

**Assessing Shelter Capacity and Dynamics for Accommodating the Homeless Population in
Albuquerque NM**

Report Prepared for the City of Albuquerque, Department of Family and Community Services

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Executive Summary

Increases in Albuquerque's homeless population and their greater visibility has increased dialogue among policy makers, services providers, and the public as to how to best address this issue. As part of this process, the City of Albuquerque has commissioned this report, in which we examine shelter capacity and present recommendations on ways to align the need for emergency shelter with the available supply. As the need for emergency shelter is contingent on the number of persons who enter and exit shelters, we use a basic systems approach that focuses on shelter capacity as well as on dynamics that impact the flows of people into and out of homelessness.

The homeless population is heterogenous, and different groups among the homeless population access different shelter facilities and programs. Given this, we look at overall shelter system capacity for four key subgroups among the homeless population: single adults (i.e., people in households without children), family households (households containing one or more adults and children), unaccompanied homeless youth and young adults (up to age 24), and veterans of the armed forces. Each of these subgroups has particular shelter, housing and service needs, and there are services that specifically target each of these subpopulations.

Single Adults

Households without children (i.e., homeless as single individuals or couples, hereafter referred to as single adults) are both the largest homeless subpopulation and the most visible. In 2019, single adults comprised about three-quarters of the 1,524 homeless persons that were counted on a single night in January. Almost half of the single adults were enumerated in unsheltered circumstances, where they accounted for virtually all the 567 persons who were enumerated as unsheltered. In 2019, nearly half of the overall single adults enumerated as homeless were chronically homeless.

To address shelter capacity needs for this population, we present three scenarios. The first involves providing shelter, where we estimate, conservatively, that accommodating this entire population in shelters on a given night would require adding 463 to 518 additional shelter beds. This would roughly double the current supply of shelter beds for single adults. In addition to adding shelter beds, we also provide approaches for facilitating the use of these shelter beds by unsheltered homeless, many of whom may be initially resistant to using shelter facilities.

The second scenario supplements expanding shelter capacity by targeting chronically homeless single adults with additional permanent supportive housing (PSH). Developing PSH would collaterally reduce the need to expand shelter capacity. We provide a rough estimate, based upon parameters set by the US Interagency Council on Homelessness, that adding 630

PSH units would both eliminate chronic homelessness in Albuquerque and obviate the need for any expansion of shelter capacity.

The third scenario adds rapid rehousing resources and a systematic diversion process to create a portfolio of interventions that provide additional means to reduce the homeless population and the need to expand shelter capacity.

Families

The number of people who are homeless as part of families on a given night is substantially lower than the corresponding number of people who are homeless as part of households without children (i.e., single adults). Additionally, there are few families enumerated as unsheltered on the PIT count, which potentially indicates that there is not much additional demand for family shelter. In contrast, we present evidence that the demand for family shelter substantially exceeds the available capacity.

In the context of a systems model, there is insufficient data to gauge the flow of homelessness seeking to enter the family shelter system. While there is evidence for substantial hidden demand for family shelter, insufficient data keeps us from determining the extent of this excess demand. Given this, there is both apparent need for additional emergency shelter and uncertainty about the supply needed to accommodate all families in need of emergency shelter.

Instead of estimating the additional shelter capacity that is needed, we recommend that, prerequisite to any expansion of shelter capacity for families, that there be a re-organization of the current approach to family homelessness. Central to this re-organization would be establishing a single point of contact that can problem solve with families to avoid unsheltered homelessness and then triage those who still need shelter. Flexible capacity could then be added to respond to families who would otherwise be unsheltered but for this assistance. The demand for flexible capacity can be monitored over time to determine the extent that more fixed capacity is warranted. Additionally, expanding one-shot assistance and rapid rehousing and adding permanent housing resources for families who are served in emergency shelter should reduce the need for expanding shelter capacity.

Unaccompanied Youth and Young Adults

Emergency and transitional shelter for youth and young adults are different facilities from adult and family-oriented shelters. This subgroup is relatively small, with point in time count numbers that have held steady over the past six years and with dedicated shelters that have had a very limited capacity. Many emergency shelter providers do not provide child-only beds for unaccompanied youth, nor do they provide separate accommodations for young adults. In contrast, community stakeholders from

multiple organizations asserted during interviews that unaccompanied young adults are reluctant to engage in programs that are oriented to adults, and prefer facilities apart from homeless adults. Any shelter expansion for this subgroup would need a fundamental reappraisal of existing needs and services.

Veterans

Finally, the number of veterans among the homeless population has decreased modestly over the past six years. This subgroup has access to the most expansive set of homeless and housing services among any of the subgroups reviewed here, and their exits to permanent supportive housing and rapid rehousing exceed those for the rest of Albuquerque's homeless population. Despite this, there are still high levels of chronic homelessness among the veteran population, and it is uncertain why there have not been further reductions in levels of veteran homelessness. We recommend more inquiry into this, with the ultimate goal of ending veteran homelessness in the manner that has been done in 78 communities across 35 states.

Specific Recommendations

In summary, we make the following recommendations along with our assessments for expanding shelter capacity:

- Initiate a concerted campaign to reduce and ultimately end chronic homelessness. If this subpopulation is not addressed, its continued growth will make disproportionate use shelter and other services as individuals and families indefinitely languish in a homeless state.
- Increase the supply of permanent supportive housing to target people and families who are designated chronically homeless, as well as others who are deemed long-staying, disabled and/or vulnerable.
- Increase the availability of other forms of permanent housing that benefit other segments of the homeless population, and in particular rapid rehousing resources.
- Implement diversion practices, with "one-shot" financial assistance when needed, as a regular feature of a variety of homeless services, including shelter intakes.
- Make existing and new shelters more amenable to people seeking shelter by facilitating geographic access, implementing as full a range of low-barrier features as possible, creating culturally accommodating features (particularly for Native Americans), and using outreach to engage unsheltered persons with housing and services.
- Adopt a single point of entry structure to centralize and better manage entry into the family shelter system.
- Explore ways to further reduce Albuquerque's homeless veteran population.

- Implement procedures to monitor system performance and impact on the homeless population.

Adopting these recommendations provide a means to manage the homeless population by reducing the flow of people into shelters and by increasing the flow out of homelessness and into housing. If done effectively and with sufficient resources, these measures can reduce or even eliminate the need for further shelter capacity and at the same time reverse the growth in the homelessness, and particularly unsheltered homelessness, that Albuquerque has experienced over the past six years.

Section 1 - Introduction

Albuquerque mayor Tim Keller has made addressing homelessness a policy priority, and has made realigning the city's shelter system a key piece of his approach. In November 2019, Albuquerque voters approved \$14 million in a general obligation bond to build a new shelter facility that will contribute toward accommodating a growing homeless population.

Homelessness has been a matter of concern in Albuquerque. In the most recent enumeration of Albuquerque's homeless population, 1,524 people were homeless on a given night in January 2019. Roughly one-third were counted in unsheltered situations. Both the overall homeless population and the unsheltered component of this population showed substantial increases since the last complete count in 2017.¹

Increases in Albuquerque's homeless population and their greater visibility has increased dialogue among policy makers, services providers, and the public as to how to best address this issue. As part of this process, the City of Albuquerque has commissioned this report to assist with better aligning shelter capacity with demand. The central task here is determining an optimal configuration of emergency shelter beds to provide safe accommodations for individuals and families who have no other place to spend the night.

Emergency Shelter – A Systems Model

At a minimum, emergency shelters provide temporary accommodations to people who are without housing and often destitute. Here shelter should offer a basic level of subsistence, safety and protection from the elements in an environment that “meets people where they are at” in terms of attending to their circumstances and needs. When shelter is available and meets these criteria, this leads to reduced numbers of people sleeping in outdoor locations such as encampments, sidewalks, and vehicles. People who enter homelessness would also be less likely to sleep in unsheltered circumstances.

While effective shelter gets and keeps people off the streets, it does not get them out of homelessness. To get people out of homelessness, shelters must provide access to services that help people make exits to permanent, affordable housing. Others will self-resolve by exiting homelessness through arrangements made independently of any services assistance. Once such exits are made, supports should also be available to keep people from returning to homelessness.

Figure 1 shows these dynamics as a basic shelter system described in terms of stocks and flows. The “stock,” or number of people using the shelter system, will be limited by the number of shelter beds available. This stock of people staying in the shelter system is a function

¹ Currently, the most detailed, widely available account of the point in time count results are in the *Albuquerque Journal* article by Rick Nathanson, “Annual count shows city's homeless numbers up” from August 19, 2019. The article is available at: <https://www.abqjournal.com/1355819/annual-count-shows-citys-homeless-numbers-up.html>.

of different flows into and out of the shelter. When the flow of people into the shelter system increases without a corresponding increase in exits, then the “stock” of sheltered people increases and they experience longer stays before they are able to exit. Similar results also occur when the flow out of shelter decreases without a corresponding decrease in entries.

Such disequilibria in flows into and out of the shelter system will lead to an increase in the shelter population until shelter capacity is met, and people are no longer able to access shelter. The excess demand for shelter, when the shelter capacity is met, would be forced to seek out unsheltered sleeping arrangements. Increasing the stock, in other words increasing shelter capacity, would initially help absorb such increased flow (i.e., demand), but unless the incoming and outgoing flows return to some equilibrium the same access difficulties will reappear. This model of the shelter system will be a touchpoint for subsequent analyses in this report.

Figure 1 – Basic Model of Shelter System Dynamics



Local officials have recognized these dynamics in conjunction with the City of Albuquerque’s effort to expand shelter capacity. Brie Sillery, a program coordinator with the New Mexico Coalition to End Homelessness, wrote in a 2019 op-ed that:

In order to operate the most successful shelters, we must address the outflow of persons from emergency housing shelters into subsidized – or unsubsidized – affordable housing. Without a sufficient number of affordable housing units, our sheltering system will remain a destination instead of becoming a true emergency intervention.²

² Brie Sillery, “Make homeless shelter a means to an end.” Albuquerque Journal, July 3, 2019. Accessed at:

Lisa Huval, deputy director for housing and homelessness in the City's Department of Family and Community Services, also illustrated these shelter dynamics when she said, "If we're not thinking about the housing issue parallel to the shelter issue, we're just creating a place where folks are going to get stuck."³

Report Structure

In this report, we examine shelter capacity and present recommendations on ways to align the need for emergency shelter with the available supply. As the need for emergency shelter is contingent on factors that impact the number of persons who enter and exit shelters, we include dynamics that impact this flow in the scope of this report.

The homeless population is heterogenous, and different groups among the homeless population access different shelter facilities and programs. Given this, we will break down overall shelter system capacity into component capacities for four key subpopulations: single adults (i.e., people in households without children), family households (households containing one or more adults and children), unaccompanied homeless youth and young adults (up to age 24), and veterans of the armed forces. Each of these subpopulations has particular shelter, housing and service needs, and there are services that specifically target each of these subpopulations. After examining each of these four subpopulations individually, we then present an integrated set of findings and recommendations.

The findings and recommendations for this report are based upon several different sources that provide complementary quantitative and qualitative data on different facets of homelessness in Albuquerque. These include:

- *Bi-annual point in time (PIT) counts of the homeless population.* The US Department of Housing and Urban Development (HUD) mandates that localities that receive federal homelessness assistance conduct an enumeration at least bi-annually of the local homeless population, sheltered and unsheltered, on a given night in late January. Albuquerque has conducted such a count since 2009. The results have been used to quantify the local homeless population and track changes in population size. As the count is designed to reflect homeless population size on a given night, the PIT count is also useful in assessing levels of nightly shelter demand.⁴
- *Homeless Management Information System (HMIS).* The New Mexico Coalition to End Homelessness (NMCEH) provided aggregated data from their HMIS, which compiles

<https://www.abqjournal.com/1335999/make-homeless-shelter-a-means-to-an-end.html>

³ Quoted in Rick Nathanson's *Albuquerque Journal* that is cited in footnote #1.

⁴ See *Point in Time Count, 2019: Albuquerque Continuum of Care*, by the New Mexico Coalition to End Homelessness (NMCEH). This report has not yet been made available online. Previous PIT count results are available at the NMCEH website (www.nmceh.org) or the HUD website:

<https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>.

records of homeless services use from member agencies of the Albuquerque Continuum of Care (CoC).⁵ HMIS data provide a view of services use and the homeless population over the course of a year.

- *Albuquerque Continuum of Care's Coordinated Entry System (CES)*. NMCEH provided aggregated data from CES intake applications. CES serves as a centralized point of application for permanent housing resources administered by member agencies of Albuquerque's CoC.
- *Housing Inventory Chart (HIC)*. Information, compiled annually, on the Albuquerque CoC's temporary and permanent housing capacities, as reported to HUD.⁶
- *Nightly shelter census data* from the Westside Emergency Housing Center shelter.
- *Key informant interviews* with a range of stakeholders, including city government officials, homeless services providers, and others who are involved in Albuquerque's response to homelessness.
- *A site visit* to Albuquerque by the consultant team's lead investigator that allowed for an opportunity to collect information, visit key sites, and conduct a public meeting to hear a variety of community perspectives on homelessness and shelter services in Albuquerque.
- A collection of reports, studies, and other documents on various aspects of homelessness in Albuquerque.
- Media clippings of news accounts addressing homelessness in Albuquerque.

For this report, we integrate the data collected from these sources to produce a portrait of shelter demand and availability for each of the four homeless subpopulations. The next four sections in this report will each focus on one of these subpopulations. and examine demand for shelter services and available shelter supply. The concluding section of this report will integrate the findings from each section and present recommendations for a comprehensive approach to addressing emergency shelter capacity in Albuquerque.

⁵ NMCEH coordinates both the Albuquerque Continuum of Care (CoC) and its HMIS system. For more information on the former, see <http://www.nmceh.org/pages/continuumCare.html>, and for more information on the latter see <http://www.nmceh.org/pages/resourcesHMIS.html>.

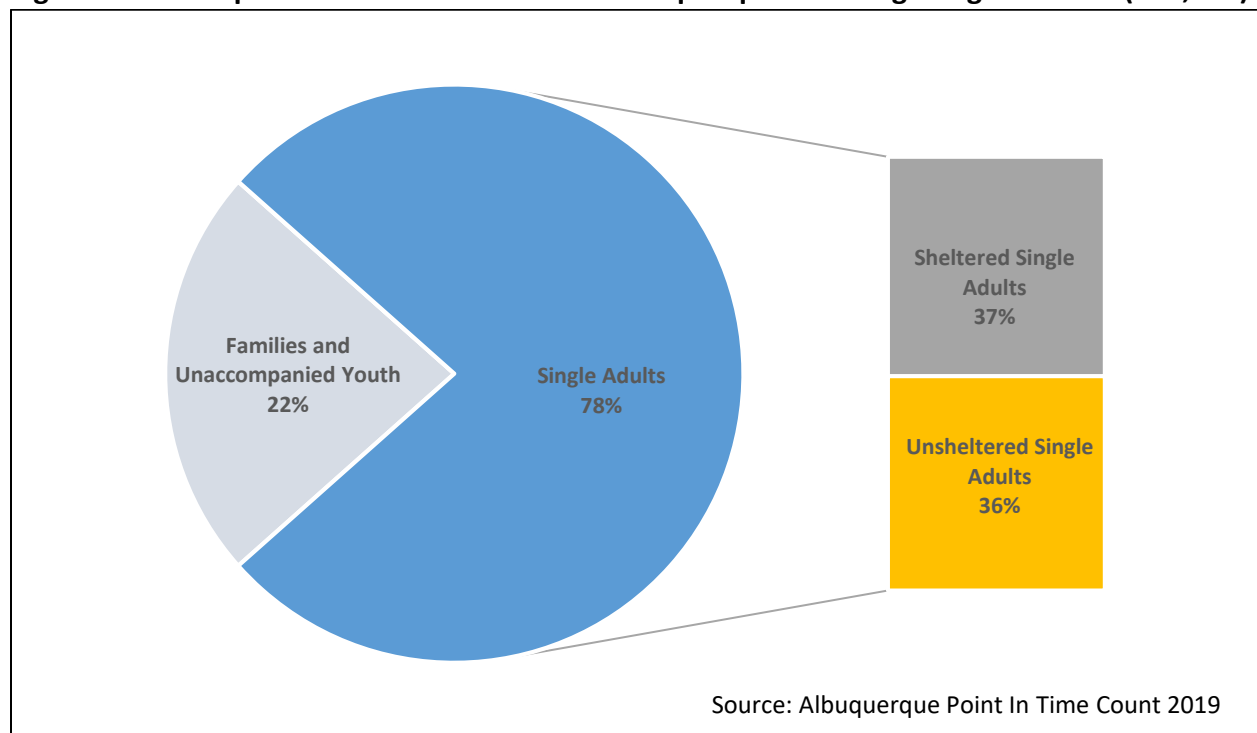
⁶ Annual HIC reports for Albuquerque are available through HUD at: <https://www.hudexchange.info/programs/coc/coc-housing-inventory-count-reports/>.

Section 2 - Single Adults

Households without children (i.e., homeless as single individuals or couples, hereafter referred to as single adults) are a key population in assessing shelter capacity. They are not only the largest homeless subpopulation, they are also the most visible. People sleeping in homeless encampments, parks and other unsheltered locations are almost all single adults. Expanding emergency shelter capacity is a means to both reduce unsheltered homelessness and laying groundwork for lasting exits from homelessness. In this section, we examine single adults in terms of their subpopulation dynamics and the shelter and housing that is available to them. This provides the basis for determining what will be needed to provide them housing, either on a temporary (shelter) or more permanent basis.

Subpopulation Dynamics

Figure 2 - All People Counted as Homeless in Albuquerque on a Single Night in 2019 (n=1,524)



Note: an additional 89 single adults who were counted as being in transitional housing are not included in the emergency shelter or unsheltered proportions.

To illustrate the predominance of single adults among Albuquerque’s homeless population, we present some findings from Albuquerque’s 2019 point in time (PIT) count in Figure 2. Single adults comprised about three-quarters (1,192) of the 1,524 homeless persons

that were counted on a single night this past January. This predominant presence of single adults persisted both among those who were counted in sheltered and unsheltered locations. Almost half (46 percent) of the single adults (n=545) were enumerated in unsheltered circumstances, where they accounted for virtually all the 567 persons who were enumerated as unsheltered. Among the sheltered portion of the homeless population, the number of single adults (n=558) still outnumbered the rest of the homeless population, who were enumerated as parts of families (n=300) or as unaccompanied youth (n=32).

Albuquerque’s single adult homeless population has been growing over the past six years. On Table 1, the PIT count numbers over the four most recent PIT counts show a 46 percent overall increase since 2013. Again, dividing this population by whether they were counted as sheltered or unsheltered is telling. While the increase among the number of sheltered single adults grew by a modest 11 percent, the number of those counted as unsheltered increased by 287 percent (i.e., a near quadrupling). The consensus is that this reflects real growth in the unsheltered population, though an undetermined proportion of this increase was likely due to improved methods implemented by the New Mexico Coalition to End Homelessness for counting the unsheltered homeless population.

Taken together, the sheltered and unsheltered trends shown on Table 1 indicate that, as more single adults became homeless, more of them were unable or unwilling to secure a shelter bed to where now almost as many single adults are unsheltered as sheltered on a given night. This trend has had profound implications for the ability of Albuquerque’s homeless single adults to access safe overnight accommodations and services that facilitate exits from homelessness. This increase in unsheltered homelessness among single adults has also accompanied a noticeable increase in the number of people sleeping in public spaces.

Table 1 – Single Adults in Point in Time (PIT) Count: Albuquerque, 2013-2019

Year	Unsheltered (US)	In Emergency Shelters (ES)	Total (US+ES+TH)
2013	141	502	816
2015	174	531	854
2017	367	534	1,058
2019	545	558	1,192

Total counts include persons in transitional housing (TH), a population not considered in this study.

The number of unsheltered single adults also provides a rough indicator of the shortfall of shelter capacity in Albuquerque. This shortfall will be looked at more closely, and adjusted somewhat, when we examine shelter capacity for single adults later in this section. But, before that, we will examine the increase in chronic homelessness among single adults over the past six years. This represents a second key subpopulation dynamic among homeless single adults.

The number (and proportion) of single adults in the PIT count who met the criteria for chronic homelessness has increased sharply over the past six years. Chronic homelessness is a specific designation for individuals who have both a long-term disability or disabling condition and an extended history of homelessness.⁷ In 2019, nearly half of the overall single adults enumerated as homeless were chronically homeless, and for the first time the majority of single adults designated as chronically homeless were unsheltered (327 individuals). Data from the coordinated entry system (CES) and from the homeless management information system (HMIS), both of which can provide annual counts of different segments of the homeless population, also show large proportions of single adults in their records that are designated as chronically homeless (52% of CES and 41% of HMIS).

Table 2 – People Designated as Chronically Homeless among Single Adults in Point in Time (PIT) Count: Albuquerque, 2013-2019

Year	Unsheltered (US)		In Emergency Shelters (ES)		Total Single Adults	
	N	% of Total US	N	% of Total ES	N	% of Total Single Adults
2013	21	15%	62	12%	83	10%
2015	90	52%	161	30%	251	29%
2017	161	44%	183	34%	344	33%
2019	327	60%	237	42%	564	47%

Denominators of “% of total single adults” includes persons in transitional housing (TH), a population not considered in this study.

Looked at from the systems model from the introductory section, the progressively increasing unsheltered homelessness may be an indicator of insufficient stock of shelter beds, as single adults are unable or unwilling to enter the shelter system and must resort to other arrangements. This typically occurs when shelters are full, but also can happen when shelter conditions are such that people do not enter shelters despite having nowhere else to spend the night. This can be for a variety of reasons that include inconvenient shelter location, curfews that are incompatible with work hours, inability for a shelter to accommodate couples or pets, and extensive rules and consequences. The appearance of insufficient stock may also be due to the lack of adequate outflow which causes there to be lack of space since few are able to exit yet more continue to flow into homelessness.

⁷ For more a detailed monograph on chronic homelessness, see Dennis Culhane’s (2018) “Chronic Homelessness”, available from the Center for Evidence-based Solutions to Homelessness at: <http://www.evidenceonhomelessness.com/topic/chronic-homelessness/>. Culhane’s study also includes the specific HUD criteria for homelessness and disability that must be met in order to be considered chronically homeless.

The increasing number and proportion of single adults who are chronically homeless are an indicator of an insufficient flow out of homelessness. Simply put, people stay homeless for extended periods of time because they have nowhere else to go. There are insufficient opportunities to exit into permanent housing through housing providers as well as through more informal means. Alternately, single adults who do exit homelessness may often lapse back into homelessness.

At least three sources (PIT, CES and HMIS) document a large chronic subgroup among Albuquerque's homeless population, but beyond that specifics regarding the dynamics and characteristics of chronic homelessness in Albuquerque were unavailable. One of the initial steps in addressing chronic homelessness would be to examine the available data and to collect additional data on this subgroup. Patterns of shelter use and use of homeless services would be available through HMIS, and data collected through CES would provide additional information on circumstances and characteristics. In addition to this, these data sources allow for identifying individuals who exhibit criteria for chronic homelessness, which can be the basis for a "by name list",⁸ and these individuals can be interviewed for further information on topics such as services use patterns and particular impediments to housing access. Data from HMIS and CES can also be matched to records from other services systems, such as various health and criminal justice services, to ascertain collateral services use (and related costs) across other systems. Taken together, this can provide a clearer picture of how people are ending up in chronically homeless situations, how to facilitate their exits from homelessness, and the impact that chronic homelessness has, more generally, on public services systems.

Shelter Capacity

As we stated earlier, the number of single adults who are unsheltered on a given night is a rough indicator of a shortfall in shelter capacity. A prerequisite for the validity of such an assumption is that existing shelters be at full capacity. To assess whether or not this is the case, we provide a quick comparison between the number of single adults who were counted as sheltered in the PIT count (ranging, as per Table 2, from 502 single adults in 2013 to 558 single adults in 2019) and the number of beds in Albuquerque's shelter system as reported in Albuquerque's Housing Inventory Chart (see footnote #6).

Table 3 provides a breakdown of system capacity by individual shelters that compares to the single adult PIT count numbers provided in Table 1. Except for 2019, the single adult shelter capacity is roughly consistent with the number of adults enumerated in the PIT count as

⁸ By-name list is "a real-time, up-to-date list of all people experiencing homelessness which can be filtered by categories, and shared across agencies" that can act as a basis for coordinating services and housing placements for people on the list across different provider agencies. The quoted text, and a good overview of BNLs, are from a Bitfocus site (<https://bitfocus.com/chronic-homelessness/by-name-lists-veteran-chronic-homeless/>). Our referencing this site does not imply an endorsement of their products.

sheltered, and indicates that, during the PIT count, these shelters operate at near, full, or even over capacity, with the possible exception of the Westside Shelter.

The Westside Shelter is Albuquerque’s largest shelter. Its building is a former jail facility located twenty miles outside of Albuquerque, and most people access the shelter through the bus transportation provided from points in the city to the shelter. In prior years it had only been open during winter months; 2019 is the first year that it has remained open year-round. In 2019 the bed capacity of this shelter was listed at 449, in previous HIC reports it was listed as either 300 or 315 beds. Either way, the Westside Shelter’s capacity is greater than the combined capacity of all of the other single adult shelters since 2013, which has held steady at approximately 200-225 beds.

Table 3 – Shelter Capacity, Broken Down by Provider, in Albuquerque: 2013-2019

Provider	Facility	Beds in 2013	Beds in 2015	Beds in 2017	Beds in 2019
ABQ Health Care for the Homeless	Motel Vouchers	0	2	1	n/a
Barrett Foundation	Barrett House	12	14	20	10
Barrett Foundation	Motel Vouchers	X	X	1	X
Good Shepherd Center	Good Shepherd Center	80	80	80	75
Haven of Love Rescue Mission	Shelter	10	X	X	X
Heading Home	ABQ Opportunity Center	57	55	56	56
Heading Home	Veteran Shelter & Respite Care	X	20	20	30
VA	Domiciliary	40	40	X	X
VA	HCHV/Shelter	6	X	X	X
Safe House	Domestic Violence Shelter	6	6	5	5
St. Martin's Hospitality Center	Motel Vouchers	0	13	13	8
Steelbridge	Emergency Shelter	12	4	X	X
Steelbridge/Heading Home	Westside Shelter	315	315	300	449
Total		538	549	496	633

Sources: 2013, 2015, 2017 HIC reports, and (for 2019) preliminary data for HIC report from New Mexico Coalition to End Homelessness.

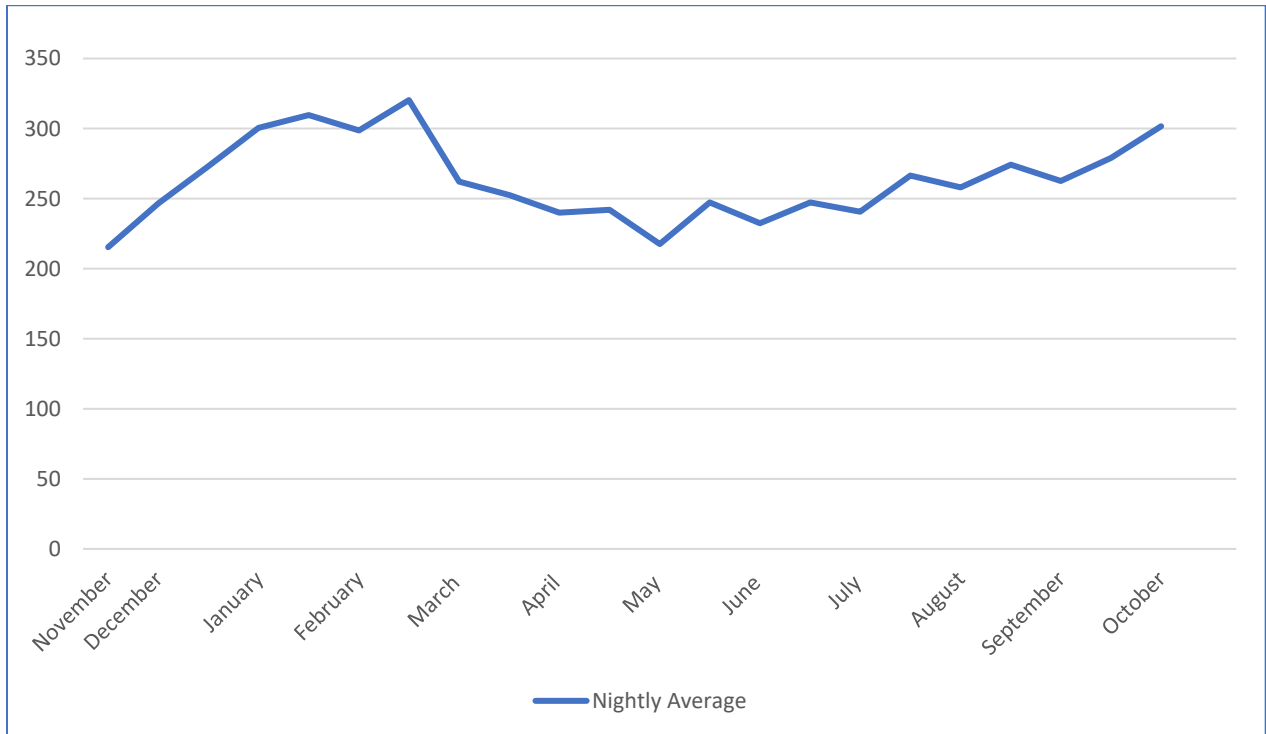
Steelbridge was formerly known as the Albuquerque Rescue Mission.

Heading Home took over operation of the Westside Shelter from Steelbridge after 2017

In contrast to the fixed capacity of Albuquerque’s other emergency shelters for single adults, the Westside Shelter is in a facility that is large enough to be able to expand its bed capacity to accommodate all single adults who come there to seek an emergency shelter bed. Table 3 shows that, through 2017, Westside Shelter’s capacity on the HIC was listed at 300 to

315 beds. Figure 3, which shows the semi-monthly average numbers of single adults who actually stayed at the Westside Shelter during a recent 11-month period, roughly tracks with this capacity with a maximum average census at 320 single adults.⁹ After 2017, when Heading Home assumed operations, Westside Shelter’s stated bed capacity increased to 449. It is unclear, however, whether this was due to any physical changes made at the shelter or if Heading Home increased the capacity number to better reflect the shelter’s actual ability to accommodate people. The shelter has yet to come close to realizing this updated 449-bed capacity.

Figure 3 - Westside Shelter, Total Monthly Average Users 2018 - 2019



Given this, we will consider 315 to be the functional capacity (i.e., the maximum number of single adults who will use this shelter) of the Westside Shelter. Functional capacity reflects the maximum number of people that will go to the shelter on a given night. After the other shelters fill, the remainder of the single adult homeless population will sleep in unsheltered locations instead of going to the Westside Shelter. The reasons for this are unclear and likely vary, but a reluctance to travel to the shelter, even with the free bus service, and the prospect of staying in a large former jail facility, regardless of the quality of the accommodations, are

⁹ Average semi-monthly censuses on Figure 3 taken from Westside Shelter daily reports and adjusted to take family members out of the counts. On the night of the 2019 PIT count, Westside Shelter’s census was approximately 309 single adults.

likely to rank high among the reasons. Combining the 215-bed capacity from the other shelters with the 315-bed functional capacity from the Westside Shelter gives a total current capacity at 530 emergency shelter beds. To be clear, there are additional beds beyond this available at the Westside Shelter, but they go unused.¹⁰

Shelter Demand

Along with those staying in emergency shelters, the PIT counts indicate that there is an increasing number of single adults who are homeless in unsheltered situations. In 2019, there were 545 single adults who were enumerated in unsheltered locations on the night of the count. Given that the whole CoC geography cannot be canvassed, this almost certainly undercounts the unsheltered population. The PIT also counts on a cold night when people are least likely to stay in unsheltered locations, and in warmer months the unsheltered population will increase. Later in this section we will examine more closely the factors that lead shelter demand to vary over time, as well as a discussion of strategies that can reduce shelter demand and make shelter operate more efficiently.

This 2019 PIT count indicates that, at a minimum, 545 additional emergency shelter beds would need to be made available to be able to provide emergency shelter to all single adults who are homeless in Albuquerque. However, not all persons who are unsheltered will agree to enter shelter. The reasons for this vary, but there will always be a residual group of people who will be unsheltered, and there are other means to provide them with housing. Even in New York City, which is legally mandated to provide shelter on demand and has sufficient shelter capacity for all single adults, ten percent of single adults in its PIT count are in unsheltered locations.¹¹

While New York City has capacity for all single adults, some of those who stay in unsheltered locations may do so because of the shelter conditions. Some of the city's single adult shelters are large, have a highly structured environment (rules, curfews, etc.), and are perceived as unsafe. Were such conditions to change under a low-barrier approach that will be explained shortly, a higher percentage of the city's single adult homeless population would likely seek shelter. However, even under such ideal conditions, we estimate that five percent of the single adult homeless population would still remain in outdoor locations. Given this, we

¹⁰ According to recent media reports, the City of Albuquerque announced plans to build a new 300-bed shelter with the funds that were approved in the recent bond referendum. The proposed shelter would replace the Westside Shelter, which is slated to be closed after the new shelter opens. We are assuming no change in functional shelter capacity were this plan to be carried out. See Jessica Dyer's article "Mayor, homeless advocates clash over plan for centralized shelter" in the *Albuquerque Journal* (October 13, 2019), available at: <https://www.abqjournal.com/1377766/mayor-boosts-plan-for-centralized-homeless-shelter.html>.

¹¹ As calculated from New York City's PIT count numbers that are available on the HUD webpage provided in footnote #4.

estimate shelter demand to be between 90 to 95 percent of the single adults enumerated during the most recent PIT count.

Assuming that 90 to 95 percent of the 1,103 single adults enumerated in Albuquerque’s PIT count (not including those in transitional housing) would seek shelter given sufficient capacity and favorable shelter conditions, this would leave an estimated latent shelter demand (total demand minus current shelter capacity) at 463 to 518 beds. A summary of this calculation process is provided in Table 4.

Table 4 – Estimating Need for Additional Shelter Capacity among Single Adults in Albuquerque

Step	Number
Total number of single adults homeless on a given night excluding transitional housing (2019 PIT Count; see Table 1)	1,103 persons
Total shelter bed capacity and adjusted for “functional” Westside Shelter capacity. (2018 HIC and 2019 data; see Table 3)	530 beds
Maximum additional capacity (row 1 – row 2)	573 beds
Adjustment for non-shelter uptake (5% to 10% of row 1)	55 to 110 beds
Estimated need for additional shelter bed capacity (row 3 – row 4)	463 to 518 beds.

Estimating that 463 to 518 additional beds would be needed to accommodate all of Albuquerque’s single adult shelter population means that the current shelter capacity would need to almost double. This is a conservative estimate, as the PIT count upon which we base this estimate almost certainly did not count all single adults who were in unsheltered locations,¹² and we did not consider the likelihood that the single adult population would continue to grow, as it has over the past six years (Table 1).

Factors for Facilitating Emergency Shelter Use

Just adding shelter beds to the existing capacity will not, by itself, bring people in from unsheltered sleeping arrangements to seek shelter. The Westside Shelter is a good example of this, as unsheltered homelessness has grown despite the shelter’s ample unused bed capacity. Several factors that must be considered in conjunction with adding new beds to the emergency shelter supply are briefly reviewed here.

First, new shelter beds should be located where they are *geographically accessible*. As a rule, the more proximate to places frequented by people who are homeless, the more

¹² For more details on how the PIT count undercounts persons in unsheltered locations, see Alistair Boone’s article “Is there a better way to count the homeless?” in *Cityscape* (March 4, 2019), available at: <https://www.citylab.com/equity/2019/03/homeless-crisis-oakland-california-hud-point-in-time-data/584023/>.

geographically accessible it will be. This, however, must be counterbalanced with avoiding the concentration of homeless services in small geographic areas. This would shunt these services to particular areas and away from the rest of the city, thereby disconnecting people from their current supports (e.g. job, family, friends, community services, etc.).

Second, the shelter beds should be in “*low-barrier*” facilities. The majority of those who are unsheltered in Albuquerque are also chronically homeless. In sheltering these individuals, it is necessary to take shelter size and operating practices into account when engaging this population. “Low-barrier” is an approach that focuses on structuring shelter conditions to where a person is able to maintain a sense of autonomy while offering safety, material assistance, and community that is less available in an unsheltered context. While different facilities address barriers to different degrees, shelters taking a low-barrier approach typically embrace the following features:

- along with providing beds, facility operations provide for basic needs (e.g. food, showers, laundry, etc.);
- facilities adopt alternatives to extensive rules and an overbearing security presence. This includes relaxing sobriety requirements and curfew measures;
- facilities provide access to accommodations during the day;
- accommodations are available for staying with companions, so that couples stay intact, and pets are nearby;
- Convenient access to and safe storage of belongings is available;
- Housing assistance and case management services that are trauma-informed, harm reduction oriented and housing first are available, as is onsite access to resources that are critical to exiting homelessness (e.g. housing and job listings, bus passes, computers and wi-fi); and
- accommodations are safe, reasonably scaled and permit a level of privacy.

These features offer clear advantages to the vagaries of living in an unsheltered situation, and accessing low-barrier shelter would also mean simultaneously accessing the means to gain permanent housing. What constitutes “low-barrier” is not specifically defined, thus these features function as parameters and not requirements. The Albuquerque shelters engaged as part of this project all considered themselves low-barrier to some degree. For example, the Albuquerque Opportunity Center (AOC) shelter considers itself to be low-barrier and meets most of the features listed above, although it does not provide shelter access during the day to most of the people staying there. Part of designing shelters as low-barrier facilities would involve determining what features to incorporate and the extent to which to implement these features.¹³

¹³ Resources for more information on low-barrier approaches to providing shelter include a webinar from the National Alliance to End Homelessness available at: <https://endhomelessness.org/resource/frequently-asked-questions-low-barrier-shelters/>.

Third, providing shelter beds in a way that is *accommodating to Native American culture* can address the disproportionately high representation of Native Americans among the unsheltered population. While 37 percent of the overall homeless population in Albuquerque (PIT count) is unsheltered, 59 percent of the city’s Native American homeless population is unsheltered. The need for culturally sensitive shelter services was addressed in a set of recommendations made in 2015 by Albuquerque’s Native American Homelessness Task Force. First Nations Community Healthsource is one example of an agency that provides culturally sensitive homeless services in Albuquerque, and could potentially participate in having shelter be more welcoming specifically to the Native Americans among the unsheltered populations.¹⁴

The fourth factor is effective outreach services. “Effective” outreach involves not only actively engaging people living in unsheltered situations, but also:

- working with them to access community and personal resources as part of a diversion-first approach;
- linking to them shelter if those resources are not sufficient to exit homelessness; and
- providing a warm hand-off to shelter-based services that will continue to work with them to access more permanent housing.

Albuquerque has an existing network of outreach providers that could be mobilized to help make these individuals aware of the advantages of moving to emergency shelter when diversion is not feasible.

Limitations of a Shelter-only Approach to Addressing Homelessness

These measures, applied in conjunction with the expanded emergency shelter capacity, should have a clear and measurable impact on the number of people who are sleeping in encampments, on sidewalks, in vacant buildings, and other makeshift locations. However, the ability of this added shelter bed supply to accommodate demand for shelter may prove short-lived, as adding 463 to 518 beds addresses current demand (January 2019) but does not consider the prospect for future growth in the homeless population. According to the PIT count, homelessness has been increasing at an average annual rate of 7.7 percent year since 2013, with any future economic downturn, or tightening of housing market conditions, potentially leading to increases in this growth rate.

A large increase in shelter supply may also have other impacts that could increase shelter demand. An expanded supply of additional shelter beds could enable people who were among “hidden” homeless locations that were not covered by the PIT count, or from precarious (possibly dangerous) yet “housed” living arrangements to be served in shelter. In another

¹⁴ More information about the Native American Homelessness Task Force recommendations is available at: <https://www.cabq.gov/office-of-equity-inclusion/native-american-affairs/native-american-affairs-liaison>. More information about First Nations Community Healthsource is available at: <https://www.fnch.org/>.

plausible scenario, the expanded shelter supply could facilitate the continued accumulation of people designated as chronically homeless among the homeless population that we described earlier. While this could be positive in reducing visible homelessness, this would limit shelter entry for those who are not chronic. The growing size of the homeless population and the increased proportional representation of chronic homelessness indicates that more people are experiencing extended homelessness as few prospects exist for them to exit. Without sufficient means for exit, shelters stand the risk of “warehousing” this chronically homeless population.

To be clear, significantly expanding the shelter capacity could mean providing clear and positive alternatives to sleeping in unsheltered locations, and could initially reduce the unsheltered population. Beyond that, forecasting future need for shelter and collateral impacts of adding shelter beds are difficult. It seems likely that the single adult homeless population (and the ensuing demand for shelter) will continue to increase at levels similar to increases over the past few years. We would disagree that, as critics might charge, expanding the shelter capacity would function to unwittingly increase the size of the homeless population. It could, however, bring people to use shelters from currently hidden situations involving untenable living arrangements. These arrangements might, in some cases, involve domestic violence or environmental hazards.

There is a clear need for additional shelter capacity in Albuquerque, and adding shelter beds would reduce the number of people sleeping outside. However, given the conditions described in the preceding paragraph, adding shelter beds may have limited impact on reducing overall levels of homelessness, unless additional system level changes are also made that reduce the need for shelter capacity.

System-wide Measures for Reducing Need for Shelter Capacity

What follows are several measures aimed at reducing local homeless populations that could lead to reducing the number of additional shelter beds and could check future growth of the homeless population. These measures address the limitations to the singular focus on shelter just discussed and we will give our best assessment of the extent to which these approaches might impact Albuquerque’s homeless population and, by extension, its shelter system. We then conclude this overall section on the single adult subpopulation with presenting three different scenarios based upon on the level of additional housing approaches that are adopted along with expanding shelter capacity.

Reducing Chronic Homelessness. As we assessed earlier, the large contingent of people designated as chronically homeless seems to be driving a substantial proportion of the growth in Albuquerque’s homeless population. Conversely, reducing this population is the most direct means for making substantial reductions in needed shelter capacity. Chronic homelessness, by definition, involves both an extended period of homelessness and a disability. The former means that they show up day after day among the homeless population, and use a

disproportionate amount of homeless services over time. The latter means that they typically incur substantial expenses related to their services use not only in the homeless system, but also in the health care and behavioral health systems. Additionally, this chronically homeless population will often incur substantial costs related to actions taken by the criminal justice system, responses by emergency medical services, emergency departments, and inpatient care including detoxification and other treatment. Despite all these activities, the chronically homeless person's housing needs are not met, and so the cycle continues. Thus, reducing this population means not only improving the lives of a very vulnerable population, but also reducing the services footprint of homelessness across a range of systems.

The first step to reducing chronic homelessness is to launch a concerted campaign addressing this issue. Since this study started, the City of Albuquerque has made arrangements to work with the Built for Zero Campaign.¹⁵ Built for Zero provides technical assistance and training on how to achieve functional zero for both chronic and veteran homelessness. Specific means for achieving this would include measures mentioned earlier, such as collecting and analyzing data to better understand the extent and nature of chronic homelessness locally, and implementing a by-name list. It would also require developing permanent supportive housing (PSH) units that targets this subgroup, which will be addressed shortly. Other key components necessary for substantially reducing or ending chronic homelessness would be a clear plan; effective collaboration among providers in the homeless services system, and active participation from the affected systems, especially healthcare systems and hospitals.¹⁶

An example of a locality that has sustained such an effort is Wichita KS, where a joint city-county task force produced a plan in 2008 and since then has seen chronic homelessness drop to very low levels (from 140 in 2011 to 20 in 2019).¹⁷ Four other localities: Rockford IL, Lancaster County PA, Bergen County NJ and Southwest Minnesota, have effectively ended chronic homelessness. Albuquerque, with its prioritization of individuals certified as chronically homeless for housing placements through its coordinated entry system, already has an infrastructure to build upon for a more concerted effort to address chronic homelessness.

The centerpiece of community-level efforts to reduce and end chronic homelessness is the placement of individuals into permanent supportive housing (PSH).¹⁸ PSH, briefly, is decent, safe, affordable, community-based housing that provides tenants with the rights of tenancy and links to voluntary and flexible supports and services for people with disabilities who are

¹⁵ More information on Built for Zero is available at <https://www.community.solutions/>.

¹⁶ Many communities are actively partnering with hospitals and healthcare systems. A Chicago program is one of many examples from across the country. See <https://hospital.uillinois.edu/about-ui-health/community-commitment/better-health-through-housing>

¹⁷ See *Plan to End Chronic Homelessness: Wichita – Sedgwick County KS* (2008), available at: <https://www.wichita.gov/Housing/HousingDocuments/Plan%20to%20End%20Chronic%20Homelessness.pdf>

¹⁸ For more on the role of PSH in ending chronic homelessness, see the US Interagency Council on Homelessness publication *Ending Chronic Homelessness in 2017*, available at: <https://www.shcnm.org/wp-content/uploads/2015/11/Ending-Chronic-Homelessness-in-2017.pdf>.

experiencing chronic homelessness.¹⁹ This type of housing has been shown in numerous studies to facilitate permanent exits from homelessness for individuals who had long histories of homelessness, featuring high retention rates (typically around 85 percent)²⁰ and high levels of tenant satisfaction. Numerous studies, including one in Albuquerque,²¹ have demonstrated how the costs of PSH are substantially offset by collateral reductions in services costs across homeless, behavioral health, healthcare and criminal justice systems. The provision of PSH has been tied to substantial reductions in homelessness in cities such as New Orleans and in veteran homelessness throughout the US. Albuquerque, on its HIC, reports having 1,060 units of PSH for single adults already in place. The largest PSH provider in Albuquerque is the US Department of Veterans Affairs (VA), who provides 313 PSH units for single adults through a program jointly administered with the US Department of Housing and Urban Development (HUD) called HUD-VA Supportive Housing (HUD-VASH). Another agency, the Supportive Housing Coalition of New Mexico, administers 279 PSH units for single adults.

Placing persons who have been chronically homeless into PSH is the most impactful way to reduce the daily count of homeless persons. Chronically homeless persons are typically homeless day in and day out, and placing them into PSH effectively takes them out of homelessness, with retention rates after one year typically exceeding 85 percent. Given this and the pervasive homelessness that defines chronic homelessness, a conservative estimate would be that every two housing placements would reduce the average nightly census of the single adult homeless population by at least one person. This means were Albuquerque to add 200 units of PSH to it would take over 100 persons out of the single adult homeless population on a particular night. This would have an equal impact on shelter capacity, reducing the need to add at least 100 new shelter beds.

The US Interagency Council on Homelessness (USICH) has an instrument available online that calculates rough estimates of how much additional PSH supply would be necessary to accommodate all a locality's chronically homeless population. Forecasting with homeless populations is notoriously tricky, and this only provides a rough idea of the scale by which PSH would have to be added. Using this Supportive Housing Opportunities Planner (SHOP) tool and entering specifications related to the current chronically homeless population and the PSH

¹⁹ More about PSH is available from the National Alliance to End Homelessness at:

<https://endhomelessness.org/ending-homelessness/solutions/permanent-supportive-housing/>

²⁰ Per authors' observations, many studies of individual PSH programs report retention rates around 85%. This is consistent with more systematic reviews such as the National Academies of Sciences, Engineering & Medicine (2018). *Permanent Supportive Housing: Evaluating the Evidence for Improving Health Outcomes Among People Experiencing Chronic Homelessness*, Pps. 40-41. Available at: <https://d155kunxf1aozz.cloudfront.net/wp-content/uploads/2018/07/25133.pdf>; and Homeless Policy Research Institute (2019). *Outcomes in Single-Site and Scattered-Site Permanent Supportive Housing*, p. 2. Available at: <https://socialinnovation.usc.edu/wp-content/uploads/2019/04/Scattered-vs.-Single-Site-PSH-Literature-Review.pdf>.

²¹ See the University of New Mexico's Institute for Social Research report, *City of Albuquerque Heading Home Cost Study*, available at: https://www.shcnm.org/wp-content/uploads/2015/11/CABQ-AHHCostStudy_FinalReportinBrief_v1_06142016.pdf

supply directed towards them²² provides a rough estimate that, in Albuquerque, the chronic homeless population would be housed if an additional 630 PSH units were developed that were dedicated to persons designated chronically homeless.

By this rough estimate, developing these additional 630 PSH units for people who are chronically homeless would house the 564 people counted as chronically homeless in the 2019 PIT, as well as persons newly receiving chronic homelessness status over the next three years. This would not only resolve chronic homelessness, it should eliminate the need to develop new shelter capacity.²³ This underscores the collateral impact that PSH for people who are chronically homeless has on shelter demand.

Rapid rehousing. Rapid rehousing (RRH) places a priority on moving an individual (or family) experiencing homelessness into permanent housing as quickly as possible, ideally within 30 days of a client becoming homeless and entering a program. Once the individual is housed, time-limited services continue to be provided, which may include rental assistance, and case management services to help the person transition to arrangements where they are able to sustain this housing after their period of RRH assistance ends. RRH is generally targeted to individuals who entered homelessness recently and who have the potential means to regain a lost income level and maintain housing based on income from such sources as employment or disability benefits. RRH is less well-suited for people who are chronically homeless, as they often need more extended income and case management supports to maintain permanent housing.

Because RRH assistance targets persons with a less extensive homelessness record, the people whom it takes out of homelessness have a smaller impact on reducing the number presenting at the daily census. In contrast to PSH, which here would target the chronic segment of the overall homeless population, RRH targets individuals who would likely have shorter episodes of homelessness and further shortens the length of their homelessness. This lessens their impact on the point-prevalent (i.e., homeless on a given night) size of the homeless population.

The current capacity of RRH for single adults experiencing homelessness is inadequate, with the 2018 HIC indicating capacity to serve 33 individuals in a year. As RRH is a time-limited form of assistance, the annual turnover of RRH slots is roughly 100 percent. Increasing

²² The USICH SHOP tool is available at: <https://www.usich.gov/tools-for-action/supportive-housing-opportunities-planner-shop-tool/>. To make the calculations used in this report, years need to be updated and the following inputs were entered: Field A: 564 chronic homeless (from 2019 PIT); Field C: 918 PSH units available for households without children (from provisional 2019 HIC); Field E: 81% (748 of 918 units) of HIC PSH units are dedicated to chronic homelessness (from provisional 2019 HIC); Fields G, H, and I; we set these projected new PSH units to 0 (2020), 315 (2021) and 315 units (2022), respectively to model a scenario where additional PSH units would be developed from zero current activity. There are potentially new PSH units planned through HUD-VASH and HopeWorks; these have not been figured into these estimates. We emphasize that these are very rough estimates.

²³ Taking 564 chronically homeless individuals out of the homeless population should reduce the nightly shelter population by roughly the 463 to 518 additional beds we project as unmet demand for shelter.

Albuquerque’s RRH capacity appears an underused means by which to reduce the homeless population size and its corresponding demand for shelter, and also promises long-term effects as it would preclude at least some of those who are assisted early in their homelessness from experiencing a more extended episode of homelessness and eventually lapsing into chronic homelessness. RRH is generally more cost-effective than long stays in emergency shelter and as a time-limited intervention, the cost is less per person than PSH.

Diversion and “one shot” assistance. A third approach to addressing homelessness is diversion. A systematic diversion process works with households, upon their seeking shelter, to assess what brought them to seek shelter and come up with ways in which the household could either continue staying safely in their current living situation or, if that is not possible, move to other housing and thereby avoid a shelter stay. This problem-solving approach can use a variety of means to work out an alternative to shelter. In many instances problem solving assistance is sufficient to head off what appeared to be imminent homelessness through brokering alternative living situations and needed services. Examples of this would be resolving problems with the at-risk individual’s current living situation, making temporary living arrangements with others while more permanent arrangements are worked out, or arranging legal assistance for contesting an eviction – all cases which would not require financial assistance.²⁴

Diversion processes can be more effectively keep people from entering homelessness with the availability of “one shot” assistance that makes financial resources available, on a one-time basis, in conjunction with diversion efforts or to households that are in the shelter system and who can, with a limited amount of financial assistance, make a quicker exit from homelessness. Examples of this could include rental assistance for someone who obtained employment, or travel assistance for someone who can demonstrate the availability of a stable living situation but requires travel to get there (this is already being done by several Albuquerque homeless services providers).

Diversion 1st, an organization that promotes shelter diversion approaches, asserts that systematic diversion program potentially reduces the need for shelter by 20 to 30 percent.²⁵ In Connecticut, providing diversion at the front door of the shelter system reduced shelter

²⁴ The group Building Changes provides a more in-depth description of the diversion process (applied to families but mostly applicable more generally to homeless households) on its website. In part, it states that “[c]onsidered a ‘light touch’ approach, Diversion is a process, not a program. It differs from homeless interventions that require intensive case management and sizable system resources. As a result, Diversion costs less and takes less time to get [households] successfully housed, freeing up resources that can be invested to help more [households] in need.” From: <https://buildingchanges.org/strategies/diversion>.

²⁵ See “Shelter Diversion 101” presented by Sarah Day Chess of Diversion 1st (available at: https://hfpartnersconference.squarespace.com/s/Workshop_232_Integrating-Shelter-Diversion.pdf) and <http://diversion1st.org>.

admissions by 80%.²⁶ Several sites in Washington state also successfully reduced shelter admissions using diversion.²⁷

We would expect positive results if Albuquerque were to implement a diversion program as part of its response to households (i.e., not just single adults) who initially seek shelter and other services. Several Albuquerque services providers pointed out to us during interviews how there is currently no systematic diversion process in place. Diversion has been shown to be an effective (as well as cost-efficient) means for addressing shelter demand and represents a means to eliminate or even reverse the increases in demand for shelter that were discussed earlier.

Summary and Three Scenarios

Based on our examination of data on the population dynamics and shelter capacity in Albuquerque, and on interviews with key informants involved with homelessness in Albuquerque, we project that expanding the current shelter system to have shelter beds available for all single adults who are homeless would take, conservatively, adding 463 to 518 beds to the system. Such an expansion would make it possible to offer shelter to the considerable segment of Albuquerque's single adult homeless population that is currently living in unsheltered circumstances, including encampments.

For such an expansion to provide a universal alternative to unsheltered homelessness, provisions must also be put in place to make the shelters geographically accessible, which may mean building two or more shelters in different parts of Albuquerque; have shelters take a low-barrier approach to providing shelter; provide at least some of the beds in a manner that is accommodating of Native American culture; and involve outreach services in facilitating the use of shelters, when appropriate, by persons in unsheltered situations.

At this point we present three scenarios on how to proceed, which are summarized in Table 5. The first scenario involves only adding to the current shelter bed capacity. We gauge that it would take adding 463 to 518 beds, more than doubling the existing capacity to provide sufficient capacity at current (January 2019) population levels. Even with such a doubling in supply, we would have concerns that this additional capacity would be met by an even greater future demand for shelter, given the absence of accompanying changes that would address the flow of persons entering the system or facilitating persons making exits from the system.

The second scenario involves, along with expanding the shelter system, making substantial additions to the supply of permanent supportive housing (PSH) available to single adults in the shelter system designated as chronically homeless. High levels of chronic

²⁶ See <https://cceh.org/wp-content/uploads/2015/04/NL-Shelter-Diversion-Brief-FINAL.pdf>

²⁷ See <https://buildingchanges.org/news/2018/item/1007-diversion-can-help-families-exit-homelessness-quickly-simply-and-safely>.

homelessness in the single adult homeless system is the single biggest driver of recent population increases. Formulating and carrying out a plan to address chronic homelessness, and providing sufficient PSH units for single adults in this group to exit homelessness, would reduce homeless population size and decrease the average amount of time that single adults stay homeless. One instrument to assess community need for PSH in conjunction with addressing chronic homelessness indicated, in a rough estimate, that an additional 630 units over the next three years could both end chronic homelessness and forego the need for building additional shelter capacity. Short of this, any increased PSH development that targets single adults who are chronically homeless will have a collateral impact on reducing the city's unmet shelter demand.

Table 5 – Summary of Three Scenarios for Addressing Demand for Shelter Demand in Albuquerque

	Strategy recommendations	Rationale
Scenario 1	Bring on at least 463-518 emergency shelter beds.	Provides crisis relief but demand for shelter will continue to grow over time unless inflow decreases and outflow to housing increases.
Scenario 2	Develop roughly 630 new PSH units targeted for chronically homeless.	This would reduce (or eliminate) the additional shelter beds needed in Scenario 1. Does not address inflow.
Scenario 3	Establish diversion as system-wide practice; expand Rapid Rehousing capacity; develop up to roughly 630 new PSH units targeted for chronically homeless.	Further reduces demand for emergency shelter and inflow into homelessness; and provides opportunity to engage multiple systems and organizations to implement proven practices (PSH and RRH). With this scenario, the number of shelter beds can be significantly less than for scenarios 1 and 2.

The third scenario would add rapid rehousing (RRH) and diversion (including one shot assistance) components to the expanded shelter capacity and new PSH units. This RRH/diversion component, once implemented, would let everyone who touches the shelter system have the opportunity to make expedited exits to housing, and in many cases not enter homelessness to begin with. System-wide diversion could be undertaken immediately and begin to show impacts in the near-term. Diversion implementation requires training, some system redesign, and very modest new investments. RRH implementation requires a greater level of system redesign and investments.

This third scenario, involving the addition of complementary PSH units to address chronic homelessness and RRH and diversion programming to address people with far less

extensive histories of homelessness, could reduce the level of additional shelter capacity needed to accommodate the all single adults who are homeless. Additionally, such an approach would directly facilitate exits from homelessness, something that only providing shelter does not do. This third scenario, building an alignment through an “all hands on deck” approach, is consistent with the approach taken by communities that have attained a functional end to chronic and Veteran homelessness.

Section 3 - Families with Children

Data from the PIT count shows that the number of people who are homeless as part of families on a given night is substantially lower than the corresponding number of people who are homeless as part of households without children (i.e., single adults). Additionally, there are few families enumerated as unsheltered on the PIT count, which potentially indicates that there is not much additional demand for family shelter.

In contrast, providers state that the demand for family shelter substantially exceeds the available capacity, with family shelter beds consistently filled to capacity, lengthy waiting lists, and the regular need to turn away families seeking shelter. Gauging this demand and assessing how to adjust capacity is difficult and will be the focus of this section.

Additionally, since the family services in Albuquerque are not organized as a system of care with a defined single point of entry, it is especially difficult to gauge fluctuations in demand for family shelter over the course of a year. Other communities find that family homelessness is much greater during summer months than winter months. Since the PIT count occurs during January, using this measure alone to gauge capacity needs will likely produce under-estimates.

Homeless Families and Shelter Capacity

Table 6 shows the number of households and individuals in families who were counted in either unsheltered circumstances or in emergency shelters during the PIT count (often described as “literal homelessness”). The table also states the emergency shelter bed capacity for each of the corresponding years, as taken from the Housing Inventory Chart (HIC) report. Transitional housing, as it is not considered in this study, was not included here. The table indicates some increase over these six years in the number of people experiencing homelessness, although the only clear increase in the number of family households is in the 2019 PIT count. In each year, a minimal number of unsheltered family households were counted, although this number did increase from 1 in 2013 to 5 in 2017 and 2019. The number of shelter beds available was close to the number of family members enumerated, and this capacity also saw an increase in 2019 that corresponded with the increase in persons.

Based upon the data from this table, sheltered homelessness among families appears to be a function of emergency shelter capacity, as there were few unsheltered households that were enumerated. What is unclear, however, is if one were to expand the family shelter capacity, how that would impact the number of sheltered family households. If the unsheltered numbers were comprehensive, then there would be no need for additional shelter capacity, but it is far from clear that the unsheltered numbers even begin to document the unsheltered homelessness that occurs among family households.

Table 6 – Individuals in Families Enumerated During in Point in Time (PIT) Counts and Corresponding Family Shelter Bed Capacity: Albuquerque, 2013-2019

Year	Unsheltered (PIT)		In Shelters (PIT)		Total (PIT)		Total Beds (HIC)
	Households	People	Households	People	Households	People	
2013	1	2	40	117	41	119	125
2015	2	9	39	128	41	137	142
2017	5	16	35	133	40	149	153
2019	5	20	48	157	53	177	172

Data retrieved from Point-in-Time (PIT) and Housing Inventory Chart (HIC) reports to HUD.

Indicators of Demand for Family Shelter

The lining up of family shelter beds and numbers of homeless families suggested on Table 6 contrast with the experiences of family shelter providers, who indicated in interviews that more people came to family shelters than can be served. The Barrett Foundation, a family shelter with 31 year-round beds available, recorded 64 families (with 185 people) who sought shelter at that facility between August 11 and September 11, 2019. This number of family households exceeds the number of family households enumerated in the 2019 PIT count.

[A Department of Education data on homelessness among students.](#) Another perspective on homelessness among families comes from data collected by the Albuquerque Public Schools (APS) and reported to the US Department of Education (DoE) on students who were identified as homeless while they were enrolled in public schools at any time during the school year. In Albuquerque, these data would be collected by APS Title I Homeless Program.

Table 7 - Homeless Students enrolled in the Albuquerque Public Schools

	2015-16	2016-17	2017-18
Total Number of Homeless Students Enrolled	2,823	4,383	4,245
Primary Nighttime Residence			
- Shelters, Transitional Housing, or awaiting Foster Care Placement	309	645	428
- Unsheltered	689	941	883
- Doubled-up or Shared Housing	1,644	2,543	1,997
- Hotels or Motels	181	254	206
Unaccompanied (not with parent or guardian)	618	975	818

Table 7 shows data on students identified as homeless over each of the last three years for which data was available.²⁸ These data should be interpreted with caution, as differences in defining data fields and data collection methods will often lead to apparently comparable results being qualitatively very different. Noteworthy examples of this include:

- The DoE data are based on broader criteria for homelessness, captured in the range of nighttime residence categories on the table, than is used in other measures of homelessness. Most students who are counted do not appear to experience the literal homelessness that would have them be enumerated in the PIT count.
- These data are collected over an extended time period, instead of on a specific night such as is done for the PIT count. Many students listed as homeless here will also have been “housed” during large parts of the school year.
- Students are only a subset of homeless families, and only a subset of people in their families. Conversely, multiple students could be part of the same family household. Thus, it is difficult to compare students in this table with either the “household” or “people” categories in Table 6.
- Data in Table 7 combine students who are unaccompanied with students in family households. These two subgroups are examined separately in this report, in the PIT count, and in other homeless reporting.
- A substantial proportion of homeless families in shelters only have children who are younger than school age, who would not be included in the DoE data.

Even with these caveats, these findings on Table 7 clearly convey a much broader picture of residential instability and homelessness for family households than is conveyed by the PIT data. Having 883 students identified as living in unsheltered circumstances over the 2017-18 school year indicates that unsheltered homelessness (defined by DoE as including “cars, parks, campgrounds, temporary trailers, including FEMA trailers, or abandoned buildings”) may be more widespread among family households than indicated by the PIT count, and that unsheltered families are not found in the same places as unsheltered single adults. While the relative deprivations and instability faced by students who are in unsheltered situations are usually worse than if they were in emergency shelter settings, with other categories, such as “doubled-up” and “hotels and motels,” the tradeoffs between emergency shelter and these categories is less clear, and would need to be evaluated on a case by case basis. These DoE findings strongly suggest that there is a demand for family shelter beyond that which can be accommodated by the current emergency shelter capacity, yet it is impossible, based on these data, to more specifically quantify that demand.

Coordinated Entry System data on family homelessness. A third data source that can provide insights on hidden demand for shelter are the 547 families who sought assistance with obtaining housing through the Albuquerque Continuum of Care Coordinated Entry system

²⁸ Data was retrieved from the US Department of Education’s EDFacts website, <https://www2.ed.gov/about/inits/ed/edfacts/data-files/school-status-data.html>.

(CES). The CES is a centralized process that fields requests for housing, and collects and prioritizes their applications for the housing resources maintained by Albuquerque’s homeless services providers. The family households that follow through with CES applications are actively seeking housing, which when combined with a precarious living situation at the point of application would indicate a need for shelter. The results, reported in Table 8, come from application data for 547 family households over the 12-month period ending in August 2019.

Table 8 – Recent Housing Arrangements for Family Households Applying for Housing through Albuquerque Continuum of Care’s Coordinated Entry System: 9/18 through 8/19

	N	%
Where did you sleep last night		
- Emergency shelter, Transitional Housing, or hotel/motel voucher	252	46%
- Place not meant for habitation	178	33%
- Staying or living with family member or friend	71	13%
- Hotel or motel paid for without emergency shelter voucher	16	3%
- Substance abuse treatment facility or detox center	7	1%
- Jail, prison or juvenile detention facility	6	1%
- Other	15	3%
Total	545	100%
Where do you and your family sleep most frequently?		
- Shelters or Transitional Housing	240	46%
- Outdoors	136	26%
- Other	143	28%
Total	519	100%

Of these households, just under half (46 percent) reported staying in an emergency shelter, transitional housing, or had used a motel voucher both the night prior to filling out the application and as their most frequent means of accommodation. Unsheltered locations, either “outdoors” or “place not meant for habitation,” was also a frequent response. Staying in a doubled-up situation, presumably part of the “other” set of responses for the “most frequent” question, was a less frequent response. Again, it is difficult to judge how representative these responses are of the more general population of family households that are homeless or precariously housed, especially as caseworkers will presumably make sure that sheltered families apply, where it is more difficult for those in other precariously housed households to put in applications. Still, these results do again show that a sizable proportion of family households are unsheltered, and that there is a proportion of doubled-up family households, likely a small proportion of the overall number, for whom their living arrangements are

precarious enough, for whatever reason, that they will seek more stable housing through applying with CES.

Domestic Violence

The largest emergency shelter for family households is Safe House, a domestic violence (DV) shelter with 69 beds for 23 families. This is over one third of the total family shelter capacity in Albuquerque. While women fleeing DV situations can and will stay at emergency shelters for family households, Safe House will not shelter families who are not facing a current threat of domestic violence.

As per interviews with services providers, including those that provide DV services, DV services do not overlap much with other homeless services, although DV facilities appear on the HIC report as part of the family shelter capacity and people in the Safe House shelter are counted as part of the PIT. Safe House does not, primarily for confidentiality reasons and due to federal regulations, enter data into the Homeless Management Information System (HMIS).

Westside Shelter

The Westside Shelter, already described in greater detail in the Single Adult section of this report, is Albuquerque's largest shelter. The shelter's capacity for family households is listed at 30 beds (approximately ten families), but will exceed that capacity at times. For example, on the months of January, February, and May, the shelter averaged over 30 family members per night, and on the night of the 2019 PIT count (January 28), there were 20 families sheltered, with 39 children and at least 20 adults. The shelter has a flexible capacity where it can accommodate such nights of increased need. Given this and based on data for the nightly number of families sheltered at Westside, we would consider the functional capacity of the Westside Shelter (meaning the largest number of families seeking shelter there on a given night) at 20 families and (estimated) 70 beds.

Conversely, services providers related that families are reluctant to stay at the Westside shelter, due in part to the shelter's distance (20 miles) from central Albuquerque. This leads to logistical difficulties, as families feel uncomfortable riding among a predominantly single male population on the bus service that is provided to the shelter by the City. Alternately, families often lack other means of transportation, or the resources for gas, that would be required for providing their own transportation to the shelter.

Chronic Homelessness

Given that families typically show substantially lower levels of chronic homelessness as compared to single adults, the relative rates for family households in Albuquerque are still high. On the PIT count, 8 out of the 93 total family households (9 percent) were designated as

chronically homeless. Alternately, out of the 537 family households in the CES data, 113 (21 percent) were designated chronically homeless and an overlapping 34 percent disclosed logging over one year of homelessness in the previous three years. Of the 107 family households included in the most recent annual HMIS data report, 25 (23 percent) were designated as chronically homeless. Taken together, these findings suggest that a substantial proportion of family households, once they become homeless, have difficulties with making exits back into housing and thus languish in homeless situations.

A Reappraisal of Shelter Capacity for Families

The data on homeless families and family shelter providers that has been reviewed up to this point indicates that shelter capacity for family households is limited. Family shelter capacity in 2019 consists of 206 beds (approximately 58 family households), with about one-quarter to one-third of that capacity earmarked for family households who are fleeing the immediate threat of domestic violence. On the other hand (and contrary to PIT count numbers), there are numerous apparent cases of unsheltered homelessness, and many families living doubled-up in other family households, some of whose living situations are unstable or precarious enough to where they might seek emergency shelter. Based on these findings, we conclude there to be excess demand for emergency shelter that is not immediately apparent from comparing PIT and HIC data.

In the context of the systems model we presented in the introductory section of this report, we have no clear idea of the flow of homelessness into the family shelter system. We would expect that additions to the current family shelter capacity would be filled. We cannot, however, determine the extent of this excess demand. This is due both to limitations of the available data and to the lack of coordination between family shelter intake procedures.

Given both the apparent need for additional safe emergency shelter for families and the uncertainty about the supply needed to accommodate all families in need of emergency shelter, we recommend that the City of Albuquerque re-organize the current approach to family homelessness to a systems approach with a single point of contact that can triage and problem solve with families to avoid unsheltered homelessness. Access to emergency shelter should be prioritized to families who are unsheltered or will otherwise be unsheltered unless emergency shelter is provided. Expanding one-shot assistance and RRH for families who are served in emergency shelter (including DV shelter), along the lines of how these approaches were explained in the Single Adults section of this report, should reduce length of time in shelter, which will effectively expand shelter capacity on a year-round basis (i.e. more families can be served over the course of the year). Adding PSH capacity for families that experience chronic homelessness or have other factors that require PSH to exit homelessness will further increase shelter efficiency. Flexible capacity could be added (see below for how this can be accomplished) to respond to families who would otherwise be unsheltered but for this

assistance. The demand for flexible capacity can be monitored over time to determine the extent that more fixed capacity is warranted.

Approaches to System Redesign

Better alignment of family programs and organizations into a homelessness crisis response and housing stabilization system of care is the best approach and has been documented to achieve greater success than a shelter only expansion. In addition to redesigning the system according to the approaches described below, there will need to be investment in staff training to ensure all services are provided with fidelity to best practices. Additionally, the new system should have a clear set of metrics that track daily, monthly, quarterly, and annual progress.

Single Point of entry for triage and problem-solving. Every family facing homelessness can benefit from problem solving assistance to sort through community and personal options to avoid being unsheltered. A homelessness response system for families should work to ensure no families are unsheltered while also ensuring the efficient use of emergency shelter. A single point of entry is critical to achieving this goal. A single point of entry is one agency that serves as a centralized point of contact that receives all referrals (agency and self; phone, internet and walk-in) and triages these families for available shelter, diversion, prevention and other resources. This setup would also more efficient for families since they would not have to make multiple contacts seeking shelter. The single point of entry would enable families to be connected to the most appropriate intervention rather than only be offered emergency shelter. This single point of entry is not the same as the coordinated entry system, which is focused on prioritizing access to permanent housing resources that are controlled by the Continuum of Care. Only the subset of families that are not able to achieve housing stability through diversion and one-shot assistance, should be assessed by coordinated entry for shelter.

Diversion and “one shot” assistance. Every family should have the opportunity to participate in diversion services as part of their seeking shelter assistance. Diversion has had considerable success in other localities in making arrangements for families to either return to housing or make new arrangements without having to enter shelter and in many cases without direct financial assistance. The availability of one-shot financial assistance to either sustain housing through a crisis or contribute towards rehousing would increase the successes from diversion and provide an opportunity for some family households to exit shelter earlier. Given that demand for shelter will likely continue to be high, diversion, which results in fewer families entering emergency shelter, would be a key addition to the process for addressing housing crises presented by family households. Providing one-shot assistance to families who are served in emergency shelter will also shorten the length of time families spend in emergency shelter; this will be critical to enabling the current shelter capacity to serve more families on an annual basis.

Rapid Rehousing. This time-limited provision of assistance and case management in conjunction with a placement into permanent housing would work in a similar fashion as was described for single adults. According to the 2018 HIC report, Albuquerque homeless services providers have sufficient RRH resources to assist 144 family households. Expanding this supply would accommodate some of the demand that would otherwise be put on emergency shelter. Shortening the length of time families spend in emergency shelter is essential to enabling the current shelter capacity to serve more families on an annual basis.

Permanent Housing. With relatively high levels of chronic homelessness among homeless family households than single adults, there is still a significant need for expansion of PSH for these families and other families who are unlikely to exit homelessness without PSH. Given many other families that experience homelessness have extremely low incomes there is also an acute need for other permanent housing resources. Services providers described the scarcity of rental vouchers and other sources of permanent housing for families once they are in shelter, and how this scarcity extends the shelter stays for family households by months. New partnerships with public housing agencies and private landlords will be critical to more quickly exiting families to housing.

Flexible Shelter Capacity. Given the high cost of adding fixed shelter capacity, it will be more cost-effective to provide flexible capacity. Whichever ways this is provided, it will be critical that housing-focused case management is provided in manner which is integral to the delivery of emergency shelter in this context. Other communities provide this flexible capacity in a number of ways. Providing motel vouchers, which is already done by several Albuquerque services providers, is the most common means. Other forms include partnering with faith-based organizations to use space in their facilities, renting apartments, developing kinship care supports (interim financial support to family members who can provide temporary housing), and using public and privately-owned buildings that are slated for future development but can be outfitted as family shelter in the meantime. As noted, the cost of providing flexible shelter capacity should be closely monitored over time, and if warranted, it may make sense to incrementally add fixed emergency shelter capacity.

Summary

In presenting data on the extent of homelessness among families in Albuquerque, we find evidence for a high hidden demand for this shelter that exceeds existing capacity of emergency shelter beds for family households. However, there is no clear way to assess the demand for such shelter or the impact that adding additional family shelter beds would have on reducing this demand. Given this, we recommend, before adding to the current shelter capacity, that the Albuquerque Continuum of Care centralize its intake process for emergency family shelter by creating a single point of entry system.

Implementing a single point of entry streamlines the application process for families who seek shelter, and facilitates adding a diversion and one-shot mechanism to the initial application process. Taken together, this reorganization of the “front door” to shelter, combined with provision of additional, flexible shelter capacity, stands to decrease the demand for shelter by assisting family households to find alternatives to shelter, and to prioritize those remaining based upon their current living situations. Once sheltered, making available the range of rehousing options described here should shorten the time family households spend in shelter. Having established a centralized system with reduced entries and shorter lengths of stay, the need for expanded shelter capacity should then be reevaluated.

Section 4 - Unaccompanied Youth and Young Adults

Homelessness among youth and young adults is receiving renewed interest across the country as communities have come to better understand the scope of the problem locally. The National Alliance to End Homelessness describes this subpopulation as being:

... often rooted in family conflict. Other contributing factors include economic circumstances like poverty and housing insecurity, racial disparities, and mental health and substance use disorders. Young people who have had involvement with the child welfare and juvenile justice systems are also more likely to become homeless.

Many homeless youth and young adults have experienced significant trauma before and after becoming homeless and are particularly vulnerable, including victims of sexual trafficking and exploitation. Youth who identify as LGBTQ; pregnant and parenting youth; youth with special needs or disabilities, and youth of color, particularly African-American and Native American youth, are also more likely to become homeless.²⁹

Unaccompanied youth and young adults have distinct needs, motivating a dedicated analysis. Furthermore, emergency and transitional shelter for youth and young adults are different facilities from adult and family-oriented shelters. For this analysis, we looked at unaccompanied youth and young adults to be the group of minors under the age of 18 and young adults between ages 18 and 24 who are not part of a household or family that includes an adult over age 24 and who experience literal homelessness. As Table 9 demonstrates, 112 youth were enumerated in the 2019 PIT count, including 32 unaccompanied youth under 18, and 80 young adults between 18 and 24. Nearly all the unaccompanied youth under 18 (30 of 32) were sheltered. Conversely, less than half (35 of 80) of unaccompanied young adults were sheltered – this high rate of unsheltered young adults is comparable to the rate for single adults.

Figure 4 compares the PIT counts in the last three years for unaccompanied youth, with the supply of transitional and emergency beds available for unaccompanied youth and young adults from youth-serving organizations, from the HIC report, in 2017 and 2018. The number of unaccompanied youth and young adults who were enumerated stayed relatively unchanged over these three PIT counts. As with the 2019 count shown in Table 9, shelter availability for unaccompanied youth just about matched the number of unaccompanied youth who were enumerated in the PIT count. In contrast, the supply of shelter for young adults is substantially lower than the number of young adults who were counted. This contributed to unsheltered rates for young adults that were substantially higher, and roughly the same proportion of young adults were enumerated as unsheltered as compared to the general single adult population.

²⁹ <https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/youth/>

Table 9 - 2019 PIT Count: Unaccompanied Youth and Young Adult Homelessness

	Emergency Shelter	Transitional Shelter	Unsheltered	Total
Unaccompanied Youth (Under age 18)	20	10	2	32
Unaccompanied Young Adults (18 to 24)	15	20	45	80
Total Youth	35	30	47	112

Source: PIT Count

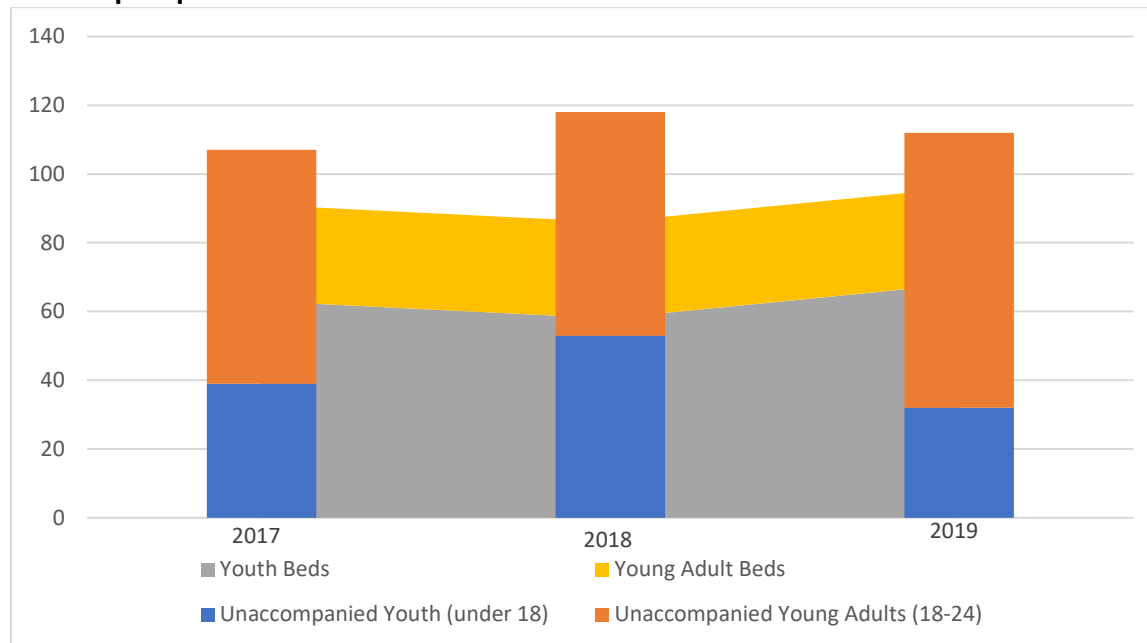
Although the chart shows beds at youth-oriented organizations, young adults are also able to also use adult beds at shelters that are not specifically youth-oriented. Therefore, if housing is set aside for the unsheltered unaccompanied youth (under 18) population, and there are sufficient beds for individual adults in the general Albuquerque emergency shelter response system, the youth and young adult need (as captured by the PIT count) would be met.

However, many emergency shelter providers do not provide child-only beds for unaccompanied youth, nor do they provide separate accommodations for young adults. In contrast, community stakeholders from multiple organizations asserted during interviews that unaccompanied young adults are reluctant to engage in programs that are oriented to adults, and prefer facilities apart from homeless adults. This (as per interviews with service providers) is due to concern about safety and appropriateness of those services for youths. Furthermore, serving young adults in programs specifically designed for homeless young adults is considered a best practice³⁰

This reluctance to engage with services renders unaccompanied youth and young adults a largely hidden subpopulation. Representatives from youth-serving and mainstream organizations suggested that there are many more unaccompanied youths and young adults experiencing homelessness than are included in the PIT count. Many in this subpopulation go uncounted because they are unstably or precariously housed, but are not living in emergency shelters or counted as a part of the unsheltered count. Department of Education data, presented on Table 7 (in the Families with Children section), supports this, as it indicates that, in over the course of the 2017-18 school year, 818 unaccompanied homeless youth attended Albuquerque public schools. For these youths, according to stakeholder accounts, alternative housing options to emergency shelter would be more appropriate, and more likely to increase engagement than increasing the number of emergency shelter beds available.

³⁰ See Guidebook: Ending Youth Homelessness, U.S. Department of Housing and Urban Development <https://files.hudexchange.info/resources/documents/Ending-Youth-Homelessness-Promising-Program-Models.pdf>

Figure 4 - Unaccompanied Youth and Young Adults: Population and Emergency Housing Beds in Albuquerque:



Source: PIT and HIC Count

* Beds include Emergency and Transitional Shelter for youth. Unaccompanied youth beds are child-only beds. Unaccompanied youth beds include only adult beds at Youth-serving organizations. These organizations are: New Day Youth and Family Services, Youth Development Inc, and Casa Q. Family beds were excluded.

In summary, PIT counts and HIC reports suggest that the supply of emergency and transitional shelter youth beds appears sufficient for unaccompanied youth, but that the extent of unsheltered homelessness has increased among young adults. Interviews with key informants suggest that there is a hidden need for shelter that specifically target youths and young people who are not engaged with services. While expanding adult shelter capacity for single adults (examined in Section 2) would address the need for shelter among young adults, service providers suggested that young adults would not stay in such shelter beds. Along with the uncertain flows in and out of homelessness by this population, there is also the need to make any shelter facilities amenable to the particular circumstances that this group faces.

Beyond pointing out these needs, based upon our interviews with services providers, any shelter expansion for this subgroup would need a fundamental reappraisal of existing needs and services. This is beyond the scope of this report, however there are various federal resources³¹ available to assist in this effort.

³¹ Three places to get started is HUD's "Resources for Homeless Youth Service Providers," available at: <https://www.hudexchange.info/homelessness-assistance/resources-for-homeless-youth/resources-for-homeless-youth-service-providers/#planning-your-coordinated-community-approach>; the National Alliance to End Homeless's "Youth and Young Adults," available at: <https://endhomelessness.org/homelessness-in-america/who->

Section 5 - Veterans

National Overview

On a national scale, the reduction of veteran homelessness has been one of the success stories in responses to homelessness. Since 2009, veteran homelessness has dropped from an estimated 73,367 veterans who were homeless on a given night to 37,878 in 2018, a 48 percent decline. Key to these efforts have been a steady expansion of housing and services for homeless veterans during a time when overall social spending remained flat. The VA has mobilized its large, nationwide services capacity to implement a “front door – back door” approach to reducing homelessness.

The “front door” component of this approach focuses on keeping veterans from entering into sustained periods of homelessness. The critical program here has been the VA's Supportive Services for Veterans and Families (SSVF), which contracts with non-profit services providers across the US to provide prevention services, which seek to keep veterans with housing emergencies from becoming homeless, and rapid rehousing services, which quickly resituate veterans who have become homeless back into permanent housing.

The “back door” of the VA’s homeless services consists of moving veterans experiencing long-term homelessness into permanent supportive housing (PSH). The flagship PSH program comes through a partnership between the VA and the federal government’s Department of Housing and Urban Development (HUD) to create the HUD-VA Supportive Housing program (HUD-VASH). Between the timely diversion of veterans from the homeless services system and the transfer of chronically homeless veterans to HUD-VASH, an array of other VA and allied programs provide further services.

Prominent among these other programs are the VA-funded Grant and Per Diem program, under which a nationwide network of non-profit agencies provides temporary and transitional housing services, and the VA’s Healthcare for Homeless Veterans (HCHV) program, where VA outreach workers seek to engage homeless veterans in homeless and other needed services.

To date 73 localities and 3 states have documented and received certification by the US Interagency Council on Homelessness, HUD and VA, that they have functionally ended homelessness among veterans. Practically, this meant reaching a goal of “functional zero” where all homeless veterans were identified on a local “by name list” and connected with the necessary resources to regain permanent housing. A central organizing effort for helping jurisdictions end homelessness among veterans was a national effort known as the “Mayor’s Challenge to End Veteran Homelessness.”

[experiences-homelessness/youth/](#); and the Interagency Council on Homelessness’s “Criteria and Benchmarks for Achieving the Goal of Ending Youth Homelessness,” available at <https://www.usich.gov/tools-for-action/criteria-and-benchmarks-for-ending-youth-homelessness/>.

Homeless Veterans in Albuquerque

Albuquerque has all the services mentioned here for homeless veterans, including SSVF, prevention and rapid rehousing assistance, HUD-VASH housing, GPD temporary and transitional housing, and HCHV services. It participated in the Mayor’s Challenge under the previous mayoral administration and committed, as recently as 2015, to ending veteran homelessness in Albuquerque. The City has, in August 2019, rejoined Built for Zero, another initiative that seeks to assist communities end veteran homelessness.³²

PIT count results. Table 10 shows the PIT counts for homeless veterans since 2013. The overall number of homeless veterans peaked in 2015, and has fallen 22 percent since then (from 188 to 147). But while the number in shelters (including transitional housing) during this time has been almost cut in half, the number of unsheltered veterans has more than tripled over the same time. In 2019, veterans comprised 11 percent of Albuquerque’s adult homeless population, and 38 percent of Albuquerque’s homeless veterans were counted in unsheltered locations. The corresponding national proportions for 2018 were 9 percent and 38 percent, respectively.³³

Table 10 – Homeless Veterans in Point in Time (PIT) Count: Albuquerque, 2013-2019

Year	Unsheltered (US)	In Emergency Shelters (ES) and Transitional Housing (TH)	Total (US+ES+TH)
2013	25	145	170
2015	16	172	188
2017	41	122	163
2019	56	91	147

Total counts include persons in transitional housing (TH), a population not considered in this study.

Chronic Homelessness Among Veterans. Additionally, a large portion of homeless veterans in Albuquerque are designated as chronically homeless. Table 11 shows that rates of chronic homelessness among homeless veterans are 44 percent overall, with half of the homeless veterans counted in emergency shelters and 64 percent of veterans counted as unsheltered were designated as chronically homeless.

³² More information on the Mayor’s Challenge to End Homelessness is available at <https://www.usich.gov/solutions/collaborative-leadership/mayors-challenge>; and a website for Built for Zero was provided in note #16.

³³ 2018 was the last year for which national PIT data was available, see The 2018 Annual Homeless Assessment Report (AHAR) to Congress, available at <https://files.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf>.

Table 11 – Chronic Homelessness Status Among Albuquerque’s Homeless Veterans: PIT Count 2019

	Emergency Shelter	Transitional Shelter	Unsheltered	Total
Chronically Homeless Veterans	28	-	36	64
Veterans who are not Chronically Homeless	28	35	20	83
Total	56	35	56	147

Source: 2019 Point in Time (PIT) Count

HMIS and CES data are consistent with these findings. The HMIS data had records for 312 veterans (11 percent of their adult records) and 38 percent of these were designated as chronically homeless. The CES data had records for 282 veterans (12 percent of their adult records) and 32 percent were designated as chronically homeless. The lower rates of chronicity in HMIS and CES are at least in part due to the greater likelihood that persons with chronic homelessness are present in point prevalent populations than in annual prevalence populations.

Other findings of note from the HMIS and CES data include that, among the homeless veteran population:

- half (51 percent) were homeless for over a year;
- 24 percent were over age 62 and another 25 percent were between ages 55 and 62 (HMIS);
- 81 percent disclosed some type of disability (CES); and
- 46 percent, 39 percent, and 45 percent disclosed mental health problems, drug and/or alcohol use, and chronic health conditions, respectively (HMIS).

Homeless Services for Veterans in Albuquerque

As the Albuquerque Continuum of Care (CoC) lead agency, the New Mexico Coalition to End Homelessness, in collaboration with veteran-serving agencies throughout the city, keeps a by-name list for prioritizing access to permanent housing from CoC sources. The by-name list includes 89 people who have been identified as veterans. The list is used to offer services and access to housing programs for veterans according to a prioritization system. Service providers indicated during interviews that the standard number of days to connect veterans with housing, from date of enrollment, is 45 days. The goal is 30 days.

The most important housing resource of homeless veterans is HUD VASH. According to VA officials in Albuquerque, the number of HUD-VASH vouchers, including recently obtained vouchers, is 405, with another 60 vouchers forthcoming. However, 33 vouchers are not being used at the time of this report. During interviews, stakeholders attributed some of this use gap to difficulty in making placements in the local environment. If vouchers could be used at a 100 percent utilization rate, this would move up to 93 veterans from the homeless population into housing.

System-wide Impact

According to CES records in the 12-month period ending on August 31, among single adults, veterans, who had 323 exits, were far more successful than non-veterans (with 1,781 exits) in exiting homelessness to permanent housing.

- 44 veteran exits were through HUD-VASH placements and 14 veteran exits were through some other type of subsidized housing, compared to 14 non-veteran exits to subsidized housing.
- 118 veteran exits were through an SSVF or another type of RRH placement, while only 39 non-veterans exits were through an RRH placement.
- In total, 236 veteran exits (73 percent of all veteran exits) were to some type of permanent housing, compared to 287 non-veteran exits (16 percent of total).

These extraordinary disparities in housing placements between veterans and non-veterans illustrate the difference that VA-funded housing resources makes in the prospects for single adults to obtain permanent housing.

System-wide, veteran status allows a single adult who is homeless to enter a parallel services system with more opportunities for exiting homelessness. This relieves some of the demand for temporary (i.e., shelter) and permanent housing placed on the mainstream (non-veteran) homeless services system. Upon finding out that a homeless individual is a VA-eligible veteran, they can be referred to veteran services providers.

On the other hand, the gains made with these resources in reducing the veteran homeless subpopulation, as measured by the PIT count, has been modest. Where other communities have brought veteran homelessness down to zero with a similar scale of resources that have been available to Albuquerque, veterans were still slightly overrepresented among Albuquerque's homeless population. High levels of disability, chronicity, and aging mark this veteran population, all of which add some vulnerability and urgency to the question of why there are not fewer homeless veterans in Albuquerque. VA officials could not give a satisfactory answer to this question. This is not meant to critique those who are involved in veteran services, as their housing outcomes are notable, as much as to call for further inquiry into this question and to promote further reductions in the numbers of homeless veterans as a means to further reduce the Albuquerque's overall single adult homeless population.

Section 6 - Conclusion

This report assesses the need for expanded shelter capacity in Albuquerque NM in the wake of an expanding homeless population. We primarily focus on shelter needs for single adults and for families, but also look at shelter capacity issues for unaccompanied youth and young adults, as well as for veterans.

In doing so, we take a basic systems approach that not only assesses expanding the supply of available shelter beds, but also looks at provisions for reducing the incoming flow of persons and households seeking shelter at the “front door” of the system and for moving people more quickly to exit the “back door” of the shelter to permanent housing. Without such adjustments to the inflow and outflow, even a sizeable expansion in the stock of shelter beds would be in danger of being neutralized by an increasing demand for shelter along the lines of what Albuquerque has experienced in the previous six years.

Assessing Shelter Capacity Needs by Subgroup

By far the largest subgroup among Albuquerque’s homeless population are single adults. They comprise approximately three-quarters of the overall homeless population as enumerated in the city’s point-in-time count, and the lack of sufficient shelter beds to provide overnight accommodations leads to encampments and other highly visible uses of public spaces.

We provide three scenarios for addressing shelter needs among this population. For the first scenario, we estimate, conservatively, that accommodating this entire population in shelters on a given night would require adding 463 to 518 shelter beds, which would roughly double the current supply of shelter beds for single adults. We also provide approaches for facilitating the use of these shelter beds by unsheltered homeless, many of whom may be initially resistant to using shelter facilities.

For the second scenario, we recommend targeting the large proportion of the single adult population that is chronically homeless by increasing the supply of permanent supportive housing (PSH) available to this population. We estimate that developing roughly 630 additional PSH units would both eliminate chronic homelessness in Albuquerque and obviate the need for expanding shelter capacity, and that any expansion of PSH supply would collaterally decrease the need to expand shelter capacity.

The third scenario adds rapid rehousing resources and a systematic diversion process to the second scenario to create a portfolio of interventions that provide additional means to reduce the homeless population and the need to expand shelter capacity.

Families are the next largest subgroup of Albuquerque’s homeless population. Here data on inflow into homelessness is less clear, though indications are that there is a demand that substantially exceeds the available shelter capacity. Yet this is a much less visible demand, and,

given currently available data, we are unable to assess the extent to which shelter for this subgroup should be expanded. Instead, we propose a more coordinated intake system to manage the demand for shelter; temporarily expanding the shelter capacity until there is better data on the extent of the demand; and implementing other measures such as rapid rehousing and diversion that were also recommended for the single adult subgroup.

Shelter needs for unaccompanied youth and young adults are also difficult to ascertain based upon available data. Along with the uncertain flows in and out of homelessness by this population, there is also the need to make any shelter facilities amenable to the particular circumstances that this group faces. Beyond pointing out these needs, based upon our interviews with services providers, any shelter expansion for this subgroup would need a fundamental reappraisal of existing needs and services.

Finally, the number of veterans among the homeless population has decreased modestly over the past six years, despite their having the access to the most expansive set of homeless and housing services among any of the subgroups reviewed here. Although they comprise 11 percent of Albuquerque's homeless population, their outflows to permanent supportive housing and rapid rehousing substantially exceed those made by the rest of Albuquerque's homeless population. Despite this, there are still high levels of chronic homelessness among the veteran population, and it is uncertain why there have not been further reductions in levels of veteran homelessness. We recommend more inquiry into this, with the ultimate goal of ending veteran homelessness in the manner that has been done in 78 communities across 35 states.

Specific Recommendations

In summary, given the ongoing need to manage the overall flow of homelessness in a manner that reduces both the population size and the time spent homeless, we make the following recommendations along with our assessment of the need to expand shelter capacity:

- Initiate a concerted campaign to reduce and ultimately end chronic homelessness. If this subpopulation is not addressed, its continued growth will make disproportionate use of a range of services as individuals and families indefinitely languish in a homeless state.
- Increase the supply of permanent supportive housing to target people and families who are designated chronically homeless, as well as others who are deemed long-staying, disabled and/or vulnerable.
- Increase the availability of other forms of permanent housing that benefit other segments of the homeless population, and in particular rapid rehousing resources.
- Implement diversion practices, with "one-shot" financial assistance when needed, as a regular feature of a variety of homeless services, including shelter intakes.

- Make existing and new shelters more amenable to people seeking shelter by facilitating geographic access, implementing as full a range of low-barrier features as possible, creating culturally accommodating features (particularly for Native Americans), and using outreach to engage unsheltered persons with housing and services.
- Adopt a single point of entry structure to centralize and better manage entry into the family shelter system.
- Explore ways to further reduce Albuquerque's homeless veteran population.
- Implement procedures to monitor system performance and impact on the homeless population.

Adopting these recommendations provide a means to manage the homeless population by reducing the flow of people into shelters and by increasing the flow out of homelessness and into housing. If done effectively and with sufficient resources, these measures can reduce or even eliminate the need for further shelter capacity and at the same time reverse the growth in homelessness, and particularly unsheltered homelessness, that Albuquerque has experienced over the past six years.

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