies and materials for staff use only
- No threats, violence or weapons
- No verbal abuse
- No alcohol, illegal drugs or paraphernalia
- No sexual activity or harassment
- No business (buying or selling of goods or services)
- No vandalism, destruction of property, or littering
- No eating in the building
- No theft
- No camping or loitering
- No panhandling
- Pets must be kept under control at all times
- No proselytizing

While PRS has fewer rules and barriers to access than other settings, controlling the environment is a significant programmatic concern. For example, the Rest Stop is equipped with several closed circuit surveillance cameras monitored by staff. Staff regularly suspend participants caught violating the rules. Analysis of the 41 incident reports filed from September - December, 2019 yielded two categories of incidents; incidents that were medical in nature and incidents that involved infraction of rules.

There were 17 medical incidents resulting in an ambulance call for nine of those and 24 incidents of rules violations, with the police being called for nine of those. Figure 2 details the incidents. Incidents are reviewed by the Center Director and Clinical Manager and changes made to procedures as needed.



Figure 2: Incident reports September - December 2019



Employees of PRS have a variety of personal and professional philosophies that influence how they work with participants around rule infraction and enforcement of consequences. The two main competing philosophies are around the themes of providing consistent enforcement and structure for the participants; the other has been to take an individualized approach with each situation and to take into consideration the remorse shown, and forgiveness. These philosophical differences have led to misunderstanding and miscommunication amongst staff and participants around what the rules are, as well as what the consequences may be. Staff reported frustration about inconsistent rule enforcement that makes one staff member a ‘bad guy’. Staff have also expressed concern that this sends confusing messages to participants as well. A need for a common approach to rule enforcement is evident.

Initially it was thought that an outside service would provide security personnel at PRS on a daily basis. A contract with a security service was executed, and security officers were to be on site during operating hours, from 7 a.m. - 7 pm. Staff and management found this service was not helpful, and on occasion, may have been harmful to patrons. There were reports of regular tardiness and calling out sick, which delayed the opening of PRS on some days. Security officers had difficulty keeping accurate statistics of people visiting the center. There were also reports of inappropriate contact with PRS patrons, including inappropriate use of force, theft, and boundary violations.

In interviews, participants reported that one of the primary reasons they attended PRS was because it felt safe. There was a small sub-group of participants that reported concerns related to safety, including not wanting to bring their small children there because “it seems threatening for kids”. Additionally, two female participants reported feeling unsafe. One

participant stated that “there are a lot of fights going on outside which are very scary.” Another reported “somebody stole three purses in one day outside. It’s kind of frightening.”

Staff expressed some concerns regarding their own safety. Specifically, a staff member mentioned they discovered drug paraphernalia in laundry equipment when moving a clients clothes from the washer to the dryer. On a separate occasion, a staff member found that a pipe had burst inside a machine. In response to these incidents, changes have been made. Clients must now be present to move their clothes from the washer to the dryer. However, there is an overall lack of formal safety policies and procedures in place that are specific to the PRS.

Staffing/Human Resources

There are a total of 12 full time staff at Pūnāwai. That number has fluctuated over time, as people have left for other opportunities, been terminated and processes to fill those positions have taken place. At one point, staffing was low enough that it required PRS to close at 3 pm instead of the usual 7 pm. This only lasted for a few weeks, but it did impact service provision and access to hygiene services. Given the current rate of unemployment in Hawaii over the past year, many nonprofit agencies have struggled to fill positions as they are often on the lower end of the pay scale. It was reported that the program has experienced near 100% turnover of staff on three separate occasions in the first year of the program.

Some Rest Stop staff are former or current clients of Mental Health Kokua. This has the potential to create difficulties with creating and maintaining boundaries between staff and clients. Incidents have occurred where dual relationships have been problematic. Staff have been encouraged to reflect and work on setting boundaries in their existing relationships with known clients prior to and during their employment at the Rest Stop.

The staff positions all require specialized training including training in crisis management and de-escalation, active listening skills, complex understanding of managing boundaries, as well as other areas. However, the Rest Stop staff is largely comprised of paraprofessionals, who cannot be expected to have the same kind of training as someone with a four-year degree in a human services area. This leads to a need for comprehensive training for all staff at PRS. The Rest Stop staff have received trainings that are part of the Mental Health Kokua general training calendar such as HIPAA, basic de-escalation of crises, and CPR/first-aid.



Evaluation of Outputs

Services

PRS staff have been documenting service provision since the program began. As noted above, there have been some challenges to accurate documentation. This data is collected via a sign-in sheet at the front desk where participants designate the services they are using that day. There is no individual level data collected on participants at this time for general service use, only at the level of case management services. This section details the services provided per this documentation.

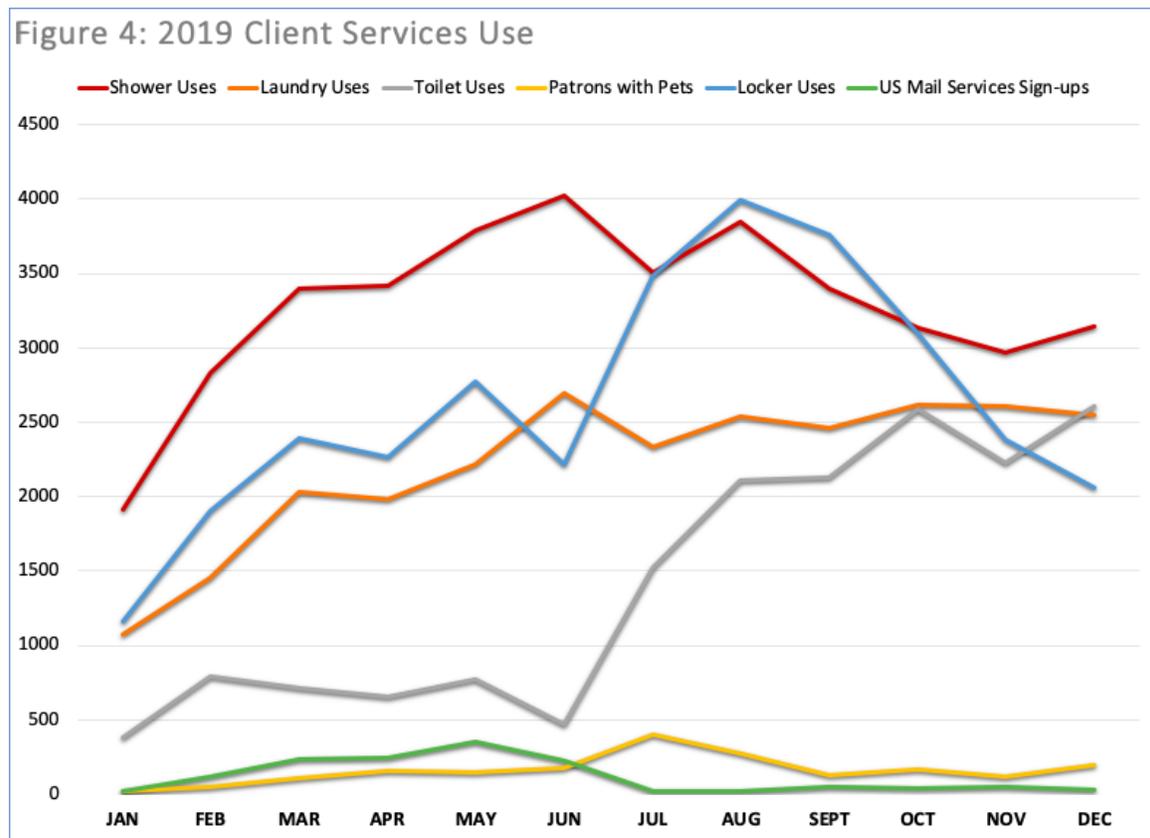
Monthly attendance is displayed in the chart below. January 2019 saw approximately 3075 visits by 448 guests and continued to grow to upwards of 6500 monthly visits in the following months. Each month following opening saw anywhere from 115-232 new users. PRS data collection staff estimate an average daily attendance of 200 guests, and further estimate 1000+ unduplicated participants over 2019.

Figure 3: 2019 PRS Visits





Figure 4 below displays monthly uses of each of PRS' core services. Showers have shown to be consistently popular amongst PRS clients. Lockers and laundry have also been widely used. Toilet use is likely reported with substantial error as, unlike the other services tracked by staff, use is self-reported by guests via sign-in sheet posted outside the restroom entrance. Private toilets are also available within the shower rooms and thus, according to staff, not reported separately from shower use. US mail services sign-ups shows the monthly number of PRS clients registering to use PRS' address as a mailing address.



Participant Feedback Regarding Services

Participant feedback informed this evaluation via two methods, analysis of the Pulse for Good data and analysis of 26 1:1 interviews with participants.

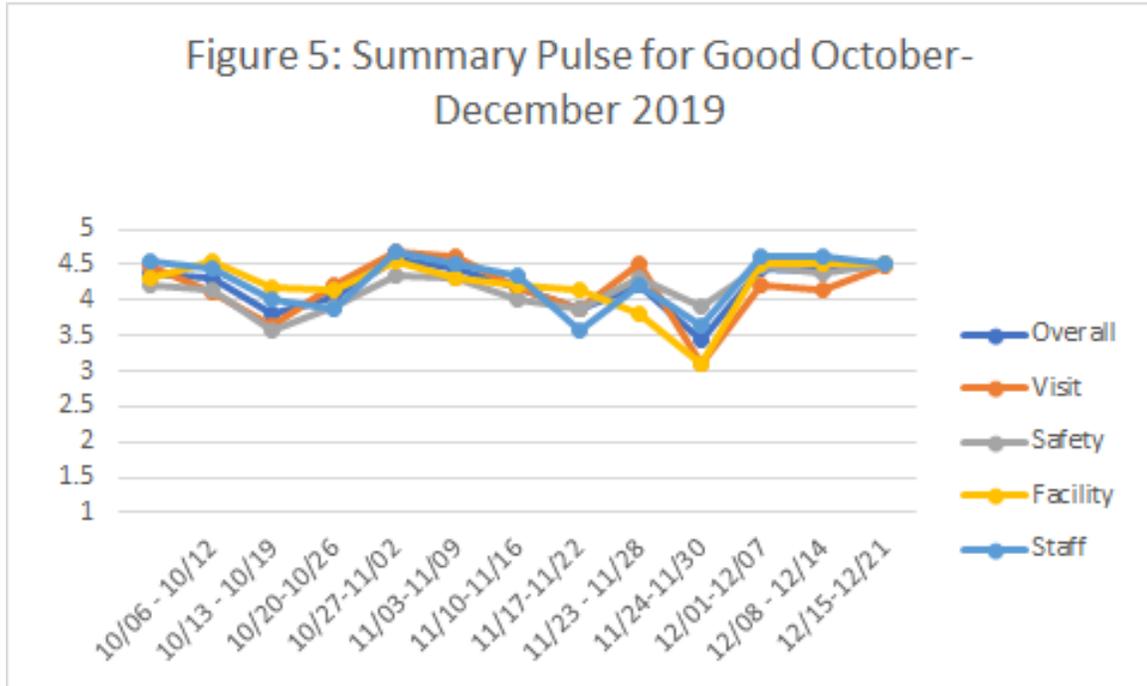
Pulse for Good

The Pulse for Good Survey was initiated in October of 2019 by the City & County of Honolulu to capture client feedback. An electronic tablet has been mounted at PRS and participants are encouraged to complete the brief survey about their experiences at the agency. Participants rate five aspects of their experiences on a 1-5 Likert scale; overall, this visit, safety, facilities and staff. There is also space to give qualitative feedback.

During this time period (October - December) participants rated 576 of their visits. Given the nature of how the survey is conducted, there is no way of knowing how many unique participants made comments. The results should be interpreted cautiously because those who took the survey may have had a positive or negative bias toward the rest stop at the time of survey completion. Therefore, this data may not be representative of the total population of clients utilizing in the rest stop. Given that limitation, overall, participants rated the program 4.23 on the 1 (not good)-5 (very good) scale. One week, 12/1-12/7, had a much lower satisfaction than the generally consistent results. In exploring the data for that week, it is difficult to ascertain why the ratings were lower across measures. Eleven people completed the survey that week, the lowest response rate since the week the survey began. The comments left that week shed no light on the low ratings. Of the categories that data is collected, staff have consistently been rated highest and safety the lowest. There does not seem to be a trend in the data. Analysis of the 158 comments that make up the qualitative content of the surveys resulted in four categories; staff, rules, facilities and suggestions for additional programming.



Figure 5: Summary Pulse for Good October-December 2019



Comments about staff members were generally very positive (n=64) vs. negative (n=9). The following quote is a good example of the positive comments made, “I live on the street and am always treated with nought but respect when I come in here.” The negative comments expressed concerns about staff yelling (n=1) and having disrespectful attitudes (n=5). Additionally there were five participants who **reported the need for more staffing**.

The next category had to do with comments about the rules of the program (n=9). Five participants complained about the rules of the program as shown by the following participant, “Stop throwing out items from lockers at the end of the day. It’s hard enough being homeless.” Another asked that sleeping be allowed again. Finally two participants expressed concern about participants breaking rules around alcohol and drug use, “I see people disrespecting the privilege offered by drinking alcohol, doing drugs outside or in the bathroom.”

Concerns about the facilities had to do primarily with the showers (n=11). Here participants were concerned about showers being broken and unavailable, the limits on hot water usage, and the long wait for showers. One participant summed this up during an interview, “after being so free out front, you have to go back [to the showers]. You have to yell out for more water halfway through your shower which seems like a prison system” Staff note that the process to get the showers fixed involved multiple layers of permission and delays. Recently administration reports that the City & County has given permission to MHK to contract directly to repair the facilities. This should help greatly with this issue.



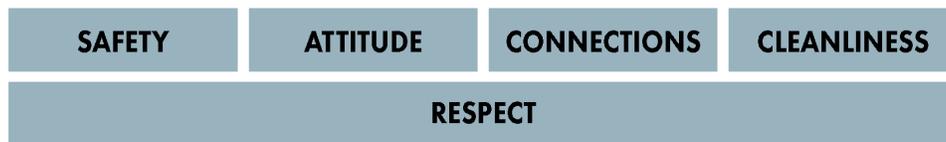
An additional suggestion concerning the facility was around operating hours of the program, suggesting longer hours (n=5) and more predictable hours (n=2).

There were many suggestions for programming, the most common being having a TV (n=4) “to not feel as isolated,” having food available either through vending machines, hot meals once a month or allowing participants to eat in the rest stop (n=7), and making hygiene material more available, including feminine hygiene (n=5) and adult diapers/pads. One participant suggested addressing the eating issue, “it’s supposed to be no food inside, only outside. It would be nice if people could eat, self-monitored. To allow people to have food while they sit around and wait for laundry or play games would be nice.” Additional suggestions were to add some classes, adding computers, having books or magazines available, adding a barber, having trash bags available, air conditioning on hot days, and showing movies.

Participant Interviews

Participants were asked to participate in brief interviews. Twenty-six participants agreed to be interviewed. The impact of the culture of respect that is deliberately cultivated by staff at PRS was made evident during these interviews. Creating a safe space, the cleanliness and aesthetic of the facilities, building of connections, and the respectful attitude of staff were the primary contributors to the sense of respect participants received from the program. Each of these themes are further illustrated by participant comments below.

Figure 6: Culture of Respect at PRS



Having a safe space was one of the ways that participants felt respected. “This is a really safe environment; no harassing by staff; no harassing police presence or security.” Participants consistently spoke about how the safety created was one of the reasons they kept returning.

The presentation of the facilities was noted as another way the program demonstrates respect to the clients. “This place is clean. It showed me respect that way. I’m not a dirty-for-nothing.” The staff actively commit to keeping the facility and resources clean. For example,



staff wash down the showers between each participants use. Knowing that restrooms are clean, that showers are cleaned between users are both examples of how respect is shown to everyone who accesses PRS. Staff report that participants have also shown respect for the property and facilities, noting that there has been no damage nor graffiti over the course of the year.

PRS demonstrates respect by building connections with and between participants. Many participants hang out a bit during the day, multiple days a week. By doing that, they build connections with each other and the staff. One participant summed this up by saying “There’s a sense of community here and [I’m] meeting new people all the time. It’s like going back to school again.” Another stated “Once I had to use the computer immediately but there wasn’t one available. [A staff person] took me to the back to their computer and said I could use that one. It’s all of these little things. I don’t come here that often, but when I do they know me by name.”

Finally, staff build respect by demonstrating genuine, non-judgmental attitudes. “I don’t feel judged here. The staff aren’t cocky.” Participants describe the staff as kind, having great energy, encouraging, helpful, supportive, and hard working.

Respect for everyone is a foundational part of PRS’ services. In client interviews, it was consistently reported that clients felt respected while accessing the hygiene center. **This environment of respect cannot be minimized** - many of the clients have not been treated with basic respect for quite some time.

One participant summed up the importance of the culture of respect that PRS builds in the following quote:

“This place is like the VIP for the homeless. Look at me in my robe, just showered, waiting for my laundry. It’s like a spa, a high class spa for the homeless.”

A Unique Model of Case Management

A significant departure that PRS made from the Urban Rest Stop model out of Seattle was the addition of case management. Case management was added by Mental Health Kokua in their initial proposal because of the perceived need for more interim case management in the local service system. Case management is a common component in social services, especially for individuals who have a mental health diagnosis or who are identified as homeless. There are several different models of case management, depending on the level of acuity/need, population served, as well as the goals and outcomes that are desired.

The research team investigated several different case management models that most resembled what it is that PRS has been doing in the process of developing their own unique model. The Critical Time Intervention (CTI) Model is one that has three distinct phases and is time-limited, usually up to 9 months, with services decreasing in intensity over time (Silberman School of Social Work, n.d.). An example of how PRS might provide a service that resembles the CTI model is reaching out to a client's family on the continent, with client permission, to start rebuilding an informal support network. They work to ensure that both familial support and social assistance are set up before assisting a client to relocate.

The Brokerage/Generalist models are also time limited, and the provider has limited contact with the client (sometimes as few as 1-2 contacts). The goal is to get clients involved in other services/support systems to meet their needs. (Tonigan, 2017). Pūnāwai is regularly doing “warm” referrals to other agencies, but there are generally more than one or two contacts with a client before that happens.

While PRS certainly utilizes components from both the CTI and the Brokerage model, they have, in the process, developed their own model of case management.

The PRS Model of Case Management

Three case management staff are available to clients on a daily basis. They are supervised by a licensed clinician who meets once a week routinely and on an as needed basis. When PRS initially opened, staff and case managers would spend some time in initial outreach with clients to let them know about the services available and how to access them. Over time, staff and case managers reported that people found out about the service through word of mouth - and that when they came in to PRS, they would ask to sign up to meet with someone. The Lead Center Assistant actively refers people to case management when they have specific questions or an issue that they need help with. This is a process that is not “paperwork heavy” or that is dependent upon doing long psychosocial reports -- it is focused on building a relationship with the client.

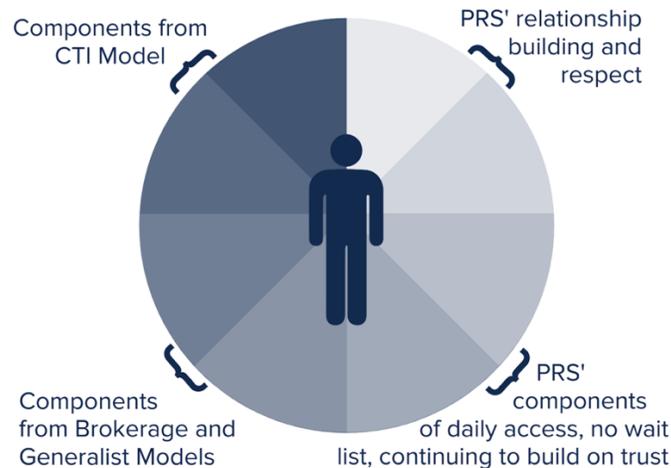


Models of Case Management

While the Critical Time Intervention (CTI) model presents engagement and rapport building as something that happens *before* case management services begin, it is an active component of establishing relationships with clients for PRS - and a part of the case management process. This process is likely furthered and may happen more quickly because of the community at PRS. Peers who also use PRS are a powerful part of the “word of mouth” referrals that go to case managers. When clients first sign up to meet with case managers, they are in the “driver’s seat.” Assisting clients with immediate needs (e.g., government documents or homeless verification) helps to build trust with someone who may not have previously had success with a traditional service provider. Having that initial “win” lets the client know that the case manager is in a position to help and follow through with requests for assistance.

The Brokerage model is about linking clients with the services that they need - not relying as heavily on rapport and relationship building. It is typically a very brief model - there may only be one or two meetings. The process is much less focused on monitoring and outcomes, as the outcomes are those linkages. When there are larger systems involved, Homeless Management Information System, for example, it can sometimes be easier to track and follow clients as they make their way through the entire system.

Figure 7: Components of Pūnāwai Case Management Model



How Pūnāwai is Different

There are several differences that were noted in interviewing case managers about how services are provided to clients:

- At its core, it is about relationship building and trust
- Clients are not overburdened with paperwork to get services or to continue services
- There is not a wait-list to access services
- Case managers take an active role such as providing transportation, going with clients to meetings to assist in navigating systems, or making calls on behalf of clients

The fact that PRS' model is unique does not mean that it is without challenges. The population being served are potentially dealing with a variety of concerns: lack of housing, substance use, personal safety and survival, complex health needs, mental health needs, et cetera. There may also be difficulty in accessing transportation, as well as telephone and computer services. All of these can contribute to clients having difficulty with following up, being late or missing appointments, and tracking/navigating new systems.

One challenge that the case managers have faced over the past year is how to use documentation in the case management process. Consistent with the program's mission of outputs, case managers kept documentation primarily directed at outputs; recording how many are being referred for housing, for SNAP benefits, etc. Additionally, records were kept in the interest of the participants such as copies of identification documents in case

participants lost them. Data was also collected and documented in the Homeless Management Information System as needed, such as when a Vulnerability Index - Service Prioritization Decision Assistance Tool was completed. Emphasis was on provision of services, with little emphasis on documenting those services. Consents for services were typically completed, but little else in the form of traditional clinical documentation was found. There were very few closures of cases during the year that PRS has been open.

At this juncture, the case management team has recognized the need for increased documentation and standardization of records in order to minimize risk, improve continuity of services, ensure participant rights regarding consent, and better demonstrate achievement of agency goals. The challenge for the team is similar to the challenges the 'front end' of the program faces regarding balancing the need for data and documentation with the need/desire to keep the program low barrier.

Case Management Data

Overview of Case Management Participants

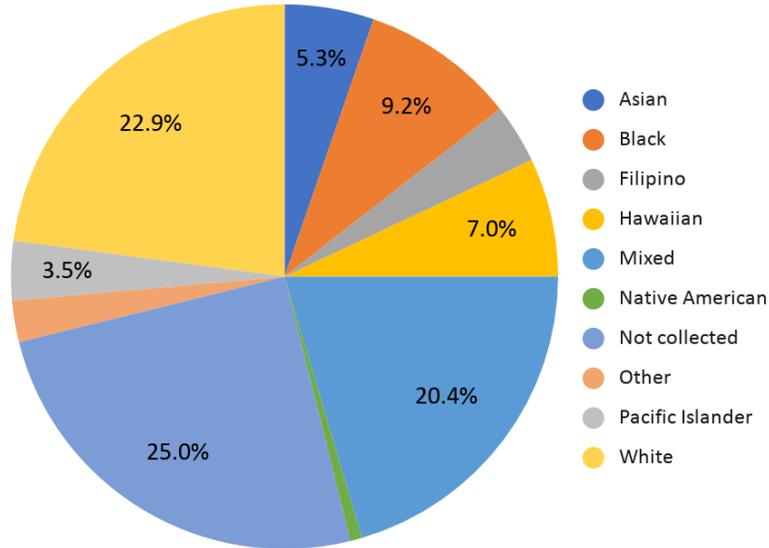
During the 2019 year, PRS case managers served approximately 371 participants. These numbers may be higher due to not recording participants who received a rapid hand-off to another agency or who were contacted via case management outreach aimed at rapport-building.

Documentation of case management services evolved throughout the year that PRS has been open. The data summarized below is based on data collected by the various case managers throughout the program, but is much more accurately reflecting the last six months of services. Documentation of case management services has been evolving through the development of the program. The data presented is drawn from the 312 participants on whom data was collected.

Race/Ethnicity

PRS case managers served participants of a broad variety of racial/ethnic groups, presented in Figure 8.

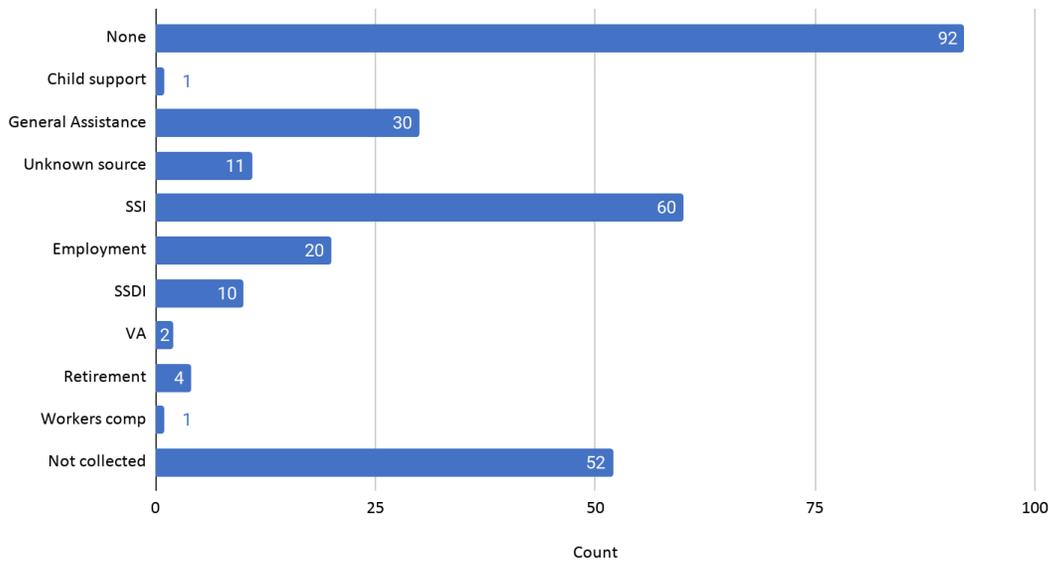
Figure 8: Race/Ethnicity of Case Management Participants



Income Status

For the 312 participants in case management, 40% reported no income. For the other 60%, the sources of income are reported below.

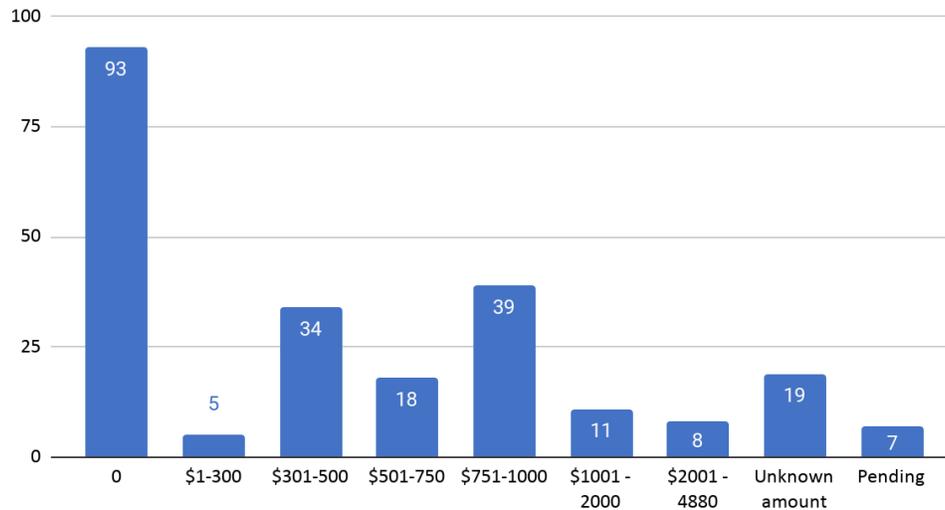
Figure 9: Income Source of Case Management Participants





The amount of income ranges from \$0 - \$4880/month. Fifty-seven percent of participants in case management reported less than \$500/month in income.

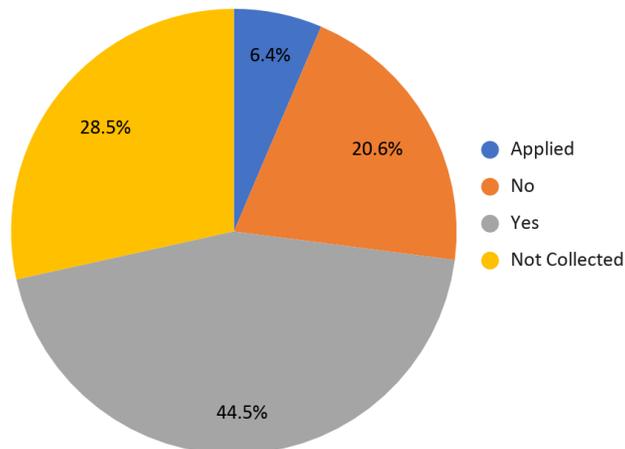
Figure 10: Income Amounts of Case Management Participants



Access to SNAP Benefits

Food security is a significant concern for persons experiencing homelessness. The graph below details whether case management participants were receiving SNAP benefits.

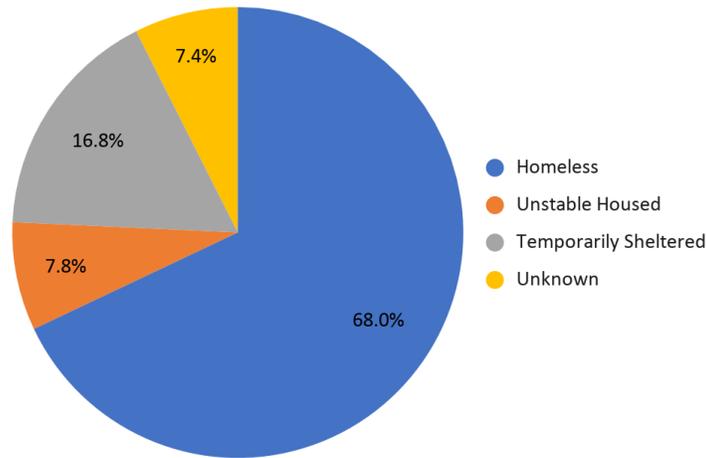
Figure 11: SNAP Benefit Status of Case Management Participants



Housing Status

Housing status for those participating in case management is reported below. The category of ‘Sheltered’ includes participants who are currently in a social service housing program such as Next Step, Hale Mauiola, and IHS. The category of ‘Unstable Housed’ includes those in danger of eviction, in the hospital, or losing benefits.

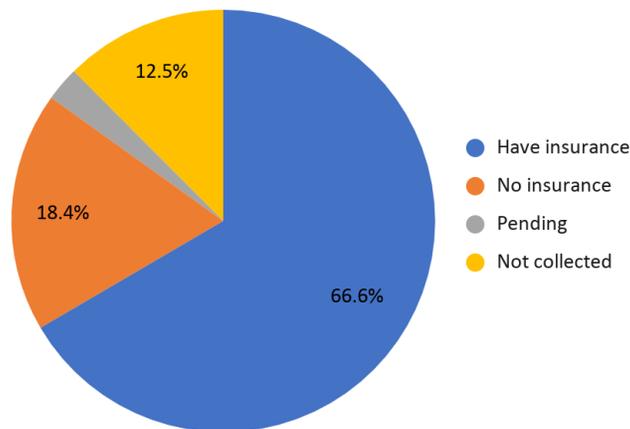
Figure 12: Housing Status of Case Management Participants



Medical Insurance Status

Having medical insurance is a significant need for persons experiencing homelessness.

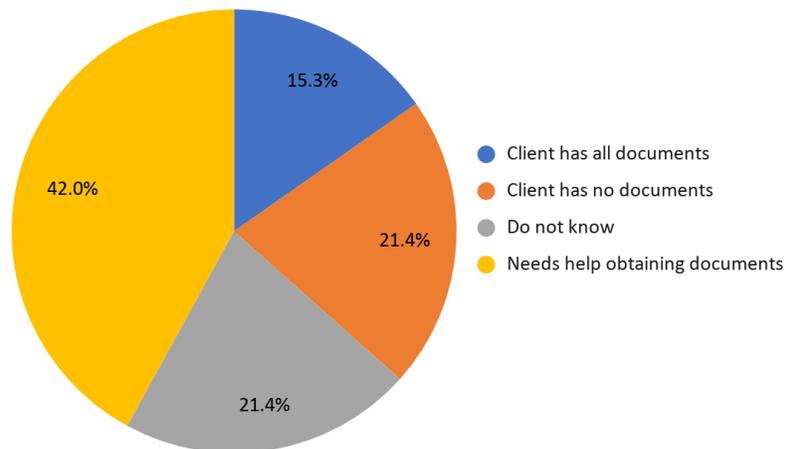
Figure 13: Medical Insurance Status of Case Management Participants



Identification Document Status

Having legal documents that confirm identity is a necessity in order to escape homelessness. Lack of legal identification (state identification, birth certificate, drivers license, social security card) is a barrier to accessing benefits such as medical insurance and SNAP as well as receiving housing or obtaining employment. Keeping your vital documents is often a struggle for persons who are homeless as they move around a lot, have items stolen, or lose their possessions caught up in “homeless sweeps” (Darrah-Okike, Soakai, Nakaoka, Dunsong-Strane, & Umemoto, 2018). PRS serves to help in this area by assisting participants in getting their documents as well as storing a copy of the documents in their case files. The figure below illustrates the document status for those who participated in case management services.

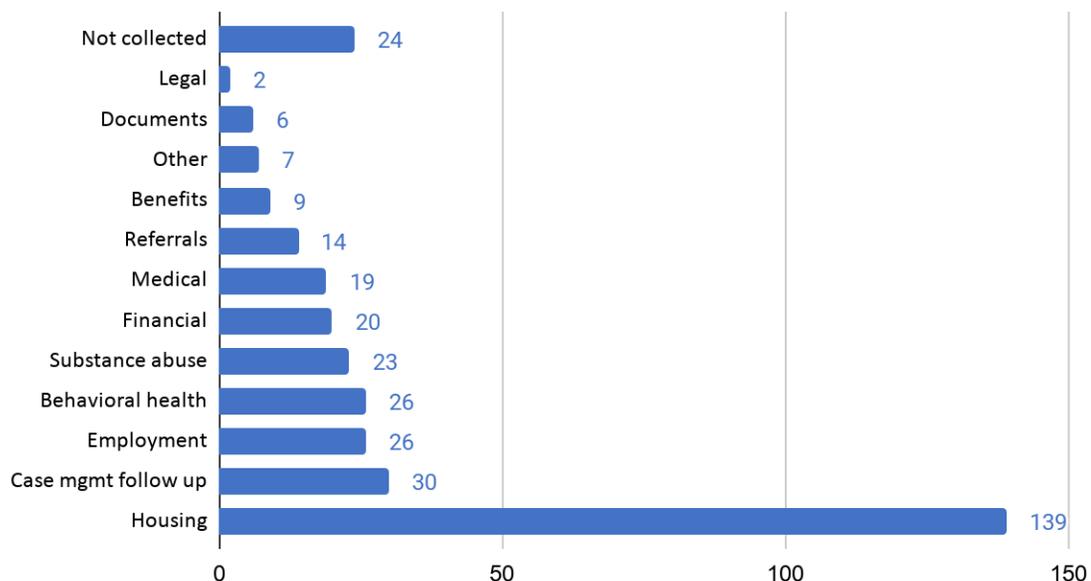
Figure 14: Document Status of Case Management Participants



Needs of Case Management Participants

Review of the case managers documentation revealed a variety of needs. Some needs required a single visit or referral and others required multiple meetings and follow-up. The chart below summarizes the needs expressed by the case management participants.

Figure 15: Case Management Needs



Housing needs included support to maintain housing, general housing referrals, and assistance finding specific types of housing such as clean & sober housing, section 8 housing, and senior housing. Financial needs included a general need for income, need to help with building savings, and help with budgeting. Medical needs included assistance obtaining medical insurance, and referrals for medication management, nursing care, and long term care. Benefit needs included help obtaining benefits such as food stamps, SSI, SSDI, or general assistance as well as problems with current benefits. Thirty participants did not follow up with the case managers after their initial visit and so did not have a need listed.



Finally, the ‘other’ category included ASL support, help with getting more family support, and assistance with elder care.

An analysis of the barriers of getting the above mentioned needs met revealed that the number one barrier was lack of follow-up on the part of 40% of the participants in case management.

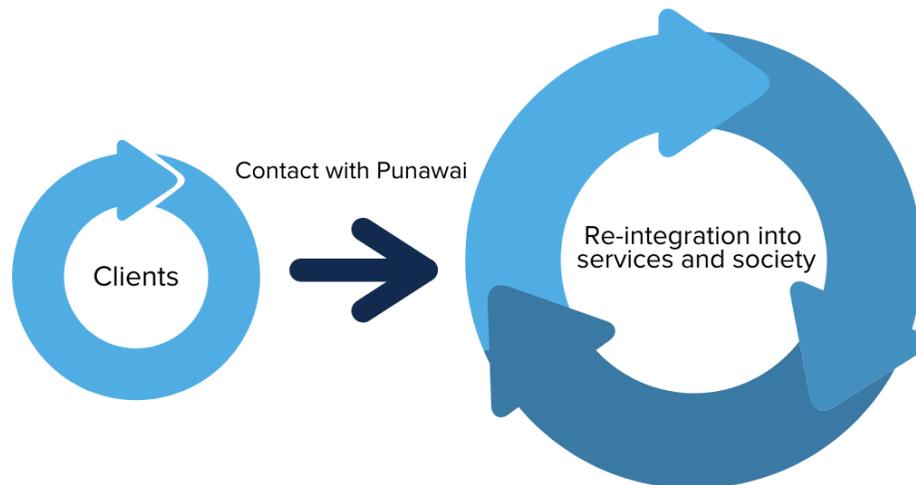
Evaluation of Outcomes

Evaluation of outcomes is not the primary focus of this report. As mentioned, PRS data collection is aimed at capturing the outputs of the program, consistent with their funding contract. During this evaluation, qualitative data was collected that reflects on the short-term, mid-term, and long-term outcomes of the program over 2019. Because of the uniqueness of this model, it is strongly recommended that outcome measures are developed to fully capture how this program improves the lives of its participants and the community of Hawai'i.

Pūnāwai Rest Stop as a Safety Net

One outcome that is evident relates to the role of PRS in the overall system of care in the state. The data suggests that PRS is filling a gap in the current system, serving as a safety net for those experiencing homelessness. Evidence of this came from the staff and case manager interviews, participant interviews, and community partner surveys. In order to understand how this occurs, an understanding of the present system is important.

Figure 16: PRS Safety Net



PRS provides services to those with little or no connection to traditional service providers. Additionally, PRS supports other service providers by providing services they do not provide. PRS serves as a catch-all for the system. This was most clearly evidenced by a PRS case manager who reported:

“When I was going through the CES list to review to see where some of my clients were on the waiting list, I saw a name of one of our clients. He hadn’t been around much lately. His name had risen to the top and he was eligible for housing, but he wasn’t able to be located. In a week he would have been removed from the list. I knew that another of our case managers was working with him, so I let him know. He’s now about to enter an apartment. He’s been on the streets for years. Lucky we found him.”

Early Impacts on Participants

The impact of PRS on the lives of its participants was expressed through participant interviews. The interviews highlighted how the services improve lives:

- “I’ve had several jobs from being able to use the internet, showers, and washers.”
- “We can use the lockers and get our stuff at the end of the day. We can leave and come back, like if I have an interview or want to go to the gym.”

The impacts occurred in terms of increasing resources available:

- “My case manager helped me a lot with getting my disability benefits. I couldn’t find out how to pull my medical records. Something that took me months of looking into which I eventually gave up on, she was able to find in like two days.”
- “I got help applying for food stamps and finding housing.”

Impacts are occurring related to changes in behavior, beliefs, and attitudes:

- “It gives a solid foundation that makes life easier. It changed everything.”
- “Not just your current situation can be helped here, but your future situation too because of the case managers here.”

Case managers, through review of their case records, estimate that they have assisted approximately 92 participants to secure housing, 35 participants find some level of employment, and 10 participants enter into substance use treatment.

This data, from the case managers and the participants, suggests potential outcome measures to pursue when establishing an ongoing evaluation plan. They hint at the notion that providing respect as the foundation of services, eliminating as many barriers as possible, and focusing on connection can result in change.

Evaluation of Community Perspectives

There is tangible evidence of community support in the form of donations of goods, time, and services. There have been multiple donations of goods made over the year, from small donations of extra clothing to large donations such as cases of towels donated by AlSCO American Linen. Additionally, there have been many organizations who have donated their time and skills to improve the lives of participants of PRS. Some of these providers have now established regular service times so that participants can get specific needs met such as the Public Defender's office and the Street Dog Coalition. The latter reported that they held 21 animal clinics at PRS during which they completed 229 appointments on animals that included flea/tick treatment, vaccinations, spays and neuters, dental cleanings, and/or distribution of pet supplies and food. These donations of goods, time and services extended the reach of PRS services.

Local Businesses

Local businesses and unrelated agencies were visited, as well as contacted via email and telephone to request their participation in an open-ended response survey. This was performed at the request of MHK in order to gauge the experiences of outside stakeholders in order to be good neighbors. Questions focused on experiences both before and after PRS was in the area as well as thoughts on safety, communication, and overall impressions. Nineteen local businesses/agencies were contacted and we received ten responses from nine businesses.

Businesses' depth of feedback and level of familiarity with PRS showed a strong correlation between their location relative to PRS. Those closer in proximity exhibited a higher degree of familiarity with PRS' operations and expressed a stronger vested interest in the existence and location of PRS. Businesses which were located from one to several blocks away expressed minimal familiarity with PRS and fairly neutral attitudes towards the rest stop, with several respondents advising they were unaware that PRS existed. While most area stakeholders expressed concern and a high degree of negativity over the homeless situation in the area in general, those located on the same block and/or adjacent to PRS expressed some degree of reservation with the current location of PRS. Several adjacent businesses expressed concerns with respect to customer experience, area safety, nuisance, and/or loitering on the block. Several adjacent stakeholders also felt there had been a lack of communication, outreach, and education provided to them by PRS. Most area stakeholders expressed support for the core services PRS provides the homeless community.

Some of the concerns presented by the adjacent businesses and/or agencies about recent incidents relating to persons assumed to be homeless included, but were not limited to the following:

- Staff and customers feeling unsafe and/or being approached by persons who seem homeless as they get in and out of their vehicles
- Theft of customers' and/or vendors' belongings (such as tools, deliveries) from their vehicles
- PRS clients loitering, camping and/or hanging out in front of the building
- Safety issues such as fighting between and/or assaulting of other PRS clients
- Break-ins, petty damage, and needles/trash in the vicinity
- PRS participants traversing through their building as a shortcut from other homeless services providers on neighboring blocks
- Persons assumed to be homeless defecating and/or urinating in the hallways and/or outside of their buildings
- A lack of consultation and communication provided to the businesses/agencies in the area both prior to and after opening PRS
- Lack of adequate education provided to the area stakeholders about how to handle incidents that arise with respect to PRS and/or their clients

Government Partners

Relevant local and state government representatives were contacted via email and telephone to request that they take part in a short open-ended response survey. Questions asked covered the officials' opinion of and support for PRS, community/constituent feedback, and an opportunity to share any relevant experiences. Only one (n=1) official provided responses. The respondent expressed support for PRS and shared that he had not received feedback on the rest stop from the constituents in the area, negative or positive. The respondent advised negative feedback from area constituents have been about the homeless situation in the area in general, and no complaints with respect to PRS had been received.

The 2019 monthly meeting minutes from neighborhood board meetings in the Downtown-Chinatown and Kalihi-Palama areas were reviewed. The minutes from last three monthly meetings of 2018 in the Downtown-Chinatown district were also audited to gauge attitudes about PRS prior to opening. Concerns surrounding homelessness were discussed at length in the Downtown-Chinatown meetings, including issues surrounding safety, impact to businesses, public nuisance, public intoxication, public defecation and urination, loitering, and homeless encampments, among others. While community concerns with respect to homelessness were a common theme in both districts (and particularly in the Downtown-Chinatown district), meeting attendees and board members had little commentary on PRS specifically. In the November 2018 Downtown-Chinatown meeting, the board requested to have other services for the homeless relocated to PRS' new establishment, such as the River of Life Mission meals. In many meetings, repeated requests were made for services such as the Pauahi Street Hygiene Center to be moved. PRS' location, slightly further away from the core of Chinatown, may then help satisfy Chinatown business owners' and board members' concerns.



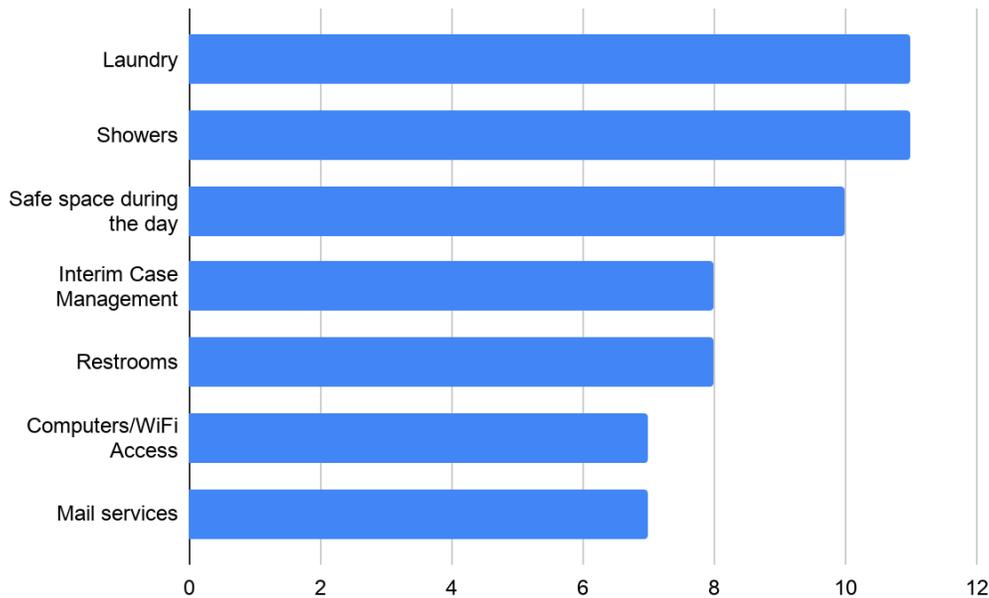
Homeless Provider Partners

An electronic survey was sent to homeless service providers through Partners in Care (PIC). PIC is a planning, coordinating, and advocacy alliance that develops recommendations for programs and services to fill needs within Oahu’s Continuum of Care (CoC) for homeless persons. A total of fifteen individuals responded to the survey (n=15).

Respondents had a very good understanding of the services that PRS offers; 100% of them identified at least two of the core services available and 12 out of 15 (80%) were able to list four or more.

All of the respondents had referred people to PRS for services (one agency does not provide direct services so they were not counted for this category). Below is a chart that describes why clients were referred to PRS.

Figure #17: Reason for Referral to PRS



When asked what it is that PRS does best, respondents had very positive things to say:

- “All of it, but especially the hours [of] availability. 7 to 7, seven days a week makes it easy to remember--and is a huge amount of time to be available.”

- “The staff is super! I am new to the community worker role and they were welcoming and informative, even if they were busy.”
- “It [Pūnāwai] provides peace of mind and comfort when they [people who are homeless] otherwise don't get any.”

Providers also responded to a question about how PRS has changed the landscape of services on Oahu for people who are homeless. From the responses, it is evident that PRS has had quite an impact during its first year of providing services:

- “It's been a game changer is what our clients have stated.”
- “I think it fills an extremely important niche.”
- “It's a low-barrier place for people to access basic services. The building itself is clean and the staff are friendly, which is a change from other homeless providers.”
- “It's a steady/stationary place that people can go, where I know they can be connected to services without pressuring them about shelter.”

Recommendations

- As PRS has developed over the past year, a unique and exciting program is emerging. This has led to the present need for clarification of mission and vision and the operating principles of the program. Creation of a vision statement would help with the challenges to consistency that staff identified. In addition, this would help with mission drift as the program moves into its second year and will likely experience multiple pressures to expand services. Focusing on further developing the quality of current services is recommended rather than venturing into service expansion.
- The need for the services at PRS is evident. They are averaging approximately 230 participant visits/day with days of over 300 visits, much higher than the original 120 visits/day that was anticipated when the contract was written. Given this, issues of capacity need to be kept in the forefront of planning efforts. The facility is limited in terms of space and the number of showers, washers, and dryers it can house. Also, the ability of staff to maintain quality and safety has a limit in terms of number of participants. Monitoring incident reports, staff morale, and usage of services may provide direction in terms of need to increase staff, expand hours, or change programming. Opening of an additional rest stop in another Honolulu neighborhood would also be recommended.
- General policies from the operating organization, MHK, do not adequately address some of the unique needs of this program. PRS has been adapting well to the needs of participants, but has done so on a very informal basis. It is recommended that policies and procedures be formalized and written down. This will help with staff consistency, an expressed concern of staff. It is further recommended that these procedures be made available to participants to help with their cooperation and understanding. Creating and distributing an organizational chart that clearly defines positions and roles is recommended. Written procedures are needed in areas such as:
 - Enforcement of the house rules
 - Management of outside spaces
 - How various services such as mail/shower/locker works
- Relatedly, specific training and support is suggested for staff to support the challenging work that they do. PRS staff face frequent outbursts and disruptions, necessitating a more advanced level of crisis and de-escalation training. In depth training on advanced active listening skills, expressing empathy, and problem solving would greatly benefit staff. Training in how to effectively manage boundaries is necessary given the unique challenges to boundaries that this staff faces. Another area of training that would be helpful for staff is in trauma informed care as this population has a typically high incidence of trauma. A fourth area of training is recommended that is consistent with the population served is in the area of naloxone training and harm reduction programming.

- Staff retention has been a problem at PRS, a common reality for many non-profits in Hawai'i. One positive response to this problem that was made partway through the year was the increase in hourly wage to \$15/hour for 'Center Assistants'. In order to recruit and retain qualified staff, it is recommended that a new category of staff be created. Currently there are 'Center Assistants' and 'Lead Center Assistants.' Given the knowledge and skill demands of the job, significant additional training of entry-level staff is needed. Creating a 'Center Associate' category for staff who have completed the extensive additional training with additional commensurate duties assigned would recognize that advancement. This would serve to help with retention as well as improve overall competence of staff.
- Documentation in the area of case management services needs to be standardized and brought more in line with current practices in the field. Current case management practices at PRS leave the organization vulnerable to risk. There is a broad range of documentation practices in the field of case management, from the extensive charting that occurs for CARF accreditation to minimal note-taking common amongst outreach case management work. It is recommended that the case management team develop standard charting protocols that fit with their low-barrier model, such as a consent to engage, co-development of a service plan, and standards about when to close cases.
- PRS has done an excellent job of creating a sense of community within the center as well as with partner agencies. This is evident from the long list of providers who have visited and delivered services at PRS. Although efforts were made in the beginning to engage local businesses, it is clear that engagement needs to be sustained. Evaluation results show that businesses are significantly impacted by persons who are homeless in the area and are interested in the services PRS provides. Having regular communication with these businesses would provide an opportunity for collaboration and education for both parties. It is recommended that a flyer with a clear description of services and an open invitation to local businesses to call if they need assistance with particular incidents or want to refer someone for services.



- Best practices for the social services sector suggests that every program should have a program evaluation plan in place (Janzen, Ochocka, Turner, Cook, Franklin & Deichert, 2017). Some of the challenges for PRS in implementing an evaluation plan are limited availability of staff, need to keep agency low barrier and so minimize data collected including the number of forms being filled out by participants, and a limited budget. However, in order to capture what is happening at PRS and resist the pull that may occur to erect the same barriers that other agencies have done, documenting the successes and what in this model leads to these successes is important. Evaluation plans are presented below.

Ongoing Evaluation Plan

Two evaluation plans are presented below. One plan requires a minimal commitment of resources and yet will provide data on outcomes. The second plan would require investment, possibly of a funding partner, and is aimed at better articulating the case management model at PRS and defining the various pathways to success in the program. Both options would require a change in data collection procedures to better capture accurate data.

Outcome Measures

Development of appropriate outcome measures and targets needs to be done. Data collection procedures would need to be implemented to capture the data directed at informing these targets. Below details potential measures and targets for each level of outcome.

1. Short-term outcomes
 - a. Improved hygiene
 - i. # showering/laundry - what else here around hygiene
 - b. Improved health
 - i. Self-reported improved health status
 - c. Improved self-worth
 - i. Self-reported improved self-worth
 - d. Improved experience of safety
 - i. Decrease in reported incidents of victimization
 - ii. Standardizing incident report documentation and monitoring
 - e. Increased engagement in PRS
 - i. 60% participants engage in more than one service over time
 - f. Engagement in case management
 - i. 30 % participate in case management
2. Mid-term outcomes
 - a. 60% case management participants active
 - i. Have signed plan of service provision
 - ii. Make progress on plan monthly - objectives being accomplished
 - b. 60% case management participants experience hand-off to other service provider
 - i. Increase number of referrals made
 - ii. 50% of those referrals result in actual follow-up by participants
 - c. 80% participants in case management have an increase in financial resources available to them
3. Long-term outcomes

- i. *Long term outcomes are not the focus of service provision at PRS; it is not recommended to focus on data collection around these outcomes at this time. PRS may want to address this in the future, but it is more important to look at data around the outputs and short to mid term outcomes.*

Basic Evaluation Plan

A brief quality of life survey would be developed to capture data on the participants' current hygiene, health, sense of safety/victimization, and self-worth. A random number of participants could be asked to complete the survey when they begin services at PRS. Staff would then reconnect with the same participants at 3 months and again at 6 months to readminister the survey. This would provide data related to change in quality of life while participating in the program.

On the case management side, a monthly data collection form could be created to capture the percentage of files with a current signed service plan, a rating by the case manager of progress toward goals, tracking of the number of referrals made, tracking of change in income status for participants, and number of cases closed with a determination of reason for closure (i.e. participant dropped out of services, participant being served by another agency, etc.).

Advanced Evaluation Plan

This plan is aimed at better articulating the PRS case management model and defining the various pathways to successful outcomes. The evaluation would include understanding what the individual differences and treatment differences are that might predict change. Potential individual differences include demographics, substance use history, severity of illness, and comorbidity of illnesses. Treatment differences include differences in amount and type of services. It is recommended that a number of participants are randomly recruited to participate in more extensive data collection than the Basic Evaluation Plan articulated above. Incentives could be used to keep participants engaged over the evaluation period as this population is often mobile and difficult to reach. Participants would be interviewed quarterly over a 1-year period with data collected on satisfaction, functioning, quality of life, and clinical status. There are multiple well-being measures that could be used to assess each of these areas including the Brief Symptom Inventory, the Social Adjustment Scale, and the Quality of Life Inventory. Following participants in this way over a 1-year period would give PRS a better understanding of the effects that the program is having on participants and document change.

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Appendices



Evaluation Methodology

This program evaluation report focuses on the implementation of the Pūnāwai Rest Stop in Honolulu from January 2019 through December 2019.

In particular, the evaluation strives to:

- Understand aspects of service provision and implementation;
- Detect outputs and impact;
- Present a logic model for the program;
- Give recommendations regarding program development and evaluation moving forward.

The contract for evaluation was completed in October of 2019, and work began as soon as it was signed. Three research assistants were hired to assist the two faculty who led the evaluation. An undergraduate Social Work research class was also involved in the development of instruments and conducting interviews.

The evaluation team developed a multi-pronged approach to collect data from internal and external stakeholders to give broad perspectives on the impact of PRS' first year of service. All instruments developed by the evaluators are included as an appendix. A mix of quantitative and qualitative data was collected and analyzed accordingly.

Sources of Data

- Interviews with staff, case managers, case manager supervisor, and program manager
- Notes from weekly staff/case management meetings
- Interviews with clients
- Interviews with participants whom staff identified as 'success stories'
- Interviews with nearby businesses
- Interview with government official
- Weekly output reports sent to City and County of Honolulu
- Pulse for Good data
- Case Management Intake Data Spreadsheet
- Survey to Homeless Service Providers
- Incident reports
- Neighborhood Board Meeting Minutes
- HMIS
- Organizational Chart(s)



Interview Questions – Participants

1. What made you first come to PRS? How did you hear about it?
2. What do you do at PRS?
3. How has coming to PRS made a difference in your life?
4. What are the staff like?
5. Do you see a case manager here? What is that like?
6. Any suggestions for improvement?

Survey Questions – Area Businesses

1. Have you heard about Pūnāwai Rest Stop?
 - a. If yes, can you tell me what you've heard and what you know about what the agency does?
 - b. If yes, when you heard the rest stop was going to be established, what were you expecting?
 - c. If yes, what actually happened? Was the experience different than you were expecting, or about the same?
 - d. If yes, do you feel as though your safety has been impacted? For the better/worse?
2. How has the situation in the area changed over the last year? (ex. more or fewer encampments in the area, more or less crime [perceived or actual], increase or decrease in litter, any break ins/loitering? Etc) What changes have you noticed overall, whether good, bad, or neutral?
3. Has the Pūnāwai staff or Mental Health Kokua reached out to your business at all? Have you met any of the staff?
4. What are your overall impressions of the service thus far (if any)?
5. What are your overall impressions of how having a program like Pūnāwai Rest Stop is impacting the area? Do you foresee any further changes or impacts happening?
6. Is there anything you are hoping to see changed?
7. Are there any thoughts or suggestions you would like to share? Do you have any comments on anything that hasn't been covered in the previous questions?

Survey Questions - Partner Agencies

1. What is your understanding of the services that Pūnāwai Rest Stop provides?
2. Have you/your agency/your program referred clients to Pūnāwai?
 - a. Approximately how many?
 - b. What were the reason(s) for your referral?
3. Have you/your agency/your program received referrals from Pūnāwai?

- a. Approximately how many?
 - b. Why were they referred to you/your agency?
4. Has Pūnāwai helped your agency/program in providing services to your clients? How?
5. How do you think Pūnāwai has changed services available for people who are homeless?
6. What do you think Pūnāwai does best?
7. Do you have any recommendations/suggestions for Pūnāwai moving forward?
8. *Would you like to receive more information/education about the services that Pūnāwai provides? If so, please enter your name and email.*