



# Comprehensive Needs Assessment of Young People Experiencing Housing Instability and Homelessness in Bernalillo County, New Mexico

February 2022

Final report submitted by the Pacific Institute for Research and Evaluation

# Contents

List of Acronyms ..... 3

Executive Summary..... 4

Part 1. New Mexico Youth Count and Housing Survey ..... 14

Part 2. Youth Experiences and Perspectives of Housing Instability and Homelessness..... 39

Part 3. Organizational Assessment Survey ..... 53

Part 4. Qualitative System and Organizational Assessment ..... 62

Part 5: Organizational Workforce Survey ..... 82

Part 6. Recommendations ..... 100

Contributors..... 108

Acknowledgments ..... 109

Appendix 1. New Mexico Youth Count Housing Survey ..... 110

Appendix 2. Youth Count and Housing Survey Locations ..... 114

Appendix 3. List of Participating Organizations ..... 115

Appendix 4. List of Organizations Rated for Level of Inter-Organizational Interactions ..... 116

Appendix 5. Definitions for Each Level of Inter-Organizational Interaction..... 117

# List of Acronyms

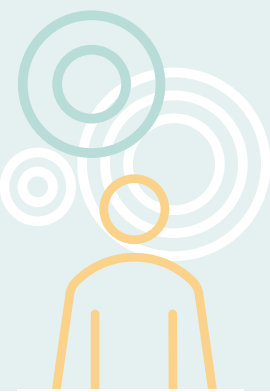
<b>ACE</b>	Adverse Childhood Experience
<b>AIC</b>	Akaike's Information Criterion
<b>BIPOC</b>	Black, Indigenous, and People of Color
<b>CBI</b>	Copenhagen Burnout Inventory
<b>CBO</b>	Community-based organization
<b>CCCC</b>	Cooperation, Coordination, Coalition, or Collaboration
<b>CYFD</b>	State of New Mexico Children Youth and Families Department
<b>EBP</b>	Evidence-based practice
<b>EBPAS</b>	Evidence-Based Practice Attitude Scale
<b>ER</b>	Emergency room
<b>GED</b>	General equivalency diploma
<b>HMIS</b>	New Mexico Homeless Management Information System
<b>HUD</b>	U.S. Department of Housing Services and Urban Development
<b>ICS</b>	Implementation Climate Scale
<b>LGBTQ+</b>	Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning
<b>LMX-7</b>	Leader-Member Exchange (LMX-7)
<b>OAS</b>	Organizational Assessment Survey
<b>OWS</b>	Organizational Workforce Survey
<b>NM</b>	New Mexico
<b>MCO</b>	Managed care organization
<b>PIRE</b>	Pacific Institute for Research and Evaluation
<b>PIT</b>	Point-In-Time
<b>PTSD</b>	Post-Traumatic Stress Disorder
<b>SAQ</b>	Safety Attitudes Questionnaire
<b>STS</b>	Secondary Traumatic Stress
<b>TANF</b>	Temporary Assistance for Needy Families
<b>TLP</b>	Transitional living program
<b>UCSD</b>	University of California, San Diego
<b>UNM</b>	University of New Mexico
<b>VI-SPDAT</b>	Vulnerability Index - Service 4 Prioritization Decision Assistance Tool
<b>Y-APT</b>	Youth-Adult Partnership Assessment Tool
<b>YC/HS</b>	Youth Count and Housing Survey

# Executive Summary

## Overview

The Comprehensive Needs Assessment of Young People Experiencing Housing Instability and Homelessness in Bernalillo County, New Mexico, represents a collaborative effort of the Southwest Center of the Pacific Institute for Research and Evaluation (PIRE), the Child and Adolescent Services Research Center of the University of California, San Diego (UCSD), and the University of New Mexico (UNM) Office of Community Health. Making this effort possible is a partnership with a Leadership Team of government officials from the City of Albuquerque, Bernalillo County, and the State of New Mexico Children, Youth and Families Department (CYFD), and administrators of community-based organizations (CBOs). We define CBOs as public or private nonprofit organizations that address the health and human service needs of youth aged 15-25 experiencing housing instability and homelessness. A Youth Advisory Council of young people with lived experience of unstable housing and homelessness has guided this work.

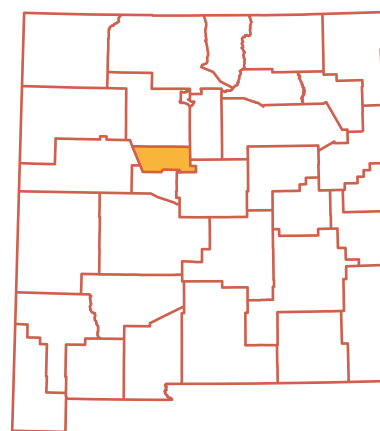
**This needs assessment is designed to achieve several goals:**

- 
- Generate an estimate for the number of young people aged 15-25 experiencing housing instability and homelessness in Bernalillo County.
  - Enhance understanding of housing instability and homelessness based on the perspectives of young people with lived experience.
  - Examine strengths and limitations of the current service system for the population of interest, including capacity issues affecting CBOs and their workforce.
  - Develop recommendations for creating a coordinated and comprehensive community response to improve services and supports for young people impacted by housing instability and homelessness in Bernalillo County.

This needs assessment features quantitative and qualitative methods. Quantitative methods include Mark-Recapture computations to estimate the size of the population of interest and surveys with young people, organizational leaders, and the workforce. Qualitative methods include semi-structured interviews with young people, system leaders, and CBO administrators and focus groups with frontline providers. All participants in this assessment were compensated with small incentives in the form of a gift card or money. The PIRE Institutional Review Board approved all research procedures.

This needs assessment consists of six complementary parts summarized below: (1) New Mexico Youth Count and Housing Survey; (2) Youth Experiences and Perspectives on Housing Instability and Homelessness; (3) Organizational Assessment Survey; (4) Qualitative System and Organizational Assessment; (5) Organizational Workforce Assessment; and (6) Recommendations. The larger report that follows includes detailed descriptions of methods and findings for Parts 1-5 and a more extensive outline of key recommendations informed by this needs assessment.

## Part 1. New Mexico Youth Count and Housing Survey



We implemented the New Mexico Youth Count and Housing Survey in Bernalillo County during three consecutive three-day periods (Thursday through Saturday) in late summer 2021 using Mark-Recapture, an approach for determining the size of a particular population by attaching a unique identifier or mark to individuals in this population at specific sites where they are likely to be found, then returning to those sites to recapture some of these same individuals. At each site, we conducted tallies of the young people present. We invited young people who appeared aged 15-25 to complete a brief in-person survey to gather information about their characteristics and unmet service and housing needs.

We determined the current housing status of the young people completing the survey (n=361 unique respondents) by analyzing their responses to three questions concerning: 1) where they spent most nights during the past 30 days; 2) where they stayed during the last night; and 3) if they could stay where they stayed the last night for the next month. We defined young people who had stayed in their own home most nights during the past 30 days and last night, and who said that they could stay there for the next month as stably housed, comprising 25% of the sample. We considered the remaining 75% of respondents to be unstably housed or homeless. The estimated size of the total homeless youth population aged 15-25 ranged from 1,242 persons to 2,314 persons based on the set of sites used in the Mark-Recapture computations and the data from the surveys and tallies. This is a conservative estimate given that we could not saturate all potential sites due to pandemic conditions and other factors (e.g., safety considerations, the hidden nature of the population) during the count periods.

Respondents who were unstably housed or homeless reported losing housing in the past due to being kicked out of their home (35%), running away (30%), domestic or family violence (30%), eviction (25%), substance use (20%), and aging out of foster care (6%). They were similar demographically to the young people with stable housing but were slightly older and more likely to identify as American Indian. They were also more likely to have been in foster care and the juvenile justice system, have spent the night in an adult jail, and be pregnant or a parent. Compared to the stably housed respondents, their foster care experiences tended to be longer and involve more placements. Respondents who were unstably housed or homeless also reported poorer physical and mental health than their stably housed peers. A quarter described their physical health as poor or fair, over a third had a physical disability or long-term health condition, and a quarter had been to a hospital emergency room three or more times during the past year. Over a third said their mental health was "not good" most of the time or always. In addition, respondents who were unstably housed or homeless were more likely to report experiencing traumatic events in the past year, such as being robbed, assaulted, or arrested. They were less likely to say they have family they can talk to about important things or go to for help. Only a third of these respondents currently attend school, and few get money from full- or part-time jobs.

In terms of service needs, half of the respondents currently experiencing housing instability or homelessness had *never* utilized housing supports, such as emergency shelters, transitional housing, or public housing. However, a quarter wanted to apply for public housing or Section 8 but did not know how. When asked about acceptable types of temporary housing, there were some differences in

responses by age. The majority of respondents—over half of those under 18 (54.0%) and three-quarters of those over 18 (78%)—noted their preference for living in an apartment or home by themselves with support (coordinated services with housing). Those under 18 years of age were more likely to say they would like to live with family members (40%) versus those age 18 and over (25%). When asked a final open-ended question about what one thing would be most useful to them now, the majority referred to housing (e.g., “a house or apartment,” “a transitional living place,” “help with housing and get me off the streets before winter comes”), followed by money (e.g., “income,” “financial help”), employment (e.g., “getting a job,” “career training”), and physical, behavioral, and oral health care (e.g., “help with physical and mental health,” “drug abuse services,” “dental care”). Respondents also mentioned work, support from family and friends, navigation assistance, transportation, and other items as most useful right now.

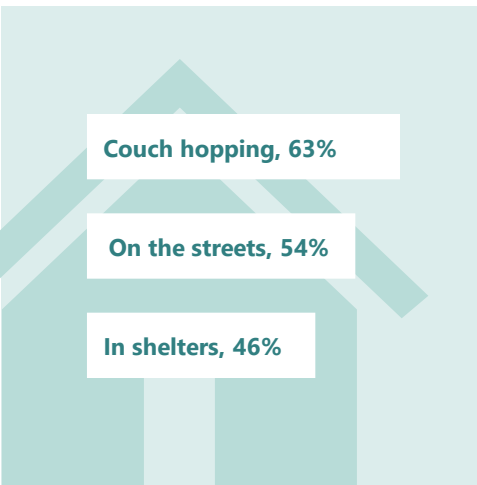
## Part 2. Youth Experiences and Perspectives of Housing Instability and Homelessness

Twenty-four young people impacted by housing instability and homelessness participated in qualitative semi-structured interviews to help explain, expand on, and contextualize the results from the New Mexico Youth Count and Housing Survey. We conducted most interviews in person in October 2021.

**How Do Young People Perceive Bernalillo County?** The majority of young people interviewed are not originally from Bernalillo County but have lived in the region for a long time. Young people are ambivalent about living in the region, as summed up in the statement, “Burque is sparkling, and it’s pretty, and it’s beautiful... but there’s a lot of dread, a lot of violence, drug abuse, and homelessness.”

**How Do Young People Describe Their Backgrounds?** Adverse Childhood Experiences—potentially traumatic events that occur during childhood between the ages of 0-17—affect the health and wellbeing of our interviewees. These young people describe growing up in difficult social environments shaped by conditions of poverty with family members and themselves struggling with mental health and substance use problems, emotional and sexual abuse, and justice systems involvement. Young people almost universally report coming from natal families disrupted by domestic violence, parental separation/divorce, and incarceration. Most frequently, they describe being raised in single-parent households, followed by living with another caretaker, such as a grandparent or older relative, often under crowded conditions. Almost a quarter report direct involvement in foster care at some point in their lives, either as children or as parents. Most are struggling with serious mental illnesses, including mood disorders (e.g., depression, bipolar disorders) and anxiety disorders, such as post-traumatic stress disorder (PTSD). A small subset identifies as having a psychotic disorder, and almost one-fifth have experiences of psychiatric hospitalization. Young people report few behavioral health resources. Their confidence in such resources appears low because they are widely perceived as not specialized enough to address their unique circumstances and conditions. Although they recognize the value in education, especially to build life skills and secure and maintain employment and a home, less than half of the young people have finished high school. Reasons for not completing include insufficient support for overcoming learning challenges, substance use, becoming pregnant, running away from home to preserve their safety, and working to support themselves or their families. Many young people report experiences with paid employment (usually in fast food, retail, and the gig economy) and under-the-table work (e.g., dealing drugs, stealing/reselling goods, and sex work). Having behavioral health needs interferes with their ability to keep jobs. Stigmatization and discrimination also impact their employment prospects and other facets of

their lives. Several young people described negative treatment because of their substance use and incarceration records, identities as Black, Indigenous and People of Color (BIPOC) or lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+), and their immigration status.



**What Are the Living Situations of Young People?** When discussing their experiences of homelessness, the majority (63%) report couch hopping (staying temporarily in a succession of other people’s homes; also known as couch surfing), followed by staying on the streets (54%) and being in shelters (about 46%). Many young people live with relatives from time to time but such arrangements are usually temporary due to concerns about overstaying their welcome. Our interviewees have stayed in hotel rooms with romantic and sexual partners, with young women facing expectations of exchanging sexual acts for a place to stay. Of all these experiences, young people characterize sleeping on the streets as the worst, as it increases their risk for violent victimization (e.g., getting robbed or beaten). Perceptions about emergency shelters run the gamut. While some are appreciative of having a safe place to stay that includes assistance navigating services, others are more negative in their appraisals, asserting that some emergency shelters are understaffed and prioritize occupancy of beds over providing

supportive services. Older young people avoid adult-serving shelters because they are thought to be unsafe. Our interviewees also describe having no place to go after being in an emergency shelter or jail unless they are fortunate enough to get into a transitional living program (TLP) that offers safe living accommodations for a period of time as well as services to develop the skills necessary to move toward independence and life as healthy, productive adults. Being in TLPs offers young people a sense of stability in their otherwise chaotic lives and opportunities to address their substance use issues.

**What Are the Reasons Young People Experience Housing Instability and Homelessness?** Addiction and abuse are the main themes in narratives of housing instability and homelessness. Abuse by substance-using caretakers is a common thread in the descriptions of why young people leave home and often end up in more dangerous situations resulting in further harm. For example, one young woman who moved in with an older man to escape her violent mother found herself in a situation where she was kept in a locked room and repeatedly sexually assaulted. Other reasons include crowding, coming of age, breakups with significant others, and bad roommate situations. In addition, a civil record of eviction or a criminalized background intensifies the risk for housing instability and homelessness.

**What Makes it Hard for Young People to Get Help?** Several factors affect the ability of young people to get assistance to address housing and other support needs. At the individual level, these include wanting to be self-reliant, fear of being judged, being overwhelmed by behavioral health struggles, and being distrustful of available services. Being undocumented or having open arrest warrants (“being on the run”) also leads young people to stay away from services. On a larger level, most young people are unfamiliar with resources in the community and how to access them. Bureaucratic barriers or hassles reduce their ability to tap into these resources, including challenges understanding and filling out forms and providing required documentation (e.g., state ID, driver’s license, social security card, etc.). Young people also characterize parental consent laws as presenting challenges for unemancipated minors who need consent from parents or legal guardians to get housing and shelter services, medical care, and other supports. Young people value the assistance they receive from street outreach teams, youth-serving drop-in centers, and TLPs for connecting them with navigation support (e.g., case management) to link them to

resources. Such support is instrumental in helping them overcome several of the bureaucratic barriers described above, including paperwork. However, young people repeatedly report not having enough support in the community (especially if navigators move on to other jobs) and how age requirements constrain what they can access. Whether under or over age 18, lengthy waitlists are major impediments to getting help for behavioral health conditions, transitioning from emergency shelters to TLPs, and permanent housing.

**What Does Social Support Look Like for Young People?** Family is important to young people who experience housing instability and homelessness, despite past ACEs involving caretakers and other relatives. Few interviewees indicate receiving no support from family or significant others. This support is emotional (e.g., being there, listening, advice) and material (e.g., food, clothing, an occasional place to sleep) in nature but inconsistently available, especially if family members are using substances or incarcerated. For many, family members are not geographically close enough to help. Several explained that family support depends on whether they stop their substance use and “change their lives.” Some young people isolate themselves because they do not want parents knowing they are using substances to protect them from gossip and embarrassment in the extended family network. The risk of becoming homeless appears greater for young people who isolate themselves. A little more than half of the young people identify friends as a source of social support. However, friendships ebb and flow, so turning to friends is not always possible. Participants must also be careful around their

friends. They frequently share histories of using alcohol and drugs together or engaging in illicit activities to pay for this behavior.

**How Do Young People Describe Their Ideal Living Situation?** When asked about their ideal living situation, close to 67% want a small house or apartment with formal supports. These include support for improving their basic life skills, case management, and addressing behavioral health needs. Some want to live alone (including remaining with their children) or with significant others and friends. Safety and independence are keys to their ideal living situations. Many interviewees simply want a place to live as long it is not on the streets and affords privacy. However, having lived previously in areas pejoratively designated as “war zones,” others clearly want to live in places with less drug use, theft, and violence. Descriptions of independence center on being sober, having reliable transportation to pursue education and employment, and making enough money to pay for living expenses. Several want to keep a pet and simply grow as individuals with the support of family, friends, and services as needed.

## Part 3. Organizational Assessment Survey

To examine the service system landscape, the Organizational Assessment Survey (OAS) collected information from CBOs and other organizations that make up the service system for young people aged 15-25 in Bernalillo County. The OAS was completed by organizational leaders between May-September 2021. The OAS gathered information on organizational demographics; services generally provided to people experiencing homelessness; supportive services, referrals, and overall programming for the population of interest; and organizational networks.





Thirty-two of the 39 invited organizations completed the survey for an 82% response rate. The most common service categories, which approximately three-quarters of responding organizations report providing, include basic needs assistance (75%), housing assistance (72%), case management (72%), and transportation assistance (72%). The majority (63%) also provide mental/behavioral health services and



engage in efforts to increase access to employment. Responding organizations indicate that expansion of existing services, especially more housing opportunities, are needed, including shelters, TLPs, host/foster families, and sober living and therapeutic homes that blend housing with treatment services. Mental/behavioral health services is another priority area requiring expansion. Responding organizations also identify the need to implement new services in Bernalillo County, with 25% calling for the establishment of youth-specific detoxification and crisis centers to address issues with addiction. Several also agree on the need to establish a “one-stop-shop” service entity that can address a range of needs directly and leverage strong partnerships with local organizations to facilitate linkages to community-based services. Responding organizations characterize CBOs that currently specialize in services for young people who are unstably housed or homeless as key strengths of the service system, describing them

as being resourceful, dedicated, engaging in impactful work, and increasingly collaborative. However, responding organizations suggest that adult-serving organizations for the population affected by homelessness could be doing more to ensure that the services they provide to young adults aged 18-25 are tailored to their specific needs and that services are better integrated with those offered by the youth-serving CBOs. Notably, many responding organizations possess training capabilities and are willing to share these capabilities with others. Creating such opportunities may help foster inter-organizational relationships and enhance system-wide expertise. Collaborative network analysis review, which includes examining insight into inter-organizational interactions and collective action planning, may help increase interaction, coordination, and overall quality of services among key organizations and other agencies involved in assisting young people affected by housing instability and homelessness in Bernalillo County.

## Part 4. Qualitative System and Organizational Assessment

This qualitative assessment of the service system highlights the perspectives and experiences of professional stakeholders, including system leaders (n=14), CBO administrators (n=12), and frontline providers (n=40), through the use of semi-structured interviews and focus groups. We conducted the interviews and focus groups largely using the Zoom Meetings platform in June-September 2021. Our discussions centered on (a) the characteristics and needs of the population of youth dealing with housing instability and homelessness; (b) the broader service environment, including leadership, funding, and inter-organizational networks; (c) capacity issues affecting the CBOs; and (d) service and support gaps. Participants included system leaders, CBO administrators, and frontline providers (e.g., case managers, clinicians). The findings derived from this assessment largely converge with and expand on the perspectives shared by youth.



**Who Are the Young People Experiencing Housing Instability and Homelessness?** Professional stakeholders conceptualize the plight of young people aged 15-25 impacted by housing instability and homelessness in poignant yet stark terms, clarifying that they represent a largely invisible population that is diverse in its composition. Complicated family dynamics and systemic harm shape trajectories of housing instability and homelessness among young people. Histories of involvement in the child welfare system (including foster care and juvenile justice) are common among young people who experience housing instability and homelessness and who have unique and unaddressed needs related to development or maturation, social support, and behavioral health. Per the professional stakeholders, young people are also at heightened risk of being trafficked sexually and becoming homeless as adults.

**We don't as a community talk enough about it [youth homelessness]. I think...if we really showed the ugly truth to the community at large, maybe people would get upset, and it would affect them.**

– Frontline provider

**How Do System Leaders, CBO Administrators, and Frontline Providers Characterize the System?**

Professional stakeholders characterize the current service system as lacking defined leadership; missing youth voice in system planning and decision making; and needing multilevel communication, coordination, and collaboration. They describe the service system as “inadequate,” “uncoordinated,” “disjointed,” “siloeed,” “bureaucratic,” and “overwhelmed.” Relationships among CBOs can be competitive but are largely positive. Funding and contracting constraints affect the ability of CBOs to plan for the future and build capacity within their agencies. Professional stakeholders also indicate that the provision of evidence-based practices (EBPs), referring to manualized interventions with proven effectiveness, is variable to minimal across the CBOs. Moreover, systems for data collection, reporting, and evaluation are disconnected and underdeveloped. Above all, professional stakeholders note that the system relies on a hopeful, dedicated, and internally motivated yet relatively young workforce. However, burnout among providers may contribute to turnover and recruitment and retention challenges more generally. Professional stakeholders commend the CBOs specializing in services for young people with housing instability and homelessness for making strides at the agency level to create a strong workforce prepared for career advancement through training and support for providers and staff. Finally, professional stakeholders are optimistic, stating that the system is “improving” and “getting better,” with the City of Albuquerque, Bernalillo County, and UNM bringing together relevant stakeholders to prioritize a community response to youth housing instability and homelessness.

**What Gets in the Way of Serving and Supporting Young People Experiencing Housing Instability and Homelessness?**

Professional stakeholders believe we can reduce youth homelessness through prevention and early intervention in multiple sectors (e.g., child welfare, education) to reduce the systemic harms that lead to this situation. They also note the difficulties of serving young people without a coordinated entry and assessment system, a problem compounded by the lack of affordable housing stock and inadequate access to age-appropriate shelters, TLPs, and behavioral health services. Individual-level barriers (e.g., stigma, insufficient awareness of resources) and bureaucratic challenges make it hard for young people to get extant services. Without navigation assistance and greater life skills preparation, professional stakeholders feel young people are impeded in overcoming these obstacles.

## Part 5. Organizational Workforce Survey

The Organizational Workforce Survey (OWS) assessed the characteristics and needs of the provider workforce that supports young people aged 15-25 experiencing housing instability or homelessness in Bernalillo County. The OWS also collected data on what the workforce views as priority issues to address in improving services and supports for the population of interest and on capacity needs to consider when aiming to improve the service delivery landscape. Of the workforce invited to participate in the OWS, 150 frontline providers and nine executive leaders (82% overall) completed the web-based OWS in June-September 2021. In general, leader perspectives were highly unified with those of the providers, suggesting high cohesion regarding both workforce and perceptions of youth supports needed.

### **What Are the Priority Needs for Young People Experiencing Housing Instability and Homelessness?**

Overwhelmingly and justifiably, increasing housing availability was endorsed as the top priority area for addressing the needs of young people experiencing homelessness. Yet, it was also perceived as one of the least feasible to implement. In addition, supporting employment opportunities, removing barriers to education, and addressing substance use disorders were all seen as top priorities for addressing the needs of young people experiencing homelessness. Equally important, all three were perceived as more feasible issues to act upon than increasing housing availability, with both leaders and providers endorsing support for employment opportunities as the most feasible to implement.

**What Is the Composition of the Workforce and What Are Its Training Needs?** The majority of the provider workforce is female (74%), identifies as Latinx (54%), and has been in their current job for between one and four years (49%). The leaders are also majority Latinx (67%), are equally split on gender identity (female, male), and tend to be in their positions slightly longer. The OWS responses suggest that people in the workforce are not intending to leave their current jobs anytime soon. Training opportunities and wellness practices should be integrated into organizational support services to recruit and retain providers.

**How Does the Workforce Characterize Its Strengths?** A resounding finding from the OWS is that both leaders and providers share a strong sense of partnership with youth and inherent compassion for their work. The workforce expresses robust youth-adult partnerships across the service system. Given the complexity of meeting the needs of youth experiencing housing instability or homelessness, this is a solid foundation on which to enhance the service system's reach. Overall, the workforce expresses very positive attitudes about workplace climate, reporting high levels of job satisfaction and strong safety culture. Notably, half of the workforce reports the highest level of provider-leader relationships and another 30% report very strong leadership.

**What Are the Primary Challenges Expressed by the Workforce?** While there are notable strengths of the workforce, they are accompanied by moderate levels of work-related burnout and secondary trauma, which occurs when exposure to a client's trauma or stress results in individualized negative feelings and behaviors on the provider's part. The majority of providers find their work emotionally exhausting, and over 20% experience high levels of secondary traumatic stress. Also, while the workforce expresses moderate to high attitudes about implementing EBPs for young people experiencing homelessness, this finding is accompanied by limited perceived recognition or reward structure for the actual implementation of evidence-based approaches. If a system priority for funding and supporting evidence-based approaches exists, it needs to be championed within the workforce.

## Part 6. Recommendations

Participants who completed the various surveys, semi-structured interviews, and focus groups offered insights and recommendations for addressing the needs of youth and young adults impacted by housing instability and homelessness in Bernalillo County. The recommendations converge on four key domains: (1) Collaboration and Partnership; (2) Prevention and Coordinated Entry; (3) Enhanced Continuum of Services and Supports; and (4) Improved Capacity to Deliver Services.



**Collaboration and Partnership.** Recommendations center on (1) building the foundation for a comprehensive community response that emphasizes youth voice and adequate funding, resources, training, and best practices to involve and support young people impacted by homelessness as partners in making system change happen. Recommendations also center on (2) aligning leadership across public sectors, systems, and CBOs that serve young people experiencing homelessness. For such alignment to occur, it is imperative to establish and maintain effective communication, mechanisms for stakeholder input, transparent decision-making and oversight, unified metrics to measure progress toward shared goals and outcomes, a coordinated funding strategy to address gaps in services and supports, and improved collection, sharing, and use of data on youth homelessness across systems and CBOs to enhance overall system functioning.

**Prevention and a Coordinated Entry System.** Recommendations center on (1) creating a coordinated “prevention-first” approach to keep young people from ever experiencing homelessness by increasing public awareness of the scope and nature of the problem, building knowledge of local services and supports, and promoting early engagement and intervention for youth and families who may be facing housing instability and homelessness in key public systems, including education, child welfare, juvenile justice, and behavioral health. Recommendations also center on (2) developing and implementing a coordinated entry and assessment system with multiple entry points for youth and young adults and their children (e.g., community hubs, a youth-specific assessment facility, drop-in centers, street outreach, emergency services, and phone, text, and web-based access). Key system features include integrating streamlined, standardized, and age-appropriate intake, assessment, and referral processes; providing access to community-based, client-centered navigation; making sure young people get services and support responsive to their cultural and developmental needs on-demand; building capacity to serve priority subpopulations (e.g., BIPOC, LGBTQ+, undocumented, and persons with human trafficking experiences); and increasing public funding and technical support for the development of secure data management systems.

**Enhanced Continuum of Services and Supports.** Recommendations center on (1) developing and facilitating access to multiple types of housing options by decreasing barriers to housing voucher use by young people and their families; providing transitional support to young people exiting institutions such as detention centers, jails, prisons, and mental health facilities; expanding age-tailored rapid re-housing programs, TLPs, and permanent supportive housing programs; creating dedicated public funding streams to create affordable housing and enable young people to obtain and keep housing; enacting legislation allowing unaccompanied homeless minors to receive key services and supports and establish their own residences without consent from parents or legal guardians; and increasing tenant protections to reduce evictions. Recommendations also center on (2) fostering access to services and supports that are both

trauma-informed and developmentally appropriate by embedding such expertise throughout the service delivery and support system; assuring that programs limit policy violations that lead to expulsion of young people from services; enacting policies allowing unaccompanied homeless minors to obtain proof of identification for acquiring services and supports; connecting young people with legal advocates to assist with record clearing and removal of other legal barriers to achieving stable housing and employment; making behavioral health services readily available; maximizing Medicaid coverage and its utilization; expanding availability of life skill intervention programs; providing essential supplies and support to help with basic everyday needs; exploring the feasibility of implementing a guaranteed income pilot program for subpopulations of young people experiencing homelessness; engaging with organizations that cater to adults to ensure their services are tailored to the specific needs of young adults aged 18-25; and using state and national best practices to educate first responders about the complex and diverse needs of the homeless youth population.

**Improved Capacity to Deliver Services.** Recommendations center on supporting CBOs in implementing a coordinated and comprehensive community response that encourages agency growth through longer-term funding and reduced administrative burden; supporting network collaboration and service coordination across agencies, programs and systems; facilitating billing for covered supportive housing activities under Medicaid; providing support for EBP uptake and sustainment; and addressing recruitment and retention challenges by growing and supporting frontline providers through collaboration with higher education institutions, increasing salaries, cultivating opportunities for career advancement, and supporting wellness. Additional recommendations include fostering inter-organizational relationships to improve overall service functioning and quality while enhancing expertise in addressing youth homelessness, particularly in adult-serving organizations that may work with young people aged 18-25.

# Part 1. New Mexico Youth Count and Housing Survey

## Overview

The purpose of the New Mexico Youth Count and Housing Survey (YC/HS) is to (1) estimate the number of youth and young adults, aged 15-25, experiencing housing instability and homelessness in Bernalillo County, NM, which is the location of Albuquerque, the state's largest metropolitan area; and (2) assess their characteristics and unmet service and housing needs. Planning for the YC/HS began in March 2021. Our Youth Advisory Council and the Leadership Team, consisting of members of the Youth Housing Continuum, provided input into the design and implementation of YC/HS procedures. Our count strategy, called Mark-Recapture, differs from the biannual Point-In-Time (PIT) count that communities throughout the nation undertake in a single night in January to enumerate the number of homeless people. The U.S. Department of Housing and Human Development (HUD) uses the PIT count to determine funding for homeless programs but is notorious for undercounting young people. Mark-Recapture is a strategy for determining the size of a natural population by attaching a unique identifier, or mark, to individuals in this population at specific sites where they are likely to be found, then returning to those sites to recapture some of these same individuals. The ratio of marked to unmarked individuals in the population can be determined from these data to arrive at a more robust estimate of its size than a single count can provide. Our use of Mark-Recapture thus necessitated multiple count periods over a longer period to estimate the number of impacted young people in Bernalillo County. Surveys that collected unique identifier information provided the means to mark individuals between the ages of 15 and 25 during the count periods and gather information about their characteristics and unmet service and housing needs. We turned to the toolkit that Chapin Hall at the University of Chicago developed for the nationwide Voices of Youth Count initiative for guidance and resources when developing procedures for the YC/HS.<sup>1</sup>

## Methods

We conducted the YC/HS over three consecutive three-day periods (Thursday through Saturday), from morning through the early evening in late summer 2021. We separated counts by three weeks: August 6-8, August 27-29, and September 16-18. The youth count involved three components: a street count, an organizational count, and a community count event. Our field team included 14 data collectors, eight of whom were or appeared to be between the ages of 18-25. Several members of the field team had lived experience of homelessness as a youth. Twelve community health workers also assisted with managing materials and supplies and providing resource information at the data collection sites.

---

<sup>1</sup> Horwitz, B., Hinsz, J., Karczmar, A., Matjasko, J. L., Patel, S., & Vidis, J. (2019). Conducting a Youth Count: A Toolkit. Chicago: Chapin Hall at the University of Chicago. Available at <https://www.chapinhall.org/project/conducting-a-youth-count-a-toolkit/>.

All data collectors were required to attend a comprehensive two-day training, which consisted of a combination of didactics and role-plays. The training focused on roles and responsibilities; fieldwork and data collection basics; working in community settings; the YC/HS protocol, instrumentation, and processes; human subjects protections; and COVID-19 safety procedures. The training featured a presentation and discussion with street outreach providers specializing in engagement with young people experiencing homelessness. Role-plays and practice in small groups enabled the data collectors to increase their comfort and proficiency using scripts for consenting, screening for inclusion, and administering the youth housing survey. In addition, the data collectors completed a web-based ethics training program of the Collaborative Institutional Training Initiative for those conducting research with human subjects. A refresher training was held at the beginning of each count period.

For each count period, teams were composed of two to three data collectors (sometimes more depending on the size of the site), accompanied by a community health worker. Each team was provided with the locations to count and survey youth. Shifts typically lasted 2-3 hours and spanned approximately 10-12 hours per day. In between shifts, team members returned to a centralized office location or dispatch site, where they returned completed surveys and materials to our field director, debriefed their data collection experience, took a short break, and then went out for another shift, typically at a different location.

The street count took place at “hot spots,” which are locations where young people experiencing homelessness are likely to be found (e.g., parks, specific street corners, convenience stores, and motels that accept public housing vouchers for short-term housing) and organizational sites serving the population of interest (e.g., shelters, TLPs, and drop-in centers). The locations were identified by 15 youth with lived experience who took part in six small group planning meetings between May and June 2021. Street outreach providers and the Leadership Team identified an additional nine locations. We also organized a 3-hour “Come and Be Counted” event at a local park (Roosevelt Park) during each count period. We advertised each event, which featured a Disc Jockey, through service providers, social media, and other outreach. We set up tables at these events and at the street locations that featured a handmade sign stating, “NM YOUTH COUNT Ages 15-25,” to draw in young people. We offered beverages and snacks (e.g., chips, crackers) to persons approaching the tables to solicit their participation and help spread the word about the count. A two-person team also canvassed the larger sites, offering water and snacks and inviting persons who appeared to meet eligibility criteria to complete the survey.

We conducted a visual count of young people at each count site, using tally sheets to record the number observed, their perceived gender, race/ethnicity, age range (15-17 or 18-25), presence of any children, and other characteristics to assist with de-duplication. The tally sheet included a checkbox that the data collectors marked to indicate whether an individual completed a survey, did not complete a survey, or refused to complete a survey. Data collectors approached any young person they perceived as meeting the (age) inclusion criteria following the visual count. They introduced themselves, described the survey’s purpose and types of questions asked, assessed assent/consent, and invited participation using a formal script developed for this purpose. Depending on the preference of the youth, the data collectors could conduct the survey, or it could be self-administered using a hard copy or electronic format. The survey was available in English and Spanish, with most surveys conducted in English.

We developed the survey collaboratively with the Youth Advisory Council and the Leadership Team and included questions from similar surveys conducted in other states and localities. Questions centered on current living circumstances; reasons for not living with a parent, guardian, or foster parent; preferred types of temporary housing; education; procurement of income; parenting and pregnancy status; service access and utilization; health and mental health; trauma and social support; race and ethnicity; gender identity and sexual orientation; reasons for losing a place to live; foster care and justice system involvement; and other issues. We piloted the survey with young people with experiences of being unstably housed or homeless before its implementation and refined the tool with their feedback. Available in Appendix 1, the final survey that we fielded took 10 minutes or less to complete.

Data collectors placed completed surveys in individual manilla folders that remained in their possession while in the field. Next, they provided participants with a \$10 gift card to express appreciation. The data collectors then invited participants to enter a drawing to win prizes (\$100 Visa cash card and four \$25 gift certificates to a popular food vendor). They also inquired into whether participants would be interested in taking part in a qualitative interview about their experiences with housing at a later date. If participants were interested in either option, they completed a *Contact Information Form*, marking checkboxes confirming their preferences for the drawing, interview, or both, and providing a means to contact them. Finally, data collectors placed all completed forms in a manilla envelope maintained separately from survey responses.

## Findings

### Youth Housing Survey Results

#### *Current Housing Status*

Homelessness and housing instability are difficult to define. We determined the current housing status of the young people we surveyed using their responses to three questions concerning: 1) where they spent most nights during the past 30 days; 2) where they stayed the last night; and 3) if they could stay where they stayed the last night for the next month. Table 1.1 shows where respondents said they stayed for most nights during the past 30 days and last night. For the current analysis, we define those who stayed in their own home most nights during the past 30 days and the last night and who said they could stay there for the next month as stably housed; the other respondents were considered unstably housed or homeless. Based on this definition, just a quarter (25.2%) of our respondents were considered stably housed. The remaining 74.8% were unstably housed or homeless (Table 1.2). Of the 365 unique individuals providing survey data, four did not respond to each of the three questions used to determine current housing stability. They thus could not be categorized as stably housed or unstably housed/homeless. Therefore, we excluded responses from these individuals in analyses that compare responses between these two groups but included them in the results shown for all participants.



**Table 1.1 Where Respondents Spent Most of the Past 30 Days and Where They Stayed Last Night**

	Past 30 Days		Last Night	
	Count	Percent	Count	Percent
Their own home (not temporary)	119	32.6%	109	30.4%
Outside, in a car, park, campground, or other public place	63	17.3%	53	14.8%
Couch surfing or staying at someone else's place	44	12.1%	42	11.7%
Apartment, house, trailer, or mobile home temporarily	36	9.9%	42	11.7%
Emergency shelter or homeless shelter	23	6.3%	31	8.7%
Hotel or motel	22	6.0%	22	6.1%
Transition shelter	15	4.1%	19	5.3%
Residential treatment facility	15	4.1%	15	4.2%
Group home	7	1.9%	11	3.1%
Juvenile detention center or jail	5	1.4%	0	0.0%
Hospital or emergency room	1	0.3%	0	0.0%
Other place	15	4.1%	14	3.9%
<b>Valid N</b>	<b>365</b>		<b>358</b>	
<b>Missing</b>	<b>0</b>		<b>7</b>	
<b>Total N</b>	<b>365</b>		<b>365</b>	

**Table 1.2 Housing Stability of Respondents**

	Count	Percent	Valid N
Proportion of respondents considered to be currently stably housed, defined as having stayed their own home for most nights during the past 30 days and last night and saying that they can stay there for the next month	91	25.2%	361
Remaining respondents considered currently unstably housed or homeless	270	74.8%	361

Table 1.3 shows *who* respondents stayed with last night. Almost 40% of respondents who were currently housing unstable or homeless said they stayed by themselves last night, compared to just 20% of those who were not. They were also far less likely to say that they stayed with family (17.4% compared to 64.8%). None of those who were stably housed stayed with strangers during the last night, but 3.7% of those who were unstably housed/homeless did.

**Table 1.3 Who Respondents Stayed with Last Night, Overall and by Housing Status**

	All Respondents		Unstably Housed/Homeless		Stably Housed		Sig.
	%/Mean	Valid N	%/Mean	Valid N	%/Mean	Valid N	
Alone	34.0%	365	38.9%	270	19.8%	91	<0.001
With family, parent(s), or guardian(s)	29.3%	365	17.4%	270	64.8%	91	<0.001
With foster family	1.0%	365	0.4%	270	0.0%	91	0.562
With their child/children	3.8%	365	4.8%	270	1.1%	91	0.030
With other relatives	3.6%	365	4.1%	270	1.1%	91	0.069
With friends	15.3%	365	18.5%	270	5.5%	91	<0.001
With person(s) they have a sexual relationship with	5.2%	365	4.4%	270	7.7%	91	0.293
With person(s) they have romantic relationship with	10.1%	365	11.1%	270	7.7%	91	0.354
With stranger(s)	2.7%	365	3.7%	270	0.0%	91	0.001

Note: Respondents could select multiple categories; responses will not total 100%.

## Housing History

We asked respondents about the reasons they had ever lost their place to live (Table 1.4). Overall, the top reasons included being **kicked out, domestic or family violence issues, running away, and being evicted**. When broken down by current housing status, most of the given reasons were reported at higher rates by those currently experiencing housing instability/homelessness. Of note, among those experiencing housing instability/homelessness, 5.7% said that they had lost housing in the past because they aged out of foster care. None of the currently stably housed respondents selected this reason. In addition, nearly a third of those currently housing unstable/homeless had lost housing due to domestic violence compared to 14.6% of stably housed respondents. A third also said they had lost housing due to being kicked out compared to the stably housed respondents. Nearly all reasons were reported at higher rates among those currently housing unstable/homeless. However, it is important to note that those currently stably housed may have experienced housing instability or homelessness in the past, given that many reported having lost housing due to the listed reasons.

**Table 1.4 Reasons Respondents Have Ever Lost Their Place to Live, Overall and by Housing Status**

	All Respondents		Unstably Housed/Homeless		Stably Housed		Sig
	%/Mean	Valid N	%/Mean	Valid N	%/Mean	Valid N	
Evicted/forced to leave for not paying rent other reasons	22.5%	355	24.8%	262	15.7%	89	0.056
Aged out of foster care	4.2%	355	5.7%	262	0.0%	89	<0.001
Lost assistance (e.g., Section 8) that helped pay bills	6.8%	355	8.0%	262	3.4%	89	0.070
Place was unsafe or unsanitary (i.e., no heat, water)	11.3%	355	13.7%	262	4.5%	89	0.003
Domestic or family violence issues	26.5%	355	30.9%	262	14.6%	89	<0.001
Break-up, divorce, or separation from partner	18.9%	355	22.5%	262	7.9%	89	<0.001
Substance use issues	17.2%	355	21.0%	262	6.7%	89	<0.001
Legal issues	11.8%	355	14.5%	262	4.5%	89	0.001
Immigration issues	1.4%	355	1.1%	262	2.2%	89	0.521
Kicked out	29.6%	355	34.7%	262	14.6%	89	<0.001
Ran away	22.5%	355	28.6%	262	5.6%	89	<0.001
Conditions of probation or parole	8.5%	355	9.2%	262	6.7%	89	0.453

### Demographic Characteristics

Demographically, respondents experiencing housing instability/homelessness were similar to those who were stably housed, with a few exceptions (Tables 1.5 – 1.7). Respondents experiencing instability/homelessness were **slightly older** than those who were stably housed and **more likely to be over the age of 18**. A higher proportion of those experiencing housing instability/homelessness identified as **American Indian or Alaska Native** as well. About 30% of all respondents identified as sexual minority youth and nearly 11% as gender minority youth. The apparent higher proportions of sexual and gender minority respondents experiencing housing instability/homelessness were not statistically significant, a likely artifact of the overall sample size and relatively small number identifying as a sexual or gender minority.

**Table 1.5 Demographic Characteristics of Sample Overall and By Housing Status - Age, Race, and Ethnicity**

	All Respondents (N=365)		Unstably Housed/Homeless (N=270)		Stably Housed (N=91)	
	#	%/Mean	#	%/Mean	#	%/Mean
<b>Age</b>						
Average Age		20.2		20.6		18.9
Age Ranges						
15 – 17	103	28.2%	66	24.4%	36	39.6%
18 – 20	95	26.0%	68	25.2%	27	29.7%
21 – 23	86	23.6%	62	23.0%	23	25.3%
24 – 26	81	22.2%	74	27.4%	5	5.5%
<b>Race and Ethnicity</b>						
Hispanic <sup>1</sup>	232	68.6%	168	68.3%	61	69.3%
American Indian/Alaska Native <sup>2</sup>	55	15.4%	47	17.8%	8	9.1%
Black/African American <sup>2</sup>	49	13.8%	38	14.4%	9	10.2%
Non-Hispanic White <sup>3</sup>	62	17.5%	46	17.5%	16	18.2%
Asian/Asian American or Native Hawaiian/Pacific Islander <sup>2</sup>	13	3.7%	9	3.4%	4	4.5%
Non-Hispanic Other Race <sup>3</sup>	8	2.3%	7	2.7%	1	1.1%

<sup>1</sup> Valid N of 338 for All Respondents, 246 for Unstably Housed/Homeless, and 88 for Stably Housed.

<sup>2</sup> Valid N 356 for All Respondents, 264 for Unstably Housed/Homeless, and 88 for Stably Housed.

<sup>3</sup> Valid N of 355 for All Respondents, 263 for Unstably Housed/Homeless, and 88 for Stably Housed.

**Table 1.6 Demographic Characteristics of Sample Overall and By Housing Status - Gender identity and Sexual Orientation**

	All Respondents (N=365)		Unstably Housed/ Homeless (N=270)		Stably Housed (N=91)	
	#	%	#	%	#	%
<b>Gender Identity<sup>1</sup></b>						
Girl/Woman	122	34.0%	94	35.6%	25	27.5%
Boy/Man	187	52.1%	130	49.2%	56	61.5%
Transgender	16	4.5%	15	5.7%	1	1.1%
Nonbinary/Genderfluid/Two Spirit	22	6.1%	17	6.4%	5	5.5%
Questioning/Not Sure	6	1.7%	5	1.9%	1	1.1%
Prefer Not to Answer	6	1.7%	3	1.1%	3	3.3%
<b>Sexual Orientation<sup>2</sup></b>						
Straight/Heterosexual	243	67.5%	178	67.2%	64	70.3%
Gay or Lesbian	16	4.4%	11	4.2%	5	5.5%
Bisexual/Pansexual/Queer	73	20.3%	55	20.8%	16	17.6%
Asexual or Other Description	21	5.8%	16	6.0%	4	4.4%
Prefer Not to Answer	7	1.9%	5	1.9%	2	2.2%

<sup>1</sup> Valid N of 359 for All Respondents, 264 for Unstably Housed/Homeless, and 91 for Stably Housed.

<sup>2</sup> Valid N of 360 for All Respondents, 265 for Unstably Housed/Homeless, and 91 for Stably Housed.

**Table 1.7 Demographic Characteristics of Sample Overall and By Housing Status - Gender identity and Sexual Orientation**

	Housing Unstable/ Homeless (N=270)		Stably Housed (N=91)		Sig.
	#	%/Mean	#	%/Mean	
<b>Age</b>					
Average Age		20.6		18.9	<0.001
% 18 and Older	204	75.6%	55	60.4%	0.010
<b>Race/Ethnicity</b>					
% Hispanic <sup>1</sup>	168	68.3%	61	69.3%	0.859
% American Indian/Alaska Native <sup>2</sup>	47	17.8%	8	9.1%	0.026
% Black/African American <sup>2</sup>	38	14.4%	9	10.2%	0.287
% Non-Hispanic White <sup>3</sup>	46	17.5%	16	18.2%	0.883
<b>Gender Identity</b>					
% Transgender/Nonbinary/Two Spirit/ Other Gender Identity <sup>4</sup>	37	14.2%	7	8.0%	0.087
<b>Sexual Orientation</b>					
% Gay or Lesbian/ Bisexual/ Pansexual/ Queer/ Questioning <sup>5</sup>	82	31.5%	25	28.1%	0.538

<sup>1</sup> Valid N of 246 for Unstably Housed/Homeless and 88 for Stably Housed.

<sup>2</sup> Valid N of 264 for Unstably Housed/Homeless and 88 for Stably Housed.

<sup>3</sup> Valid N of 263 for Unstably Housed/Homeless and 88 for Stably Housed.

<sup>4</sup> The dichotomous gender minority variable excludes those who preferred not to answer and has a valid N of 261 for Unstably Housed/Homeless and 88 for Stably Housed.

<sup>5</sup> The dichotomous sexual minority variable excludes those who preferred not to answer and has a valid N of 260 for Unstably Housed/Homeless and 89 for Stably Housed.

## Life Experiences

We asked respondents many questions about their history and experiences, including when they left home and why, involvement with foster care and the justice system, veteran status, and parenting status (Table 1.8). Among those experiencing homelessness/housing instability, a much higher percentage indicated that they had left home for good than those who were stably housed. This difference was especially pronounced among those under 18 years of age; half of unstably housed/homeless underage youth indicated that they had left home for good. However, the average age of leaving home was not statistically different between the two groups. In addition, **those experiencing homelessness/housing instability were far more likely to have been in foster care, the juvenile justice system, or spent the night in an adult jail.** In addition, they were more likely to be pregnant or a parent, but there were no statistically significant differences in terms of having their child with them most of the time.

The small sample size precluded statistical significance testing regarding differences in foster care or juvenile justice system experiences. However, among those unstably housed or homeless, those who were

ever in foster care were in foster care for about five years, and about a third experienced six or more placements (Table 1.9). In addition, among youth experiencing housing instability/homelessness, 40.1% reported some involvement in the juvenile justice system, with a mean of 2.2 years of involvement and 4.6 occurrences of involvement (Table 1.10).

Among respondents who had left home for good, those unstably housed or homeless were more likely to give as reasons for leaving home that their parent, guardian, or foster parent abused drugs or alcohol, being pregnant or having gotten someone else pregnant, and their own substance use (Table 1.11).

**Table 1.8 Life Experiences of Respondents Overall and By Housing Status**

	All Respondents (N=365)			Unstably Housed/Homeless (N=270)		Stably Housed (N=91)			Sig.	
	#	%/Mean	Valid N	#	%/Mean	Valid N	#	%/Mean		Valid N
Has left home for good	217	70.2%	309	185	83.0%	223	30	36.1%	83	<0.001
Age when left home for good if has left home for good		16.5	217		16.4	185		17.1	30	0.279
Currently under 18 and has left home for good	27	31.8%	85	26	53.1%	49	1	2.9%	35	<0.001
Currently or ever in foster care	96	27.1%	354	90	34.1%	264	6	7.0%	86	<0.001
Ever been involved in juvenile justice	118	33.7%	350	103	40.1%	257	15	16.9%	89	<0.001
Ever stayed overnight or longer in an adult jail or prison	129	39.2%	329	119	49.2%	242	10	11.9%	84	<0.001
Parent or pregnant or both	84	23.9%	352	75	29.0%	259	9	10.1%	89	<0.001
<i>If a parent, child stays with them most of the time<sup>1</sup></i>	26	40.0%	65	22	37.3%	59	4	66.7%	85	0.167
Ever served in US Armed Forces	9	2.5%	358	8	3.0%	264	1	1.1%	90	0.212

<sup>1</sup> Includes only respondents who said that they are a parent OR a parent and pregnant.

**Table 1.9 Foster Care Experiences, Overall and by Housing Status**

	All Respondents (N=365)		Unstably Housed/Homeless (N=270)		Stably Housed (N=91)	
	#	%/Mean	#	%/Mean	#	%/Mean
<b>Currently or Previously in Foster Care<sup>1</sup></b>						
% Currently in Foster Care	13	3.7%	12	4.5%	1	1.2%
% Previously in Foster Care	83	23.4%	78	29.5%	5	5.8%
% Never in Foster Care	258	72.9%	174	65.9%	80	93.0%
<b>Years in Foster Care (Among Those Ever in Foster Care)<sup>2</sup></b>						
Mean Years (Min. Less than 1 year, Max. 18 years)		4.6		4.8		3.0
% Less than 1 year	15	19.7%	13	18.6%	2	33.3%
% 1 - 2 years	21	27.6%	19	27.1%	2	33.3%
% 3 - 5 years	15	19.7%	15	21.4%	0	0.0%
% 6 - 10 years	13	17.1%	11	15.7%	2	33.3%
% 11 - 18 years	12	15.8%	12	17.1%	0	0.0%
<b>Number of Placements (Among Those Ever in Foster Care)<sup>3</sup></b>						
Mean (Min. 1, Max. 43)		5.6		5.7		3.2
% 1 placement	26	36.1%	22	32.8%	4	80.0%
% 2 - 3 placements	17	23.6%	17	25.4%	0	0.0%
% 4 - 5 placements	9	12.5%	9	13.4%	0	0.0%
% 6 - 10 placements	10	13.9%	10	14.9%	0	0.0%
% More than 10 placements	10	13.9%	9	13.4%	1	20.0%

<sup>1</sup> Valid N of 354 for All Respondents, 264 for Unstably Housed/Homeless, and 86 for Stably Housed.

<sup>2</sup> Ever in foster care includes those currently or previously in foster care; valid N of 76 for All Respondents, 70 for Unstably Housed/Homeless, and 6 for Stably Housed.

<sup>3</sup> Valid N of 72 for All Respondents, 67 for Unstably Housed/Homeless, and 5 for Stably Housed.



**Table 1.10 Juvenile Justice Experiences, Overall and by Housing Status**

	All Respondents (N=365)		Unstably Housed/Homeless (N=270)		Stably Housed (N=91)	
	#	%/Mean	#	%/Mean	#	%/Mean
<b>Juvenile Justice Involvement<sup>1</sup></b>						
% Ever involved in juvenile justice system	118	33.7%	103	40.1%	15	16.9%
<b>Years of Involvement (Among Those Ever Involved)<sup>2</sup></b>						
Mean Years (Min. Less than 1 year, Max. 8 years)		1.9		2.2		0.6
% Less than 1 year	37	40.2%	28	35.4%	9	69.2%
% 1 - 2 years	21	22.8%	18	22.8%	3	23.1%
% 3 - 5 years	28	30.4%	27	34.2%	1	7.7%
% 6 - 8 years	6	6.5%	6	7.7%	0	0.0%
<b>Number of Times Involved (Among Those Ever Involved)<sup>3</sup></b>						
Mean (Min. 1, Max. 30)		4.20		4.6		1.3
% 1 time	50	48.1%	39	42.9%	11	84.6%
% 2 - 5 times	28	26.9%	26	28.6%	2	15.4%
% 6 - 10 times	16	15.4%	16	17.6%	0	0.0%
% More than 10 times	10	9.6%	10	11.0%	0	0.0%

<sup>1</sup> Valid N of 350 for All Respondents, 257 for Unstably Housed/Homeless, and 89 for Stably Housed.

<sup>2</sup> Includes only those ever involved in the juvenile Justice system; valid N of 92 for All Respondents, 79 for Unstably Housed/Homeless, and 89 for Stably Housed.

<sup>3</sup> Includes only those ever involved in the juvenile justice system; valid N of 104 for All Respondents, 91 for Unstably Housed/Homeless, and 13 for Stably Housed.

**Table 1.11 Among Respondents Who Have Left Home for Good, Reasons for Leaving, Overall and by Housing Status**

	All Respondents (N=213)		Unstably Housed/Homeless (N=182)		Stably Housed (N=29)		Sig.
	#	%	#	%	#	%	
Fighting with parent/guardian/foster parent	84	39.4%	74	40.7%	9	31.0%	0.316
Parent/guardian/foster parent abused drugs or alcohol	37	17.4%	35	19.2%	2	6.9%	<b>0.033</b>
Parent/guardian died	25	11.7%	23	12.6%	2	6.9%	0.377
House was too small for everyone to live there	23	10.8%	22	12.1%	1	3.4%	0.045
Abuse or neglected (physically, emotionally, or sexually)	48	22.5%	42	23.1%	5	17.2%	0.485
Did not feel safe due to violence or unsafe activities	37	17.4%	32	17.6%	5	17.2%	0.964
Family lost housing	15	7.0%	14	7.7%	1	3.4%	0.411
Left foster care	10	4.7%	9	4.9%	1	3.4%	0.726
Was/is pregnant or got someone else pregnant	11	5.2%	11	6.0%	0	0.0%	<b>&lt;0.001</b>
Sexual orientation or gender identity	21	9.9%	17	9.3%	4	13.8%	0.459
Their own use of alcohol or drugs	36	16.9%	34	18.7%	2	6.9%	<b>0.040</b>
Told to leave	62	29.1%	55	30.2%	5	17.2%	0.108
Wanted to leave	106	49.8%	86	47.3%	18	62.1%	0.143
Had to move out because of COVID-19	2	0.9%	2	1.1%	0	0.0%	0.573
Other reason	29	13.6%	26	14.3%	3	10.3%	0.536

## Health & Quality of Life

### Physical & Mental Health

Respondents experiencing housing instability or homelessness reported poorer physical and mental health and higher use of emergency room (ER) services (Tables 1.12 – 1.13). A quarter of those respondents described their overall health as poor or fair, compared to 8.8% of the stably housed. A quarter also reported going to a hospital emergency room three or more times over the past year, compared to just 12.2% of the stably housed. They were also more likely to say that their mental health was not good most of the time or always during the past 30 days.

**Table 1.12 Self-Report Physical and Mental Health Overall and by Housing Status**

	All Respondents (N=365)		Unstably Housed/Homeless (N=270)		Stably Housed (N=91)	
	#	%	#	%	#	%
<b>General Physical Health<sup>1</sup></b>						
Poor	17	4.7%	14	5.3%	2	2.2%
Fair	68	18.8%	61	22.9%	6	6.6%
Good	129	35.7%	90	33.8%	38	41.8%
Very Good	79	21.9%	53	19.9%	26	28.6%
Excellent	68	18.8%	48	18.0%	19	20.9%
<b>Number of Times Visited ER in in Past Year<sup>2</sup></b>						
Never	135	37.7%	94	35.6%	40	44.4%
One - two times	147	41.1%	106	40.2%	39	43.3%
Three - four times	49	13.7%	41	15.5%	7	7.8%
Five or more times	27	7.5%	23	8.7%	4	4.4%
<b>Any Physical Disabilities or Long-Term Health Problems<sup>3</sup></b>						
Yes	112	31.2%	92	34.7%	16	17.8%
No	213	59.3%	148	55.8%	65	72.2%
Not sure	34	9.5%	25	9.4%	9	10.0%
<b>How Often Mental Health was NOT Good in Past 30 Days<sup>4</sup></b>						
Never	64	18.0%	39	14.9%	24	26.7%
Rarely	60	16.9%	42	16.1%	18	20.0%
Sometimes	109	30.7%	80	30.7%	28	31.1%
Most of the time	78	22.0%	66	25.3%	11	12.2%
Always	44	12.4%	34	13.0%	9	10.0%

<sup>1</sup> Valid N of 361 for All Respondents, 266 for Unstably Housed/Homeless, and 91 for Stably Housed.

<sup>2</sup> Valid N of 358 for All Respondents, 264 for Unstably Housed/Homeless, and 90 for Stably Housed.

<sup>3</sup> Valid N of 359 for All Respondents, 265 for Unstably Housed/Homeless, and 90 for Stably Housed.

<sup>4</sup> Valid N of 355 for All Respondents, 261 for Unstably Housed/Homeless, and 90 for Stably Housed.

**Table 1.13 Self-Report Physical and Mental Health Among All Respondents and Those who are Unstably Housed/Homeless and Stably Housed**

	Housing Unstable/ Homeless (N=270)		Stably Housed (N=91)		Sig.
	#	%/Mean	#	%/Mean	
<b>General Health</b>					
Mean (Poor=1; Excellent=5) <sup>1</sup>		3.2		3.6	<b>0.006</b>
% Very Good or Excellent	101	38.0%	45	49.5%	0.060
% Poor or Fair	75	28.2%	8	8.8%	<b>&lt;0.001</b>
<b>Number of Times Visited ER in Past Year</b>					
% One or More Times	170	64.4%	50	55.6%	0.145
% Three or More Times	64	24.2%	11	12.2%	<b>0.006</b>
<b>Physical Disability</b>					
% Has a Physical Disability or Long-Term Health Condition	92	38.3%	16	19.8%	<b>&lt;0.001</b>
<b>How Often Mental Health Was NOT GOOD in Past 30 Days</b>					
Mean (Never=1; Always=5)		3.1		2.6	<b>0.003</b>
% Most of the Time or Always	100	38.3%	20	22.2%	<b>0.003</b>
% Never or Rarely	81	31.0%	42	46.7%	<b>0.010</b>

<sup>1</sup> Valid N of 266 for Unstably Housed/Homeless and 91 for Stably Housed.

<sup>2</sup> Valid N of 264 for Unstably Housed/Homeless and 90 for Stably Housed.

<sup>3</sup> Excludes "Not Sure" responses; valid N of 240 for Unstably Housed/Homeless and 81 for Stably Housed.

<sup>4</sup> Valid N of 261 for Unstably Housed/Homeless and 90 for Stably Housed.

## Trauma & Social Support

Youth experiencing housing instability or homelessness were more likely than stably housed youth to have experienced traumatic events during the past year, including being robbed, assaulted, questioned, or stopped by the police, or arrested or detained by the police (Table 1.14). Almost half said they had been robbed or had something stolen from them in the past year, and one-third had been physically assaulted. Regarding interactions with police, half had been questioned or stopped by police and a third arrested or detained. Numbers for all these events were substantially lower among stably housed youth. In addition, they also appear to have less social support than stably housed youth. Most notably, only 60.5% of unstably housed/homeless youth said they had family members they could talk to about important things or go to for help, compared to 84.1% of stably housed youth (Table 1.15).

**Table 1.14 Traumatic Events Experienced During the Past Year Overall and by Housing Status**

	All Respondents (N=365)		Unstably Housed/Homeless (N=259)		Stably Housed (N=90)		Sig.
	#	%	#	%	#	%	
Been robbed or had something stolen from you	136	38.5%	118	45.6%	17	18.9%	<0.001
Been physically assaulted or beat up	97	27.5%	87	33.6%	10	11.1%	<0.001
Been questioned or stopped by the police	142	40.2%	119	45.9%	23	25.6%	<0.001
Been arrested or detained by police (even if not charged with a crime)	97	27.5%	91	35.1%	6	6.7%	<0.001
None of the above	132	37.4%	73	28.2%	56	62.2%	<0.001

**Table 1.15 People They Can Talk to about Important Things or Go to for Help, Overall and by Housing Status**

	All Respondents (N=319)		Unstably Housed/Homeless (N=233)		Stably Housed (N=82)		Sig.
	#	%/Mean	#	%/Mean	#	%/Mean	
Family member(s)	211	66.1%	141	60.5%	69	84.1%	<0.001
Adult friend(s)	160	50.2%	117	50.2%	42	51.2%	0.876
Friend(s) your age	207	64.9%	149	63.9%	58	70.7%	0.257
Teacher, counselor, or other professional	86	27.0%	61	26.2%	24	29.3%	0.589
Other	28	8.8%	23	9.9%	3	3.7%	0.031
Number selected		2.2		2.1		2.4	0.051

## Education & Income

We asked respondents about their highest grade or level of education completed and current enrollment in school or an educational program. Just under half of all respondents had attained a high school diploma or general equivalency diploma (GED), and this finding was similar across both groups (Table 1.16). However, youth experiencing housing instability/homelessness were far less likely to be currently enrolled and attending school or an educational program (Table 1.17). They were also less likely than stably housed youth to say that a full- or part-time job was a current source of income and more likely to say they make money working under the table. In addition, they were more likely to say they got money from panhandling/begging, Temporary Assistance for Needy Families (TANF), selling drugs, and sex work (Table 1.18).

**Table 1.16 Education of Respondents, Overall and by Housing Status**

	All Respondents (N=365)		Unstably Housed/Homeless (N=270)		Stably Housed (N=91)	
	#	%/Mean	#	%/Mean	#	%/Mean
<b>Highest Level of Education Completed<sup>1</sup></b>						
Less than High School	186	52.8%	139	53.1%	45	52.3%
High School Graduate or GED	106	30.1%	82	31.3%	23	26.7%
Some College or Technical School	54	15.3%	37	14.1%	16	18.6%
College Graduate or Professional School Graduate	6	1.7%	4	1.5%	2	2.3%
<b>Current Education<sup>2</sup></b>						
Currently attending school regularly (when in session)	125	40.3%	72	32.0%	51	63.0%

<sup>1</sup> Valid N of 352 for All Respondents, 262 for Unstably Housed/Homeless, and 86 for Stably Housed.

<sup>2</sup> Valid N of 310 for All Respondents, 225 for Unstably Housed/Homeless, and 81 for Stably Housed.

**Table 1.17 Education by Housing Status**

	Housing Unstable/Homeless (N=270)		Stably Housed (N=91)		Sig.
	#	Mean/%	#	Mean/%	
<b>Highest Level of Education Completed<sup>1</sup></b>					
High School Graduate/GED or Higher	123	46.9%	41	47.7%	0.907
<b>Current Education<sup>2</sup></b>					
Currently attending school regularly (when in session)	72	32.0%	51	63.0%	<0.001

<sup>1</sup> Valid N of 262 for Unstably Housed/Homeless and 86 for Stably Housed.

<sup>2</sup> Valid N of 225 for Unstably Housed/Homeless and 81 for Stably Housed.

**Table 1.18 Current Sources of Income, Overall and by Housing Status**

	All Respondents (N=358)		Unstably Housed/Homeless (N=263)		Stably Housed (N=91)		Sig.
	#	%	#	%	#	%	
Full-time job	50	14.0%	22	8.4%	28	30.8%	<0.001
Part-time job	83	23.2%	53	20.2%	29	31.9%	0.035
Money from "under the table" work	77	21.5%	69	26.2%	8	8.8%	<0.001
Money from friends or family	86	24.0%	65	24.7%	20	22.0%	0.600
Panhandling/begging	44	12.3%	43	16.3%	1	1.1%	<0.001
Cash assistance, like TANF or New Mexico (NM) Works	27	7.5%	26	9.9%	1	1.1%	<0.001
Child Support	10	2.8%	6	2.3%	4	4.4%	0.370
Social Security/Disability Payments	19	5.3%	16	6.1%	3	3.3%	0.245
Unemployment benefits	6	1.7%	4	1.5%	2	2.2%	0.667
Hustling/selling drugs	38	10.6%	35	13.3%	3	3.3%	<0.001
Sex work, including exchanging sex/sexual content electronically	10	2.8%	10	3.8%	0	0.0%	0.001
None	50	14.0%	39	14.8%	9	9.9%	0.200
Other	25	7.0%	17	6.5%	8	8.8%	0.457

### Services, Supports, & Temporary Housing Preferences

We asked respondents about services and supports they currently receive, had received in the past, had applied for but not been approved, would like to apply for but do not know how, and have never had or tried to get (Table 1.19). These included different types of shelter (emergency, transition), long-term housing support (Section 8, public housing, income-based rent), assistance with food, cash assistance (TANF, Social Security), job training or career placement services, health care coverage, and different types of counseling. Over half currently had Medicaid and received food stamps (68.1% and 56.3%, respectively). About a third said they had either tried to get long-term housing support (Section 8 or income-based rent) but were not approved or would like to apply for the support but did not know how.

Among youth experiencing housing instability/homelessness, those under 18 years of age were less likely to say they would like an apartment by themselves, with or without support, and more likely to want to live with family members (Table 1.20). Those over 18 years of age who indicated "other" listed wanting to live with a partner or spouse or their child/children.

**Table 1.19 Services and Types of Assistance Youth Currently Receive, Previously Received, Applied for but Could Not Get, and Would Like to Apply For (Housing Unstable/Homeless Only)**

	Currently Receive	Previously Received	Applied but Denied	Would Like to Apply	Never Applied	Valid N
	%	%	%	%	%	
Shelter (emergency or short-term shelter)	23.9%	18.8%	4.7%	3.5%	49.0%	255
Transitional housing	14.1%	10.4%	5.4%	15.4%	54.8%	241
Long-term housing support (such as Section 8, public housing, income-based rent)	6.6%	6.6%	14.5%	22.7%	49.6%	242
Support to buy food, like SNAP/food stamps or WIC	56.3%	11.5%	4.4%	6.7%	21.0%	252
Food from a food pantry, free store, or soup kitchen	21.7%	24.9%	1.2%	6.3%	45.8%	253
Cash assistance (including TANF or NM Works, Social Security Disability benefits)	16.5%	6.8%	9.6%	17.7%	49.4%	249
Child care assistance	3.7%	5.3%	1.2%	4.9%	85.0%	246
Job training or career placement services	5.8%	9.9%	3.7%	21.0%	59.7%	243
Counseling for mental health or substance use issues	21.7%	31.9%	2.0%	7.9%	36.6%	254
Other types of counseling	10.0%	24.9%	2.4%	7.6%	55.0%	249
Public health insurance coverage (Medicaid or Centennial Care, UNM Care)	68.1%	5.6%	0.8%	6.0%	19.4%	248

**Table 1.20 Temporary Housing Respondents Find Acceptable by Age Group (Housing Unstable/Homeless Only)**

	15 - 17 years of age (N=63)		18+ years of age (N=201)		Sig.
	#	%	#	%	
An apartment/home by myself (with support, meaning coordinated services with housing)	34	54.0%	155	77.1%	<0.001
An apartment/home by myself (without support)	20	31.7%	96	47.8%	0.022
An apartment/home with friends	25	39.7%	94	46.8%	0.324
A group home	12	19.0%	18	9.0%	0.064
Living with family members	25	39.7%	50	24.9%	0.035
Other	0	0.0%	12	6.0%	<0.001



## What One Thing Would Be Most Useful Right Now?

When asked about the one thing that would be most useful to them right now, 255 of 278 unduplicated young people experiencing unstable housing/homelessness offered 340 responses across the three count periods. Housing was the most frequently mentioned item, prioritized in almost half (45.1%) of responses. Responses centered on “a home,” “a house or apartment,” “a transitional living place,” “an apartment,” “assistance with getting housing,” “help with housing and get me off the streets before winter comes,” “long term housing from a youth program that helps you get documents,” “stable housing,” “safe place to go with housing support,” and the like. Money was prioritized in 50 responses (19.6%) and included “income,” “financial help,” “a steady source of money, like a job or unemployment,” as well as money for specific items like diapers, rent, hotel, bills, and/or a phone and a “good credit score.” Health care—primarily services for mental health and substance use conditions—was noted in 35 responses (13.7%). Items mentioned included “mental health counseling and support,” “free counseling services,” “rehab,” “help for alcohol addiction to get over,” “drug abuse services,” “grief counselor,” “help with physical and mental health,” and “dental care.” A job was prioritized in 22 responses (8.6%) and included such items as “getting a job,” “having a job,” “career training,” and “being in the Army.” Twenty-one responses (8.2%) included items supported by navigation assistance such as “research on how to get on housing,” “access to a social worker,” and “help getting a new ID and social security card.” Twenty-one responses (8.2%) mentioned the usefulness of support from family and friends, including parents, children, and significant others, “a person that will get me through times,” and the desire “to go home, start over, do what I need to.” Transportation, primarily getting a car, was noted in 20 responses (7.8%). Forty-four other things (18%) that respondents identified as most useful to them right now included food and water, a cell phone, clothing, shoes, “emancipation,” “motivation,” “more opportunities to find purpose,” “my music,” “everything,” and “my life.”

## Youth Count Results

### Estimates of the Youth Homeless Populations in Bernalillo County

We used two different Mark-Recapture models to estimate the approximate size and other characteristics of “observed” and “unobserved” populations of unstably housed/homeless youth appearing at 24 different sites in Bernalillo County over three weekends as described above. The “observed” population comprised youth identified as unstably housed/homeless. The “unobserved” population included similarly homeless/unstably housed youth who were not counted at those times. Mark-Recapture methods provided a means for estimating the size of transient populations, all of whom may not appear at sites at any given point in time but rather move through sites over time and are often difficult to detect.<sup>2,3</sup>

A total of 397 surveys from 365 unique individuals were obtained across sites and weekends. Among these, 295 surveys from 270 unique individuals indicated that the respondent had an “unstable” housing situation (“homelessness” as defined here). We identified 68 homeless youth on the first weekend, 103 on

---

<sup>2</sup> Chao, A. (2001). An overview of close capture-recapture models. *Journal of Agricultural, Biological and Environmental Statistics*, 6, 158-175.

<sup>3</sup> Amstrup, S. C., McDonald, T. L., & Manly, B. F. J. (2005). *Handbook of Capture-Recapture Analysis*. New York: Princeton University Press.

the second, and 99 on the third weekend). Youth were identified as "recaptured" when two successive survey records appeared that shared the same first three letters of the first and last names of the respondent, the same birth year, and the name of the first elementary school attended. Sixteen percent (15.5%) of those observed on the first occasion were recaptured on the second. Eighteen percent (17.7%) of those observed on the second occasion were recaptured on the third. Fourteen percent (14.1%) of those observed on the first occasion were recaptured on the third. Although these values could be used to provide crude estimates of observed and unobserved population sizes, sampling intensity varied considerably from the first to second to third weekends. Such variations in our capture rates confounded crude estimates of capture-recapture probabilities and population size.

We estimated the size of the youth homeless population in Bernalillo County using Huggins and Cormack-Jolly-Seber closed capture models implemented in Program MARK.<sup>4,5,6</sup> We evaluated the fit of each candidate model relative to other models in the set using the small sample size adjustment of Akaike's Information Criterion (AIC).<sup>7</sup> Two candidate models were well-parameterized: One with common capture-recapture probabilities and another in which these probabilities changed over time. The preferred model provided separate estimates of capture vs. recapture probabilities and varying rates of immigration to the different sites. That best model ( $\Delta AIC_c = 2.71$ , evidence ratio = 4.73) provided a population estimate of 792 (95%CI: 565, 1110) homeless youth. This result corresponded well with a model averaged estimate across all four models which took errors in model selection into account, 801 (95% CI: 520, 1081). The latter figure with somewhat larger credible intervals is preferred.<sup>8,9</sup>

## How Large is the Estimated Population?

Based on the headcount provided by site surveys, 270 unique housing unstable/homeless youth were observed across the 24 sites over three weekends. This figure under-estimates the total size of the homeless youth population because the study sites do not represent all places where homeless youth may appear. Thus, the computation of population size is conditional upon the set of sites from which these computations are made.

Based upon the Mark-Recapture estimates provided above, the best estimate of the total population size of youth who were unstably housed/homeless who may have responded to the survey was 801 persons (95% CI: 520, 1081) or roughly 3.0 times the size of the population of young people observed over the

---

<sup>4</sup> Huggins, R. M. (1989). On the statistical analysis of capture experiments. *Biometrika*, 76, 133-140.

<sup>5</sup> Huggins, R. M. (1991). Some practical aspects of a conditional likelihood approach to capture experiments. *Biometrics*, 47, 725-732.

<sup>6</sup> Cooch, E. G. and White, G. C. (2021). *Program MARK: A Gentle Introduction, Volume II*. Program MARK - 'A Gentle Introduction'. Available at [www.phidot.org](http://www.phidot.org).

<sup>7</sup> Burnham, K. P. and Anderson, D. R. (2002). *Model Selection and Multi-Model Inference*. New York: Springer-Verlag.

<sup>8</sup> The data were not sufficient to support either heterogeneity or random effects models which assume that capture-recapture probabilities differed between youth. Nor was support found for impacts related to either site size or gender of young people who were unstably housed or homeless.

<sup>9</sup> There was evidence of over-dispersion related to measurement error in both models. Taking this into account using QAICs adjusted for over-dispersion, the ordering of model performance was different. The model with different capture vs. recapture probabilities fixed over time was preferred. Nevertheless, estimated population size remained similar to that stated above, 839 (95% CI: 643, 1136).

three weekends of the study (95% CI: 1.9, 4.0). Clearly, the observed population represents a fraction of the observed and unobserved population total.

Since not all youth experiencing housing instability/homelessness responded to the survey at every site, these estimates under-estimate the total population. Tabulations of the number of young people who were unstably housed/homeless encountered who did not complete the survey range from 299 to 315 additional persons. Assuming that these persons had answered the survey and were otherwise statistically comparable to those respondents who did, we can calculate another estimate of the likely total size of the unstably housed/homeless population of youth. Using the lower 299 unobserved/unsurveyed estimate, this would be an additional 568 to 1196 persons. Using the upper 315 estimate, this would be an additional 599 to 1260 persons. **Bracketed across all estimates, the total youth homeless population's estimated size may range from 1,088 persons to 2,341 persons, with mean expectations from 1,369 to 2,061 persons.**

## Limitations

There are multiple limitations associated with the YC/HS. Based on advice received during the small group planning meetings, we centered street count activities in the Southeast quadrant of Albuquerque, including the International District and various intersections along Central Avenue, including Pennsylvania, Eubank, and Tramway, which may limit generalizability. Future street count activities should include focused reconnaissance in other regions, including the Northwest quadrant of Albuquerque, the South Valley, and the East Mountains, or broadening the scope of the count. We excluded several street locations due to safety concerns raised by the Leadership Team and in small group meetings. The presence of gang activity, onsite criminal activity, and active shootings also led to abbreviated data collection shifts at three sites. During the later count period coinciding with the New Mexico State Fair, increased police presence at several street locations resulted in substantial decreases in foot traffic among young people.

The YC/HS was organized and launched during the COVID-19 pandemic. The pandemic prevented us from organizing small group planning meetings in person. Many young people we connected with through agencies declined participation due to "Zoom fatigue." Greater participation among youth may have led to the identification of additional hot spots. We were also unable to include or return to specific organizational sites (including educational facilities and shelters) because they were closed to the public. In addition, we experienced unexpected staffing constraints when data collectors experienced exposure to COVID-19 and were quarantined immediately before the count periods. Finally, an organizational site where we anticipated reaching large numbers of young people was non-responsive to our repeated attempts to organize a count event on the premises, likely owing to pandemic-related concerns.

# Advice for Future Youth Counts and Housing Surveys

## Data Collection Sites and Schedules

- Because young people experiencing housing instability or homelessness represent a largely hidden population, it is important to conduct focused reconnaissance at prospective sites on varying days of the week and different day and evening times before finalizing the data collection plan.
- Assure that enough small group planning meetings are conducted with diverse youth with lived experience to identify a broad range of sites in places that attract different subpopulations.
- Plan for more than a PIT count. Additional data collection cycles are vital to producing the best estimate of the population of interest. We recommend four data collection cycles spaced at least 2-3 weeks apart using the Mark-Recapture methodology.
- Connect with trusted street outreach entities (e.g., service providers, churches, harm reduction programs) to conduct counts and collect surveys during their scheduled outreach activities.
- Confirm the viability of a “Come and Be Counted Event” in the local community. Considerations include the specific location; participant safety; likely net draw of the population of interest versus stably housed persons; effective promotion tactics for reaching this population; cost (e.g., labor and supplies, entertainment, and equipment); and competing events scheduled in the community at the same time.
- Review and further discuss sites when receiving advice to discount possible count sites for reasons of “safety” or “intensity,” as these places may well end up being sites with a larger prevalence of young people who are unstably housed or homeless and not connected to services.
- Meet individually with agencies and programs serving adults experiencing housing instability or homelessness in advance to determine the extent to which they work with young adults, aged 18-25, who might not be viewed within an organization as youth per se.

## Promotion, Messaging, and Language

- Frame the count and survey using inclusive and clear language that does not inadvertently limit local perceptions of the population or project. For example, for a broad age range, such as ages 15-25, it may help characterize the population as youth and young adults. By calling our work the “Youth Count and Housing Survey,” we likely dissuaded some young adults aged 18-25 from interacting with our data collectors. In describing the experience of housing instability or homelessness, consider phrasing such as “Those having a hard time finding and keeping housing” rather than “homeless.”
- Convene a Youth Advisory Board to help develop survey content and pilot instruments with additional young people who meet inclusion criteria before their finalization.
- Ask local vendors (e.g., pizza parlors and fast-food establishments, sports teams, and gyms) to support the count and survey by donating gift cards or food to be used as incentives for participation. Remember to acknowledge their donations in reports disseminated in the community.

## Preparation

- Make sure that data collection shifts align with the best times to encounter the population of interest (e.g., evenings and early mornings versus afternoons or a regular 8 am to 5 pm shift).
- Practice both count and survey procedures in advance, including scripts focused on inclusion criteria, consenting, acquiring unique identifier information, and recording site data on instruments.
- Employ a process flow document to train data collectors in all steps accessible for use in the field.
- Recruit a youthful data collection team (including persons with experiences of homelessness) and compensate them for training, orientation, and data collection.
- Plan for data collection teams of at least 3-4 persons for public locations. When collecting data at organizational sites, small teams work well.
- Develop field safety protocols to familiarize data collection teams about when and how to exit potentially dangerous locations or situations.
- Obtain data collection supplies that are mobile or easily transportable to allow data collection teams to roam the surrounding area (e.g., clipboards, pouches for incentives, rolling bags or backpacks).
- Brand the data collection team, using name badges or shirts to identify their membership.
- Instruct data collectors to wear comfortable shoes and clothes and NOT to wear gang colors (e.g., blue and red) or gang-associated clothes (e.g., bandannas) while conducting counts and surveys in the field.

## During Data Collection

- Offer participants multiple options for completing the survey (surveyor-administered, self-administered, hard copy, electronic, etc.).
- Provide incentives (e.g., water, snacks, gift cards).
- Invite participants to enter a drawing to win prizes and let others know about this incentive to build interest in the survey. Ask for and document the best way to contact participants and work with them to think expansively about reaching them in the future while maintaining their confidentiality, be it through a trusted agency or a friend or family member with a reliable phone and email or home address. Above all, assure that prize drawing entry forms are kept separate from the anonymized survey responses.
- Work with stakeholders to prepare a bilingual resource list of programs and providers. Gather handouts and cards from CBOs. Have these items readily available for distribution during field data collection.
- Assign a team member to a "runner" role who can travel between the dispatch and field sites to replenish supplies and collect completed survey responses.
- Provide lunch/dinner to data collectors in between shifts so they can rapidly return to the field.

## After Data Collection

- Conduct daily debriefings with team members to share stories, discuss challenges, brainstorm solutions, and identify key events occurring at sites and in the community that potentially affected data collection.
- Review all data collected daily to monitor forms and surveys for completeness and accuracy, correct errors quickly, and identify and promptly address additional training needs.

## After Data Entry and Analysis

- Report back to the community about the count and housing survey findings in various ways, including a comprehensive written report, briefs, social media, radio, and community meetings.

# Part 2. Youth Experiences and Perspectives of Housing Instability and Homelessness

## Overview

We conducted semi-structured interviews to explain, expand on, and contextualize the YC/HS results from the perspectives of young people aged 15-25 with recent experiences of housing instability or homelessness in Bernalillo County. A semi-structured interview is a qualitative data collection strategy in which researchers ask participants a series of predetermined, open-ended questions about specific topics while also following up on leads or new information raised by the participants.

## Methods

We reviewed the Voices of Youth Count technical report on conducting in-depth interviews with young people experiencing housing instability and homelessness when developing our semi-structured interview guide.<sup>10</sup> The Youth Advisory Board and the Leadership Team also recommended topics and questions to include in this guide. The final set of questions prompted participants to reflect on their life course of housing instability experiences; social contexts and critical conditions underlying those experiences; navigation of housing support and resources; and unmet service and housing needs and recommendations for addressing them.

The interviews occurred over a one-month period spanning October and November 2021. They were conducted by five experienced researchers with advanced degrees. We recruited prospective interviewees by reaching out to young people who provided contact information after participating in the YC/HS. We also conducted direct outreach to youth in the CBOs that serve the population of interest. The inclusion criteria included: (a) having been born between August 1995 and August 2006; and (b) having experienced challenges with stable housing in Bernalillo County in the past year.

Participants completed a demographic form consisting of key questions used in the YC/HS before the start of the single 1-to-1.5-hour digitally recorded interview. The interviews took place in settings considered convenient and private by the participants, including in office spaces provided by CBOs and at picnic tables in local parks. A minority of participants chose to be interviewed remotely, either over the phone or using the Zoom Meetings platform. Throughout the interview, participants were reminded that they could choose not to respond to any question they were uncomfortable answering. In addition, participants received a \$25 cash incentive for completing an in-person interview or a \$25 gift card for taking part in an interview conducted remotely.

---

<sup>10</sup> Samuels, G. E. M., Cerven, C., Robinson, S. R. & Curry, S. R. (2019). Voices of Youth Count (VoYC) In-Depth Interviews: Technical Report. Available at <https://www.chapinhall.org/wp-content/uploads/Voices-of-Youth-Count-Component-Report-FINAL-May-28.pdf>.

We used Rapid Qualitative Data Analysis to analyze the interview data.<sup>11</sup> This method is ideal when a team of researchers gathers data. This process generally consists of each researcher writing detailed debriefing notes per a uniform summary template after each interview, then transferring the summaries into a matrix accessible to all the team members. This matrix allows the team to quickly review the content of any given domain, get a sense of variation, assess gaps in information and why they might exist, and develop memos or written descriptions of emerging themes and patterns, thus enabling the efficient identification and synthesis of key findings across the dataset.

**Burque is sparkling, and it's pretty, and it's beautiful... but there's a lot of dread, a lot of violence, drug abuse, [and] homelessness.**

– Youth participant

We organized findings under seven subheadings: How Do Young People Impacted by Housing Instability and Homelessness Perceive Bernalillo County? How Do Young People Impacted by Housing Instability and Homelessness Describe Their Backgrounds? What Are the Living Situations of Young People Impacted by Housing Instability and Homelessness? What Are the Reasons Young People Experience Housing Instability and Homelessness? What Makes it Hard for Young People Impacted by Housing Instability and Homelessness to Get Help? What Does Social Support Look Like for Young People Impacted by Housing Instability and Homelessness? How Do Young People Impacted by Housing Instability and Homelessness Describe Their Ideal Living Situation? We include quotes from participants emblematic of key themes and issues that emerged in the analysis. We have edited the quotes slightly to enhance readability.

## Findings

Per Table 2.1, a total of 24 young people of diverse social backgrounds participated in the interviews.

**Table 2.1 Youth Interviews Demographic Information (n=24)**

CATEGORY		TOTAL* (N=24)
Age	17	17%
	18	17%
	19	4%
	20	21%
	21	21%
	22	13%
	23	0%
	24	8%

<sup>11</sup> Hamilton, A. B., & Finley, E. P. (2019). Qualitative methods in implementation research: An introduction. *Psychiatry research, 280*, 112516.



CATEGORY		TOTAL* (N=24)
<b>Highest Grade or Year of School Completed</b>	Less than high school	63%
	High School graduate or GED	25%
	Some college or technical school	13%
<b>Currently Enrolled in/or Attending School or Another Education Program</b>	Yes	42%
	No	58%
<b>Race</b>	American Indian or Alaska Native	21%
	White	50%
	Other (Hispanic, Spanish)	17%
	Mixed (Black/African American and American Indian)	13%
<b>Hispanic, Latino/x, or Spanish origin</b>	Yes	67%
	No	33%
<b>Current Gender Identity</b>	Girl or woman	33%
	Boy or man	54%
	Trans boy/man	4%
	Nonbinary, bigender, genderfluid or genderqueer	8%
<b>Sex at Birth</b>	Male	63%
	Female	38%
<b>Sexual Orientation</b>	Straight or heterosexual	67%
	Gay or lesbian	4%
	Bisexual	8%
	Pansexual	17%
	Prefer not to answer	4%

\*Percentages rounded up or down to the nearest whole number. Some totals may sum up to 99% as a result.

## How Do Young People Impacted by Housing Instability and Homelessness Perceive Bernalillo County?

Most participants (58%) were not originally from Bernalillo County, hailing from other parts of New Mexico (33%) or other states (28%). That said, the majority had spent substantial portions of their life in Bernalillo County. Participants expressed ambivalence about living in Albuquerque specifically. One participant called the city “home,” explaining that he remains here because it is where his family lives and is the place where he grew up. It is “beautiful,” he said, citing both the surrounding scenery and the cultural traditions of its communities. Other participants were more critical in their remarks. A second participant observed, “Burque is sparkling, and it’s pretty, and it’s beautiful... but there’s a lot of dread, a lot of violence, drug abuse, [and] homelessness.” “Drugs are everywhere,” asserted numerous participants, who characterized the region as deficient in services and support. A third participant disclosed, “I don’t like anything about living here. It is the Land of Entrapment.”

## How Do Young People Impacted by Housing Instability and Homelessness Describe Their Backgrounds?

### **Family Dynamics and Trauma.** Adverse Childhood

Experiences (ACEs)—potentially traumatic events that occur during childhood between the ages of 0-17—affect the health, wellbeing, and trajectories of housing instability and homelessness of participants. ACEs can increase one’s path to hardships later in life, especially when multiple types of ACEs are experienced.

Participants described growing up in difficult social environments shaped by conditions of poverty with family members and themselves often struggling with mental health and substance use problems, emotional and sexual abuse, and justice systems involvement. Participants almost universally reported coming from natal families disrupted by domestic violence, parental separation/divorce, and incarceration, with single-parent households as the norm, followed by living with another caretaker, such as a grandparent or older relative, often under crowded conditions (a topic we return to below).

When reflecting on their natal families, participants cited substance use among parents and other caretakers and family members. Several attributed their learning difficulties and health problems to in-utero drug use exposure, with one participant self-identifying as a “meth baby.” Others described their caretakers introducing them to drugs, including a father who shot up his daughter’s arm with methamphetamine at age 6. Drug use by caretakers created precarious housing situations for these and other participants during their earliest childhood years. A participant described how she and her mother were kicked out of their grandparents’ home because of the mother’s addiction issues. Along these lines, participants also reported being pressured by caretakers to earn money through licit and illicit means to support their drug dependence or the household. One participant explained, “She [my mother] would make me work to help pay [for methamphetamine].” Participants connect their caretakers’ substance use to their experiences of neglect and abuse. One participant explained that his father (referred to as “glorified sperm donor”) was “high as hell” on heroin when inflicting a knife injury on him at the age of eight that required multiple stitches and staples and left him with a large, noticeable scar on his body.

Many participants had been on the receiving end of emotional and physical abuse perpetrated by caretakers. Some participants linked this abuse to their identities as LGBTQ+ youth or multiracial backgrounds and to living with primary caretakers with unmet treatment needs related to serious mental illness and substance use problems. Others described being disciplined through forced isolation and physical violence, with one participant reporting that her mother would lock her in a room and deny access to food to make her lose weight. Another participant was subjected to regular “beatings” and “beltings” by a stepfather who was “raised by the belt” and believed “the belt fixes” everything. The beatings this participant received were so severe that social workers from CYFD visited the family’s home several times. This participant noted that other children within the household would not disclose information about this abuse because they feared being placed in foster care.

**System Involvement.** Almost a quarter of participants reported direct involvement in foster care at some time in their lives, either as children or as parents. Most interviews did not include in-depth discussions of experiences with foster care, which spanned child protective systems in and outside of New Mexico. However, running away repeatedly from foster care households was a common occurrence during teenage years for those participants with such system involvement. Some participants mentioned positive

“  
Everything has happened to me.

– Youth participant who has experienced traumatic events

experiences with adoption; two had been neglected or kicked out by their adoptive parents. Minimal mention was made of CYFD or child protective services, although one participant stated that agency bureaucracy created difficulties during her adoption that caused her much distress.

Several young adult participants described challenging experiences with child protective services as a caretaker themselves. For those with children in their care, CYFD was rarely, if ever, identified as supportive. A participant, who was struggling to maintain two children with high needs (one her own and one of her incarcerated partner), scoffed, "CYFD? CYFD didn't help me with nothing. Never did anyone say, 'Oh, we'll help you with a housing voucher or a babysitter or anything like that.'"

One participant described growing up on the streets since his pre-teen years despite being adopted, reportedly witnessing "the most horrible things kids should not see," including shootings, acts of deliberate self-harm (e.g., suicide attempts), and death. Sexually assaulted as a child, he asserted that "everything has happened to me." This participant was in "juvie hall" up to "five to six times" and had spent one night in adult jail after a physical altercation with his "baby mom." Now age 20, this participant recounted other traumatic events, including intimate partner violence, a motor vehicle crash resulting in fatal injuries, his own children's deaths, and repeated institutionalization in psychiatric facilities, detention centers, and jails. He spoke fondly and wistfully of his chosen family, including a deceased father figure who "showed me the ropes" and "how to live on the streets" and an age-contemporaneous "twin" or "brother" with whom he shared a "trauma bond." When asked about his hopes for the future, this participant did not foresee surviving for another ten years given the many hardships and traumas already suffered during his short lifetime. This prediction of a future without survival was not uncommon among our participants. While many described ideal living situations in stable homes (see below), others could not articulate what the next months, let alone years, might entail.

**Behavioral Health Considerations.** The vast majority of participants struggled daily with serious mental illnesses, including mood disorders (e.g., depression, bipolar disorders) and anxiety disorders (e.g., PTSD). A small subset identified themselves as having a psychotic disorder, such as schizophrenia or schizoaffective disorder. Almost 21% of participants have had experiences of psychiatric hospitalization, with one participant claiming to have the "statewide record" for the most placements in Presbyterian Kaseman Hospital. Several have self-medicated with illicit substances to cope with their illnesses. Close to 67% disclosed a substance use disorder, identifying methamphetamine and opioids (e.g., heroin and fentanyl) as their drugs of choice. One participant, a former user of methamphetamine, had incurred major medical debt after being hospitalized on multiple occasions because of his drug use. Reportedly, there are few behavioral health resources available to participants, and those receiving such services credit youth-serving drop-in centers and TLPs for providing navigation support. Nevertheless, current confidence in such services appears low, with participants observing that they are not specialized enough to address their unique circumstances and behavioral health conditions. Participants also want to be connected with behavioral health providers with lived experiences similar to their own.

**Limited Education and Life Skills Preparation.** Barely more than half of the participants (54%) have not completed high school. The rest have a high school diploma or GED (21%) or are completing their GED (25%). Several have experienced difficulties when in school, including problems engaging with course material because of learning disabilities (e.g., dyslexia) and behavioral health concerns (e.g., anxiety). One participant, classified as a special education student, bluntly stated, "I have trouble in school." This participant spoke of how his family would negatively compare him to his siblings, who performed better academically and how this undercut his self-esteem and belief he could succeed. Another participant said

that “schools are copy and paste,” i.e., focusing on achieving unmeetable standards for many because teaching methods are not aligned to different types of learners.

Few participants commented on having a supportive school professional to turn to when they were in school or receiving school-based intervention services to help them with housing or address the problematic family situations that contributed to their eventual decisions to leave home. Multiple participants also described how housing insecurity within their family disrupted their education. “It was hectic when living with mom. We were always jumping place to place and never settled,”

stated one participant who was unable to connect to a school community. Several other participants clarified that they experienced difficulties in forging lasting friendships or supportive bonds with others while in school, stating they had kept to themselves, had social anxieties that led to discomfort, or were always moving from place to place because of their family’s unstable housing situation.

The range of overlapping explanations for dropping out of school included insufficient support for overcoming learning challenges, substance use, becoming pregnant, or running away from home to preserve personal safety. One person reported being kicked out of high school for fighting bullies. Others had to work to earn an income for themselves or their family. The pandemic created challenges for some participants disadvantaged in adjusting to the remote learning environment due to poor access to computer technology and the internet.

Participants recognized the value of education, especially to secure and maintain employment and their own home. Several aspired to careers in realty, mechanics, landscaping, and cosmetology or hoped to complete a college education. One participant stated, “More education equals more money.” However, when reflecting on their experiences in the classroom, participants lamented not being taught how to be an adult or basic life skills, including cooking, financial management, and applying for employment. One participant stated with exasperation, “We learn the Pythagorean theorem when we have calculators on our phones but aren’t taught how to pay taxes or apply for jobs.” The same participant had learned from a friend that Home Economics was a required course in Canadian high schools, contemplatively stating, “I wish I’d learned how to cook in high school.”

**Inadequate Options to Generate Incomes.** Close to 58% of participants received income at some point in their lives through paid employment (usually in fast food, retail, and the gig economy), followed by under-the-table work, such as selling drugs (33%), stealing/reselling goods (21%) and sex work (17%). Seventy-five percent of participants received little to no financial support from family, significant others, or friends. When such support was forthcoming, it did not comprise a regular income source.

Participants faced several challenges in finding and maintaining paid employment, including transportation, prior substance use problems, and felony status. One participant tried walking four hours to and from a job, eventually quitting due to a lack of transportation. Having unmet behavioral health needs also impacted the ability of some participants to work long hours and be around others (including coworkers and customers) while decreasing their motivation to stay employed. Multiple participants had been fired for their drug use, with one participant stating that “having a stable job and substance abuse did not mix.” This participant said he “did not plan ahead for a sustainable situation” after he was fired. Unable to keep up rent payments, he found himself sleeping in cars and on the streets and resorting to



**It was hectic when living with mom. We were always jumping place to place and never settled.**

*– Youth participant unable to connect to a school community*

“side jobs” and “panhandling” for income. Many other participants disclosed performing illicit work selling drugs to buy food, fulfill other basic needs, or support their own or others’ substance use habits. According to participants, engaging in illicit work places young people in jeopardy for arrest, incarceration, or worse. One participant noted, “It’s not fun for me. I’m putting my life at risk.” Participants also emphasized that jobs for young people labeled as felons are very hard to find and obtain.

**Stigma and Discrimination.** Many participants reported experiences of stigmatization and discrimination. However, less than a handful of participants directly attributed these experiences to their unstable housing or homeless status. Instead, participants were more likely to associate these experiences with others knowing they had problematically used substances or had been incarcerated, their identities as a BIPOC or as LGBTQ+ people, or because of their immigration status.

Even participants identifying as “clean” retained concerns about being “judged” because they had used drugs and had legal troubles. Some depicted being “roughed up” by police because of their drug use. However, more frequently than describing difficult law enforcement experiences, participants discussed incurring stigma for serving time, often for crimes linked to their housing instability. In particular, these participants worry about background checks and how others will perceive the results as reflecting upon them badly. The stigma associated with the felon label led one participant to consider recidivating because he kept getting turned down for jobs and housing and thus could not provide for his family.

Discrimination seemed pointed at participants of multiracial backgrounds and was experienced both in their natal families and in the broader community. Some examples included a participant with a White mother and African American father who recounted stories of her mother shunning her in public due to her skin color being darker than hers, in addition to incidents in workplaces where coworkers and customers inappropriately commented on her skin color or hair. Similarly, a second participant described how her Latinx family treated her and her siblings differently because their birth father was White. A third participant identifying as American Indian and White felt her mixed heritage made her less accepted in her family and in her Indigenous community. A fourth participant also described his extended family judging him negatively for being an urban or “Industrial Indian” with an uneven grounding in traditional ways. Lastly, a fifth participant described how she was suspected of kidnapping when she went to pick up her multiracial child from a school because they did not share the same skin color.

Participants identifying as LGBTQ+ reported emotional and physical abuse by families and others. One participant experienced such abuse by their family after coming out as a gender-diverse person during their later teenage years. A former college student now living largely on the streets, this participant indicated that their family had withdrawn all financial support and barred them from returning home. Others talked of being bullied at church during their younger years due to their LGBTQ+ identities. One formerly religious participant stopped attending church because of a priest’s effort to cultivate an openly hostile climate toward LGBTQ+ people. Older LGBTQ+ participants cited the presence of hostile climates when seeking services in adult-serving emergency shelters, suggesting that an anti-LGBTQ+ religious ethos within these settings could contribute to staff discrimination, forced concealment of LGBTQ+ identities to get support, and overall unsafe environments for LGBTQ+ people.

Finally, while a small subset of the sample, immigrant and undocumented participants alluded to how structural discrimination impacts them in most realms of life. For example, participants with families in the U.S. discussed the stress of balancing immigration status with the need of their primary caretakers to earn money for the family. One participant reflected on his undocumented father’s work in the underground economy as a “big thing in life and a major weight on my mom” who constantly worried about possible

discovery and deportation. In a second example, a participant coping with job discrimination due to his documentation status and limited English proficiency had little hope to share by way of describing his future. However, even when recounting considerable hardships to our interviewers, such participants rarely spoke of their experiences of discrimination in direct terms. This is important to note among such participants, who, for reasons that are both structural and cultural in origin, may be unlikely to self-identify as victims of discrimination.



### **What changes about me being 18 that I can't find a bed?**

*– Youth participant who had to leave a shelter after no longer meeting age requirements*

## **What are the Living Situations of Young People Impacted by Housing Instability and Homelessness?**

At the time of their interviews, most participants (close to 67%) were living in an institutional setting (e.g., shelter, TLP setting), on the streets, or couch hopping or staying temporarily in a succession of other people's homes (also known as couch surfing; approximately 17%), staying with family (about 8%), or residing in an apartment of their own (about 8%).

During their trajectories of homelessness, almost 63% of participants described experiences of couch hopping, staying on the streets (54%), and being in shelters (about 46%). Many participants discussed living with relatives from time to time, but such arrangements were usually temporary due to concerns about overstaying their welcome. Participants also stayed in hotel rooms with romantic and sexual partners. Of all these experiences, participants characterized sleeping on the streets as the worst. "Kids will literally offend to have a place to stay. They would rather be in jail than where they are living," a participant stated. A second participant commented on the need for stability, "I just want something stable [so] I'm not constantly worrying about not having enough money to both pay my rent and eat."

Young people reportedly make tradeoffs when they lack stable housing. For example, one participant described expectations that girls and young women will exchange sexual acts for a place to stay. When discussing couch hopping, a second participant likened it to a "business transaction," stating that "you just can't live somewhere for free." Another participant explained, "It's a little harder as a female... I didn't want to sleep out on the streets, so I had to do that [engage in sexual acts] just so I had somewhere to sleep." This participant added, "There were nights where I didn't sleep. There were months where I didn't even sleep because I didn't feel safe enough to sleep. Either I didn't have anywhere to sleep, or I was with someone who I didn't feel safe with at all. So, I didn't sleep."

Sleeping outdoors could be perilous, with one participant preferring to camp alone because of threats to his safety from others on the street. When asked if sleeping alone is more dangerous, he replied it is safer, as he has been beaten and robbed when seeking refuge with others. In this vein, a couple discussed sleeping outside in Uptown Albuquerque when they lack an indoor place to rest because the street lighting and police presence make it a safer location. They avoid Central Avenue, describing it as rife with drugs and violence. Conversely, another participant explained that sleeping outdoors in nearby Rio Rancho is safer than in Albuquerque because it is easier to find a place out of view of the authorities. A new mother herself, this same participant said it has been easier to find a safe place to sleep and services after giving birth. Another mother often slept in her car and depicted a ritual of "playing slumber party" to make this trying situation an adventure for her two small children. A victim of caretaker violence, she remained focused on sharing her efforts to minimize similar harm to her children during the interview.

Perceptions about emergency shelters vary among our participants. While some appreciate having a safe place to stay that includes assistance navigating the service system, others are more negative in their appraisals, asserting that some emergency shelters are understaffed and prioritize occupancy of beds over providing supportive services. Parents of young children also describe family-oriented shelter services in mixed terms, as they are grateful for a place to stay and for the assistance from the staff and feel safer and more secure. However, challenges for parents include a lack of privacy, crowded rooms presenting hazards for young children, inadequate access to nutritious food, risk of bed bugs, and unreliable internet (thought to be essential to their employment and educational pursuits, and those of their children). Older young people tend to avoid adult-serving shelters, deeming them unsafe places to stay.

Young people typically reported having no place to go after being in an emergency shelter or jail unless they are admitted into a TLP. One participant, who had to leave a youth-serving shelter after no longer meeting age requirements, asked rhetorically, "What changes about me being 18 that I can't find a bed?" Participants expressed frustration with long wait lists for TLPs and other services (e.g., behavioral health care). However, those admitted into TLPs spoke positively of the experience, praising their empathetic staff for building connections with residents and "taking care of us." A second participant explained,

*"Out there on the streets, I didn't have anyone I considered a friend, other than my boyfriend. Other than that, it was all just people who wanted to use you for something. They were only in it for what you had to offer. But now I think I have some really good people, like, I'm surrounded by really good people here, 'cause they're not only in it for what they can gain, but they are genuinely worried about your wellbeing, and that's something you can't find on the streets. It's a big motivation for me to get by..."*

"We eat every day," stated a third participant extolling the sense of stability TLPs provided. A fourth participant described being socialized into routines that "help keep our lives stable." A fifth participant stated, "My current situation, it's reliable.... I don't have to worry about a sheriff showing up and kicking me out or not being able to buy food next week.... I'm able to get support." Echoing others, a sixth participant commended the TLP she is in for helping her address substance use complications that have undercut her wellbeing and ability to maintain housing. From the perspective of participants, TLPs are helpful in addressing their basic needs of food, shelter, and sobriety while also enabling them to pursue education (e.g., complete GEDs). Still, given that their stays in TLPs are time-limited, participants fret over whether they can fulfill these needs (let alone maintain their sobriety) without such support.

## **What Are the Reasons Young People Experience Housing Instability and Homelessness?**

As suggested earlier, addiction and abuse were intertwined themes in participants' narratives of housing instability and homelessness. Abuse at the hands of substance-using caretakers was a common thread in descriptions of why they left home and often ended up in more dangerous situations resulting in additional harm. For example, one participant's mother subjected her and her sibling to unsafe experiences, such as sitting on the laps of pedophiles to make money to buy drugs. This participant linked such experiences to her own alcohol and drug use behavior and subsequent problems at school and with the law, rendering her without a home around the age of 13 and on a path of multiple placements in foster care and institutional settings. A second participant moved in with an older man as a teenager to escape her abusive mother. This man repeatedly sexually assaulted her while keeping her in a locked

room. Although addiction and abuse were dominant themes, other factors in participants' narratives included crowding, breakups, bad roommate situations, prior evictions, and criminal backgrounds.

Perhaps a euphemism to generalize hardships difficult to reveal to a stranger, "crowding" emerged as an often-mentioned reason for young people to leave unstable and stable households alike. For example, one participant described feeling resentful, neglected, and increasingly angry as his parents assumed caretaking responsibilities for his sibling's children. With many people in the household, "I ended up sleeping on the couch." Tired of earning an income at a fast-food restaurant to support his family and asking himself, "Where do I fit into this living situation," he decided to strike out on his own. Other participants connected crowding experiences to coming of age, suggesting that turning 18 added to the impetus for leaving home. A second participant stated, "There were too many of us [in the trailer].... I was the oldest," while a third participant observed, "I turned 18, and it was time."

Several participants described periods of couch hopping after breaking up with their significant others and living in roommate situations in which interpersonal conflict led to someone moving out and subsequent shortfalls in making rent and paying bills. Participants indicated that having one's name on a lease presented advantages and disadvantages. When their names were on the lease, they could not be kicked out easily by a disgruntled significant other or roommate. However, if the name of the significant other or roommate was not on the lease, these parties could abscond short of paying their share of rent or bills without running the risk of consequences, such as back rent debt owed to landlords and eviction.

Having a civil record of eviction led to greater housing instability for our participants, with small events for an individual (e.g., illness) sometimes serving as precursor to incredible, long-lasting housing hardships. For example, three years ago, one participant, an employee of the fast-food industry, became sick and could not work. Without paid sick leave, she was without an income temporarily. Her roommate fled the apartment to escape an abusive partner as she recuperated. Without money from the roommate, the landlord evicted the participant for not making rent. With this eviction on her record and no means to erase it, this participant remained unable to find another landlord who would rent to her.

Having a history of incarceration magnified the challenges. One participant quoted their new landlord as exclaiming, "My best tenants are ex-cons." Yet, most participants with criminalized backgrounds did not share this experience. A couple described how hard it has been to secure stable housing for their family after the incarceration of one of the spouses. They relocated to several states to stay with relatives and friends. After getting "kicked out" of one such place, they found themselves in an emergency shelter and at a difficult crossroads. The formerly incarcerated spouse explained,

*"We had help with a packet with landlords who would possibly take me, but we called everyone in the packet, and they all denied [me]—refused to give me a chance.... And you wonder why most felons keep going back in because they can't find jobs. They can't find housing. I was on the verge of going back in. I can't keep staying in a shelter as I don't want my son going from shelter to shelter to shelter just because of the one mistake I made."*

Another participant dealt with her spouse's past "mistake" by hiding him when meeting with potential landlords and opting not to disclose his felony conviction or that they were a couple. This participant wanted to remain with her spouse, a primary social supporter and caretaker of their child.



As discussed, multiple participants described difficulties finding permanent housing, especially if they had a record of evictions or criminalized backgrounds. However, poverty emerged as the biggest factor across the entire sample, limiting the types of housing that participants could ultimately afford. Participants also discussed the hardships of using housing vouchers because of limited housing stock and the refusal of landlords to honor the vouchers. Obtaining a housing voucher was also characterized as a laborious, lengthy process that was not worth the effort based on the experience of others they knew. One participant explained that applying was “a waste of time” because applicants “don’t hear back.” Others argued that the wait could take several months even though they needed stable housing in the present.

## **What Makes it Hard for Young People Impacted by Housing Instability and Homelessness to Get Help?**

A range of factors reportedly affects the ability of young people to obtain assistance related to housing and supportive resources. At the individual level, some participants are deterred from seeking services because they prefer to be self-reliant, fear being judged, or are too overwhelmed by behavioral health struggles (e.g., not wanting to interact with people because of social anxiety or paranoia). Other participants distrust services because of past experiences getting help. For example, one participant described being accosted by another resident in an adult-serving shelter because of their gender identity. The participant had been blamed for the incident, sent back to the streets, and is now wary of seeking assistance elsewhere. Other negative past experiences center on perceiving providers and staff as lacking empathy for the plight of young people without housing or as being racist and discriminatory towards them if they are BIPOC or LGBTQ+ or have problems with substance use.

On a larger level, close to 46% of participants indicated that a lack of knowledge of available resources is a key barrier. A single participant claimed to be more familiar with resources than anyone else due to their assertiveness in proactively seeking services over the years. In striking contrast to this individual, most other participants expressed uncertainty about available resources within Bernalillo County. For example, a monolingual Spanish-speaking participant had little knowledge of where he could turn for help. Lured to New Mexico based on the promise of a job, he fell prey to wage theft and lost his apartment and significant other. Without anyone in the country to lean on for support, he had no knowledge of local resources (except for soup kitchens) and how they might be accessed.

Being undocumented or having open arrest warrants (“being on the run”) could also discourage young people from getting help, with participants observing that young people may fear detection by the authorities if they share personal information about themselves when signing up for services. For example, raised in New Mexico, one participant seeking permanent residency had been advised by free legal counsel never to seek any form of health or social service assistance. Doing so could be read as dependence on the U.S. social welfare system and count against his case for citizenship. Despite his recurrent experience of unstable housing and behavioral health concerns, this participant steadfastly refused to seek assistance.

Some participants commented on legal issues as a catalyst for getting help for alcohol and drug problems. Participants in TLPs noted that without legal intervention, they would only know that services exist in the abstract but not how to find and access them. These participants commonly credited an outreach worker or navigator assigned to their case for getting them into a TLP where they could stay and get help for their addictions. Without the motivation to stay out of jail or prison, they speculated that they would likely continue using substances and remain without housing.

Bureaucratic barriers or hassles reportedly reduce the motivation and ability of young people to get services, especially without assistance from an outreach worker or navigator. Participants who have tried accessing resources over the phone portrayed an exercise in futility, claiming that it is rare for someone on the receiving end to pick up the phone, let alone call them back. Participants observed that youth on the streets also tend to keep their cell phones off to conserve minutes and battery life, thus exacerbating the challenges of contacting resources. One participant applying for disability assistance described difficulties in communicating with her attorney's office because she could not call during business hours. Not having access to computer technology and the internet also presents challenges when young people cannot easily "go online and look things up." If and when contact with resources occurs, young people must deal with paperwork. Paperwork intimidates young people with limited literacy skills or dyslexia. Participants with these issues emphasized that they simply cannot understand and fill out forms without help. Participants also reported difficulties providing documentation they do not possess, such as a state ID, driver's license, birth certificate, social security card, or other identification documents, and characterized parental consent laws as challenging for unemancipated minors requiring consent from parents or legal guardians to get housing and shelter services, medical care, and other supports.

Participants reportedly value the assistance they receive from street outreach teams, youth-serving drop-in centers, and TLPs for connecting them with outreach workers such as case managers who are skilled in linking young people to resources in the community. Such individuals help them overcome several of the barriers described above, including completing paperwork. However, participants described not having enough support in the community (especially if navigators move on to other jobs) and that age requirements constrain what they can access. Whether under or over age 18, our participants view lengthy waitlists as major impediments to getting help for behavioral health care, transitioning from emergency shelters to TLPs, and permanent housing. Participants are frustrated by wait lists, with one "losing my place in line" for housing and other supportive services after being incarcerated and then having to go through the work of reapplying. Another participant had to give up his placement in TLP after experiencing a psychiatric emergency requiring hospitalization.

Close to 92% of participants receive governmental assistance, typically health care coverage through Medicaid and food assistance through the Supplemental Nutrition Assistance Program (SNAP). We did not delve into participants' personal experiences with Medicaid. However, because such coverage is common, this program likely represents an important entry point into the service system. Several participants appreciate their SNAP benefits but consider them limited. For example, a participant with cancer indicated that SNAP does not cover the cost of specific food items recommended by her healthcare providers. A second participant with food allergies struggles with this same limitation. Further, parents tend to criticize SNAP for not offering enough nutritional food options for their young children.

## **What Does Social Support Look Like for Young People Impacted by Housing Instability and Homelessness?**

Family members remain important to young people who experience housing instability and homelessness, despite past ACEs involving caretakers and other relatives. Almost 63% of participants identify parents as key sources of social support, followed by extended family (54%) and siblings (38%). About 46% of participants also rely on their significant others (or "fiancées"). Few participants receive no support from family or significant others. Support from families is emotional (e.g., being there, listening, advice) and material (e.g., food, clothing, an occasional place to sleep) in nature, and rarely financial. For several

participants, family members are not geographically close enough to be of much help, especially when they need tangible support such as child care. One participant explained, "My stepdad is the only sober one, but he can't help me with the kids because he's too far away."

Support from family is sometimes contingent on whether young people stop or reduce their use of substances and endeavor to "change their lives." One participant explained that he has support from family "as long as I'm not making 'bad decisions.'" Participants often commented that their family does not want them around if they are using. In some instances, participants choose to isolate themselves because they do not want their families to know they are using and to protect their parents from gossip and embarrassment in the extended family network. The risk of becoming homeless may intensify for participants who isolate themselves from family.

Participants explained that the family members and significant others they rely on for support are inconsistently available due to their own struggles. In particular, having incarcerated loved ones (i.e., parents, siblings, and significant others) could compromise support networks. For example, one participant, age 21, described being in a committed relationship with her fiancée since their early teenage years. Living on and off the streets, the two "have been through everything together," including legal challenges leading to their incarceration and separation. While this participant spoke positively of the support occasionally rendered by the fiancée's parents, she criticized her family for not helping her when she "had no place to go."

Friends comprise a source of social support for approximately 54% of participants. However, friendships ebb and flow, so turning to friends is not always possible for social support. Participants suggested that they must be careful around their friends, as they often share histories of using alcohol and drugs together or engaging in illicit activities to pay for this behavior.

## **How Do Young People Impacted by Housing Instability and Homelessness Describe Their Ideal Living Situation?**

Participants recognize a need to achieve independence to arrive at their ideal living situation. Perceptions of independence focus on having money to pay for basic living expenses and being sober. Reliable transportation to pursue education and employment is another key to independence. At present, most participants walk (42%) or rely on public transportation (38%) for transportation. Comments on public transportation were mixed, with some participants finding that the system works well and that schedules are consistent enough to be memorized. Public transportation is most useful when near where participants reside. Negative comments focused on buses, including frequent delays, not having a cell phone to check schedules, the time it takes to plan trips, and not easily getting to faraway places. Participants with cars (25%) can only use them when the vehicles are in working order and they have gas money. Some jobs, like food delivery, require a vehicle in working order. One participant in this industry spent much of her income on car maintenance. In general, this and other participants asserted that reliable transportation is essential to achieving independence and maintaining a household of their own.

When asked to contemplate their ideal living situation, close to 67% of participants said they want to reside in a small house or apartment with formal supports. These supports include assistance with improving their basic life skills, case management, and addressing behavioral health needs. We received mixed responses about whether participants want to live alone (including with their children) or with significant others and friends. Beyond thinking of themselves, some participants want an extra room

available to help a relative or friend in need. "I like helping people even though people screw me over," stated one participant. Several participants expressed ambivalence about where they live as long it is not on the streets and affords them some privacy. However, having spent time in areas of Bernalillo County pejoratively designated as "war zones," many participants emphasized wanting to live in places with less drug use and violence where they can also keep their possessions without the fear of theft. Several participants also want a living situation in which they can keep a pet and simply grow as individuals with the support of family, friends, and services as needed.

# Part 3. Organizational Assessment Survey

## Overview

The Organizational Assessment Survey (OAS) focused on organizations comprising the service system for youth and young adults, aged 15-25, experiencing housing instability and homelessness in Bernalillo County, and gaps in services that may exist. To create a panoramic perspective of this system, the OAS collected information on organizational demographics; funding sources; services generally provided to people experiencing homelessness; supportive services, referrals, and overall programming for the population of interest; and organizational networks.

## Methods

To lend an understanding of the full scope of the organizations currently involved in addressing youth homelessness, the Leadership Team identified 39 organizations anticipated to have at least some involvement serving the population of interest, even if that was not their primary area of emphasis. Together, we collaboratively developed the OAS, incorporating questions from a prior Chapin Hall provider survey and queries from the Leadership Team.<sup>12</sup> With assistance from the Leadership Team, we identified primary contacts (typically high-level administrators such as a Chief Executive Officer, Chief Operating Officer, or Department Head) for each organization, emailing them the survey to complete electronically as a fillable PDF. Persons completing the survey were encouraged to consult with other coworkers during this process. In addition, we circulated follow-up reminders and responded to questions from organizations as needed. We fielded the OAS between May and September 2021, with 32 organizations completing the survey for a response rate of 82.1%. Depending on the scope of services that a responding organization provides to youth experiencing homelessness or housing instability, the survey could take 1 hour or longer to complete. Responding organizations received a \$50 gift card upon submission of the completed survey. Please see Appendix 3 for the list of responding organizations.

---

<sup>12</sup> Morton, M., Dworsky, A., Samuels, G. M., & Patel, S. (2018). Voices of Youth Count Comprehensive Report: Youth Homelessness in America. Available at <https://ssrn.com/abstract=3615864> or <http://dx.doi.org/10.2139/ssrn.3615864>.

# Findings

## Description of Participating Organizations

The majority of responding organizations (75%) were non-profit CBOs (Table 3.1). Organization size ranged substantially from having less than 10 full-time equivalent (FTE) employees (18.8%) to over 250 FTE (12.5%). However, for most organizations, a much smaller number of employees provided services to young people experiencing homelessness. The majority (62.5%) had less than 10 FTE focused on this population. A total of 28.1% had between 10-49 such FTE, and approximately 10% (9.4%) had over 100 FTE involved in programs serving young people experiencing homelessness.

**Table 3.1 Characteristics of Responding Organizations (n=32)**

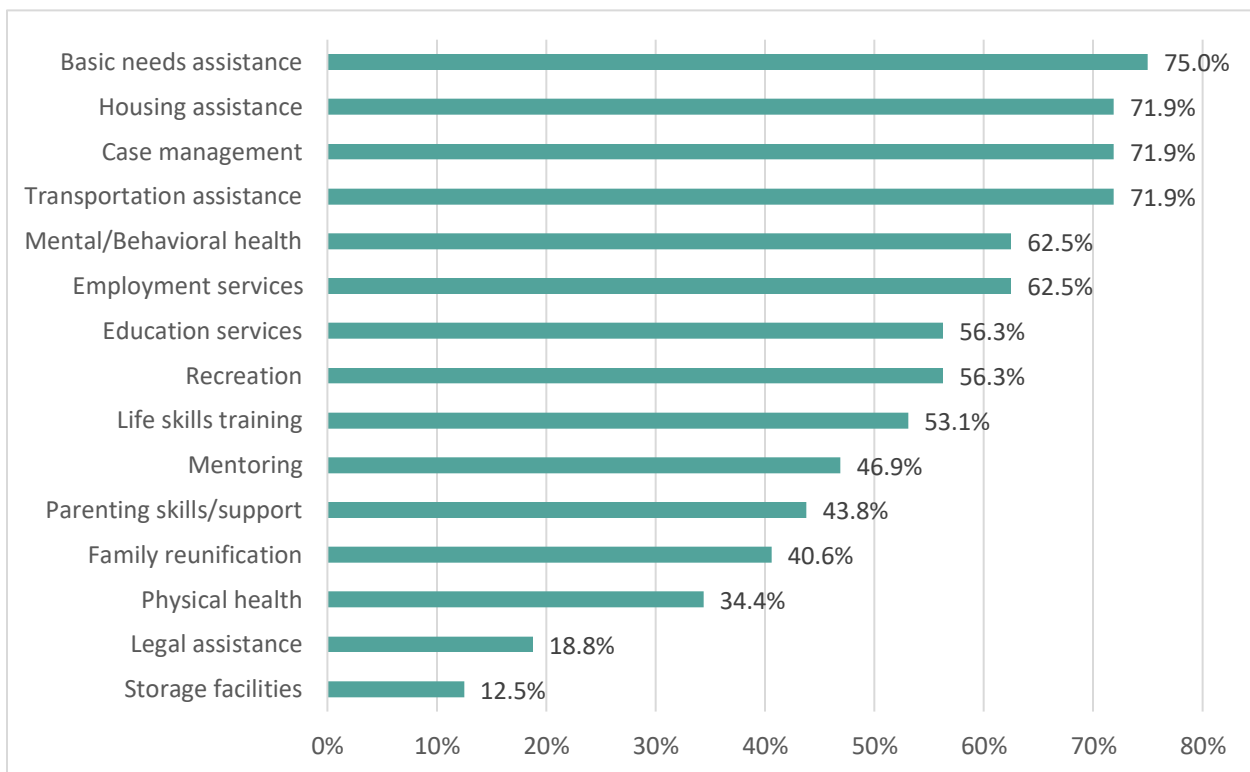
Type of Organization	N	%
Non-profit, 501(c)(3) organization	24	75.0%
Educational institution	4	12.5%
Public/government agency	3	9.4%
For-profit organization	1	3.1%
<b>Total</b>	<b>32</b>	<b>100%</b>
<b>Total FTE at Overall Agency</b>		
Less than 10	6	18.8%
10-24	7	21.9%
25-49	5	15.6%
50-99	5	15.6%
100-249	5	15.6%
250+	4	12.5%
<b>Total</b>	<b>32</b>	<b>100%</b>
<b>Total FTE for Programs Serving Youth Experiencing Homelessness</b>		
Less than 10	20	62.5%
10-24	4	12.5%
25-49	5	15.6%
50-99	0	0.0%
100+	3	9.4%
<b>Total</b>	<b>32</b>	<b>100%</b>

For most organizations, government was the primary source of funding for services for young people aged 15-25, with 65.7% reporting that government provided at least 50% of their funding. While federal government funding was particularly important for a few organizations (i.e., 12.4% received at least 25% of their funding from the federal government), reliance on state government funding was more common (i.e., 46.9% of organizations received at least 25% of funding from state government) followed by local government funding (i.e., 28.1% of organizations received at least 25% of funding from local government). Close to half of all organizations (46.9%) received at least some funding from private foundations and philanthropies, but only 12.4% indicated that this source comprised the majority of their funding. Similarly, 50% of all organizations reported donations from private individuals, with less than 10% (9.3%) reporting that such donations represented the majority of their funding.

## Types of Services Provided by Responding Organizations

Figure 3.1 indicates the general types of services provided by the 32 responding organizations. Approximately three-quarters of the most common service categories include basic needs assistance, housing assistance, case management, and transportation assistance. In addition, most responding organizations (62.5%) provided mental health/behavioral services and were engaged in increasing access to employment. Moreover, approximately half of the organizations provided education or other training for young people impacted by housing instability or homelessness, such as life skills, mentoring, and parenting skills. Finally, around 15% of organizations provided niche services such as storage lockers or legal assistance. These results highlight the diversity of services and extensive expertise that responding organizations possess related to service provision needs for young people experiencing homelessness.

**Figure 3.1 Types of Services Provided by Responding Organizations (n=32)**



As shown in Table 3.2, additional survey questions identified how many organizations were involved in providing specific services designed to address the needs of youth experiencing homelessness.

**Table 3.2. CBOs Providing Residential, Outreach, or Drop-in Services for Youth Experiencing Homelessness by Age Group and Parenting Status.**

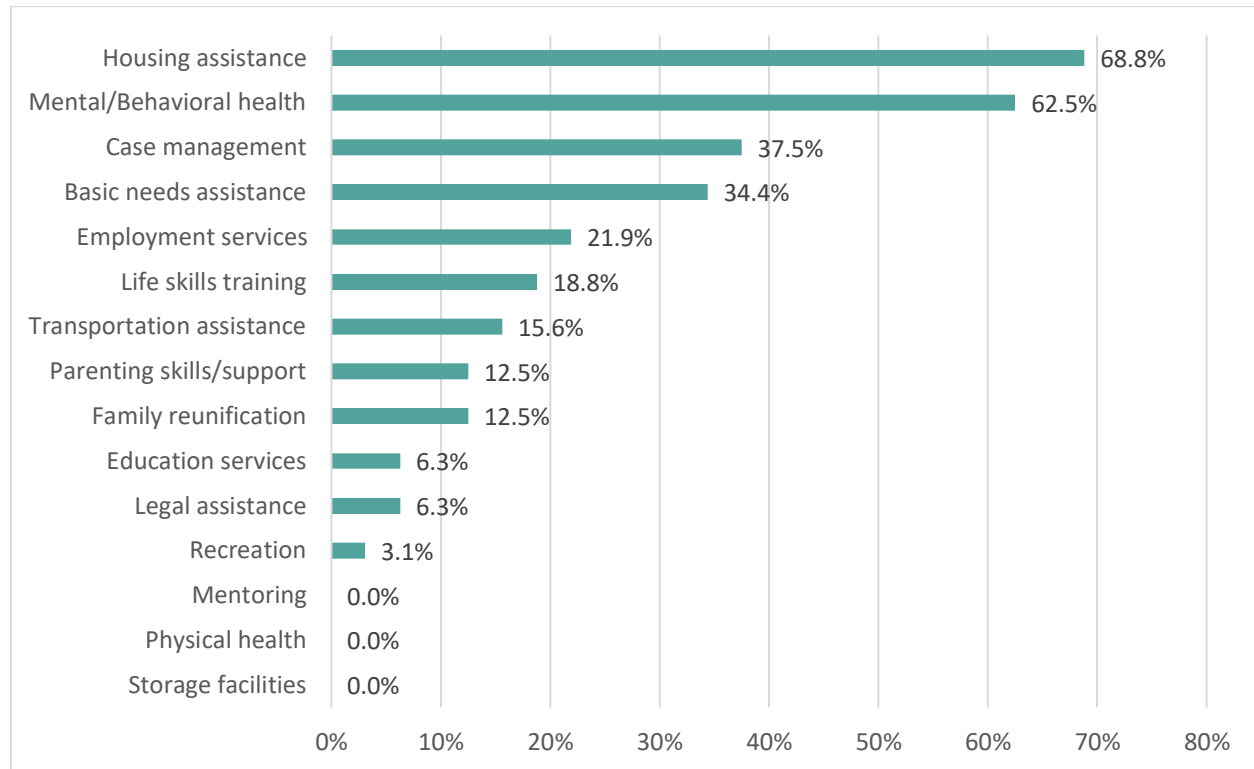
Type of Service	Provides Service to at Least One Group	Provides Service to Specific Group			
		Under Age 18 (Unaccompanied Youth)	Under Age 18 w/Child	Age 18-25	Age 18-25 w/Child
	N	N	N	N	N
Street Outreach	8	6	5	6	4
Transitional Housing	6	3	2	6	2
Permanent Supportive Housing	6	2	2	6	5
Rapid Rehousing	5	2	2	4	4
Emergency Shelter	3	3	1	1	1
Drop-in Center	3	3	2	2	2
Host Homes	1	1	1	1	1

Of note, many organizations serving young people aged 18-25 offered similar services to adults aged 25 and older. For example, of the six organizations delivering "Permanent Supportive Housing" to youth, five provide these services to adults over age 25. Similarly, three of the eight organizations involved in "Street Outreach" to young people provide these same services to persons over age 25. This finding suggests some degree of "overlap" between organizations that might not specifically focus on youth (i.e., they also serve adult homeless populations) and the youth homeless population of interest, given they offer at least some services to youth under age 25 who would benefit from age-appropriate or youth-tailored services.

We asked responding organizations to identify the three primary services domains where additional services were most needed to address youth homelessness in Bernalillo County. Figure 3.2 reports how frequently the 32 responding organizations identified the domain. Not surprisingly, housing assistance was the most endorsed domain (68.8%). The majority also identified mental/behavioral health services as a priority area for additional services (62.5%). Approximately one-third of the responding organizations identified case management and basic needs assistance as key domains requiring additional services.



**Figure 3.2 Priority Domains for Additional Services to Address Youth Homelessness**



Responding organizations were asked open-ended questions about the services and supports they would like to see increased, improved upon, or established in Bernalillo County to address the needs of youth experiencing homelessness. We categorized responses into two groups: 1) existing services that could be increased or improved and 2) new types of services. For existing services, comments focused on the need for more housing opportunities, including emergency shelters, TLPs, host/foster families, and sober living and therapeutic homes that blend housing with treatment services. In addition, individual comments touched on various service domains such as the need for more life skills training, creative art opportunities, case management, and more outreach and drop-in centers specifically oriented to youth.

As far as new services that responding organizations would like to see implemented in the community, 25% specifically identified the need for youth detoxification and crisis centers to address issues with addiction. Another frequent recommendation was establishing a “one-stop-shop” service entity that can directly address a range of needs and also leverage strong partnerships with other organizations to facilitate linkages to address remaining needs.

## Training

We asked responding organizations whether their staff had been provided with certain types of training in the past two years and whether they could deliver such training to other organizations. As reported in Table 3.3, training in trauma-informed care was common among the responding organizations, with nearly 80% indicating they had provided this training to staff in the past two years. More than one-quarter reported that they could provide such training to other organizations. Training related to diversity and inclusion was also prevalent. Approximately three-quarters of the responding organizations provided racial diversity, gender minority, and sexual minority training, and one-quarter could provide such training

to others. Training on the Nurtured Heart Approach®,<sup>13</sup> a behavior management approach for parents and other adults who work with youth, or more general assertive youth engagement training, were provided to staff at 28.1% of the organizations, with approximately 10% indicating they could conduct such training for other organizations.

**Table 3.3 Availability of Staff Training**

#	FTE Category	Provided to staff in past two years		Could provide to other orgs.	
		N	%	N	%
1.	Trauma-informed care	25	78.1%	9	28.1%
2.	Racial diversity and inclusion	25	78.1%	8	25.0%
3.	Gender minority inclusion	23	71.9%	8	25.0%
4.	Sexual minority inclusion	23	71.9%	8	25.0%
5.	Professional boundaries	20	62.5%	7	21.9%
6.	Substance use disorders	17	53.1%	7	21.9%
7.	Nurtured Heart Approach	9	28.1%	4	12.5%
8.	Assertive youth engagement	9	28.1%	3	9.4%

We queried responding organizations about what other types of training would assist their staff in serving and supporting young people experiencing homelessness. Table 3.4 indicates the most commonly sought-after additional types of training.

**Table 3.4 Types of Other Staff Training Desired**

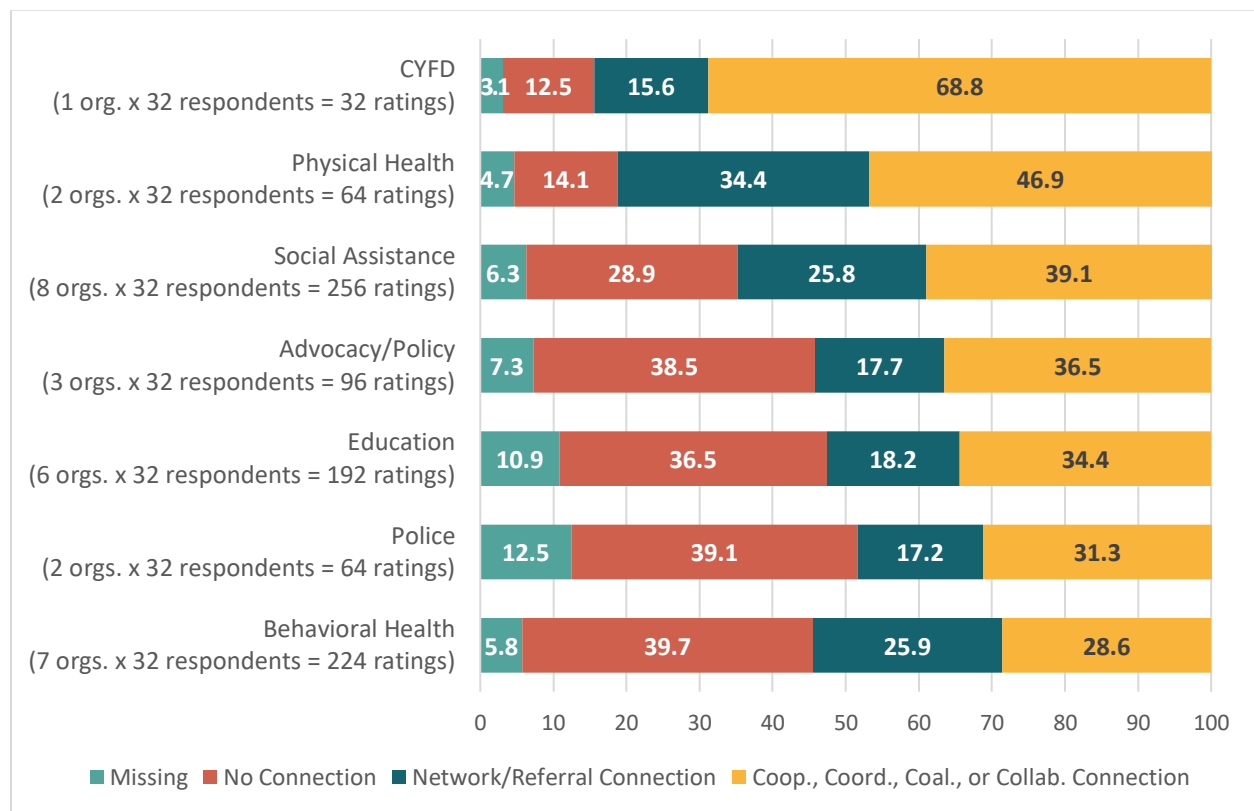
#	Types of other training desired
1.	Behavioral health/developmental training (e.g., autism, ADHD, depression, suicide).
2.	Community resources/resource navigation
3.	Human trafficking
4.	Strengths-based, positive youth development
5.	Crisis de-escalation/managing aggressive behavior
6.	Domestic violence/managing complex relationships
7.	Structured psychotherapy for adolescents responding to chronic stress (SPARCS)
8.	Managing vicarious/secondary trauma for staff
9.	Immigrant/refugee community needs

<sup>13</sup> Hektner, J. M., Brennan, A. L., & Brotherson, S. E. (2013). A review of the Nurtured Heart Approach to parenting: Evaluation of its theoretical and empirical foundations. *Family Process, 52*(3), 425-439.

## Network Relationships

To develop a systems perspective on the organizations serving young people experiencing housing instability and homelessness, the OAS inquired into the nature of the relationship, if any, between responding organizations and 32 organizations placed on a list by the Leadership Team. The organizations in this prepopulated list were anticipated to serve or support the population of interest locally (Appendix 4). We asked responding organizations to indicate which of the following six responses (in ranked order of increasing interaction) best characterized their relationship with each listed organization: 1) No Interaction, 2) Networking, 3) Cooperation, 4) Coordination, 5) Coalition, and 6) Collaboration. We also shared definitions and examples for each type of relationship (Appendix 5). For the analyses, we collapsed the inter-organizational relationships into three categories: 1) No Interaction; 2) Network (i.e., sending/receiving client referrals, some information sharing); and 3) Cooperation, Coordination, Coalition, or Collaboration (CCCC; i.e., more extensive partnering or coordination of efforts/funding). Next, to identify inter-organizational relationship patterns across different types of organizations within the prepopulated list, we grouped relationship ratings using seven organizational categories: (1) social assistance organizations (n=8); (2) behavioral health providers (n=7); (3) physical health providers (n=2); (4) education-related organizations (n=6); (5) advocacy/policy organizations (n=3), (6) police (n=2); and (7) CYFD (n=1).

**Figure 3.3. Inter-Organizational Relationship Ratings Grouped by Organizational Type**



In Figure 3.3, we report the percentage of inter-organizational relationships rated in each type of relationship category and present the results in order of declining CCCC percentage. Given the objectives of the OAS and the organizations that took part, it is not surprising that many organizations reported a relatively extensive relationship with CYFD. Overall, nearly 70% of responding organizations indicated a CCCC level relationship with CYFD (68.8%), and only 12.5% indicated having no interaction with CYFD. It was also common for organizations to report being connected to physical health providers. Approximately half (46.9%) of these inter-organizational relationships were rated as CCCC, with only 14.1% having no interactions. Connections to social assistance organizations were more limited as 39.1% of the relationships with these organizations were rated at a CCCC level. Close to 30% (28.9%) of these relationships were classified as having no connection. There were generally similar patterns evident for the remaining four organizational groups, with approximately 30-35% of the inter-organizational connections reported as CCCC and almost 40% of the relationships rated as having no connection.

Overall, these results suggest that CYFD is already well connected to (or interacting with) many of the organizations that serve the homeless youth population and that CYFD could play a very important role in developing a more integrated and coordinated inter-organizational system for addressing youth homelessness. While the extent to which inter-organizational relationships exist differs somewhat across organization types, the results indicate the likelihood of a good foundation from which to build more of an inter-connected systems-level approach to addressing youth homelessness. For example, even the behavioral health provider organizational type that was the least connected to the rest of the participating organizations still had almost 30% of their inter-organizational relationships rated as CCCC.

While the prevalence of CCCC relationships evident across organization types suggests that there are substantial numbers of existing inter-organizational partnerships that can help support an integrated community response to youth homelessness, the prevalence of “no connection” ratings points to variability among individual organizations and the presence of gaps in the extent to which organizations have meaningful and actionable relationships with one another. Based upon OAS results discussed in other report sections that describe behavioral health services as a key service domain needing to be prioritized to address youth homelessness, developing a better understanding of and supporting inter-organizational relationships with behavioral health providers appears to be particularly relevant to increase their relatively low levels of connectedness to other service providers.

The inter-organizational relationship data demonstrate a “glass half-full/glass half-empty” situation, given evidence that many organizations currently partner together. There is also evidence of substantial opportunities to increase the amount of inter-organizational interaction and coordination between the organizations in order to support and enhance efforts to address youth homelessness, given the reported level of no interactions and/or more limited referral network relationships.

## **Perceived Strengths and Weaknesses of the Service System**

We asked responding organizations open-ended questions about perceived strengths and weaknesses of the service system. Many of their answers were in keeping with the Qualitative System and Organizational Assessment described in Part 3 of this report. In summary, persons completing the OAS identified CBOs and their service providers as key strengths of the system, describing them as resourceful, dedicated, engaging in impactful work, and increasingly collaborating. For example, one respondent noted, “We help each other as providers and support each other to ensure that we are offering the best possible services and that clients are getting the best possible service.” In addition, respondents clarified that collaboration

enabled them to learn of resources available in the community, which increased the ability of their organizations to link clients to relevant services. At the same time, they explained that organizations operated in “silos,” which, along with “bureaucratic red tape” and communication challenges, undermined collaboration and made it difficult to coordinate services.

Although respondents recognized that Bernalillo County had more services than other places in New Mexico, they believed the region needed more services because organizations were stretched to meet the need. One respondent explained, “Services and supports for youth experiencing homelessness are few and far between.” A second added, “Some of these services, especially [in] the non-profits, are overrun and lack resources.” Respondents clarified that organizations commonly experience challenges finding well-qualified staff knowledgeable about working with young people experiencing homelessness and are often unable to offer competitive wages to recruit and retain providers.

Responding organizations described insufficient and unstable funding, inadequate coordination, and long wait periods for existing services as weaknesses. They pointed to multiple gaps, including a shortage of housing options for young people under the age of 18, limited availability of youth-oriented transitional living and permanent supportive housing programs, and an insufficient number of emergency shelter beds. They expressed concern that it was unsafe for youth to stay at adult shelters and worried that some organizations were unwelcoming of particular subpopulations, i.e., LGBTQ+ youth. Responding organizations characterized availability and access to behavioral health services, especially detoxification and crisis intervention services, as key weaknesses.

# Part 4. Qualitative System and Organizational Assessment

## Overview

This qualitative assessment of the service system highlights the perspectives and experiences of professional stakeholders, including staff from CBOs, or public or private nonprofit organizations within Bernalillo County that address the health and human service needs of youth aged 15-25 experiencing housing instability and homelessness. We conducted this assessment to explore: (a) the characteristics and needs of the population of youth dealing with housing instability and homelessness; (b) the broader service environment, including leadership, funding, inter-organizational networks; (c) capacity issues affecting the CBOs; and (d) service and support gaps. Participants included system leaders, CBO administrators, and frontline providers.

## Methods

We used reputational case selection to construct our sample of system-level stakeholders. We consulted with the Leadership Team for recommendations of system-level stakeholders who best exemplify individuals known locally for funding or overseeing the administration of health and social services for youth experiencing housing instability or homelessness. The list included government officials from the City of Albuquerque, Bernalillo County, and CYFD, and organizations (including educational institutions) that locally support youth experiencing housing instability and homelessness. A total of 14 system leaders participated in a semi-structured interview.

The Leadership Team identified 12 CBOs for participation in this component, which involved semi-structured interviews with lead administrators and a focus group or small group interview with frontline service providers (depending on the size of the CBOs). We approached lead administrators from each CBO recommended for inclusion, who then invited their staff who work with precariously housed youth for participation. One CBO was excluded from the sample based on a recent major turnover of staff. Two other CBOs passively declined participation after repeated attempts to organize the interviews and focus groups. A total of 12 CBO administrators took part in a semi-structured interview, and 40 frontline providers participated in a focus group (n=5) or small group interview (n=4).

We conducted the interviews and focus groups remotely using the Zoom Meetings platform, although one small group interview occurred in person. On average, the interviews lasted 1 hour, and the focus groups were of 1-to-1.5-hour duration. We developed and used semi-structured interview and focus group guides tailored to each participant group. Questions centered on interviewee perceptions and experiences supporting young people experiencing housing instability and homelessness in Bernalillo County, including challenges and needs; their role and that of their place of work in addressing these challenges and needs; the broader service system; organizational capacity and staffing issues; and possible interventions and system improvements. Most participants provided demographic information

before the start of an interview or focus group. Table 4.1 reviews demographic data. We offered the participants a \$25 electronic gift card for taking part in this component of the needs assessment.

**Table 4.1 Participant Demographic Information**

	Category	System Leader (n=14)	CBO Administrator (n=12)	Frontline Provider (n=40)	All Participants (n=66)
<b>Age</b>	20-30	0%	0%	20%	12%
	31-40	36%	8%	43%	35%
	41-50	36%	42%	10%	21%
	51+	29%	25%	8%	15%
	Declined to respond	0%	25%	20%	17%
<b>Race</b>	White	64%	67%	59%	62%
	American Indian or Alaska Native	0%	0%	8%	5%
	Black or African American	7%	0%	10%	8%
	Hispanic, Chicana, Mexican <sup>14</sup>	14%	0%	3%	5%
	Asian or Asian American	7%	0%	0%	2%
	More than one race <sup>15</sup>	7%	0%	3%	3%
	Declined to respond	0%	33%	18%	17%
<b>Hispanic, Latino/x, or Spanish origin</b>	Yes	43%	33%	38%	38%
	No	57%	42%	45%	47%
	Declined to respond	0%	25%	18%	15%
<b>Current Gender Identity</b>	Man	14%	25%	18%	18%
	Woman	79%	50%	55%	59%
	Non-binary	7%	0%	3%	3%
	Other (includes DemiGirl, Agender)	0%	0%	5%	3%
	Declined to respond	0%	25%	20%	17%
<b>Transgender or gender-diverse</b>	Yes	7%	8%	10%	9%
	No	93%	67%	73%	76%
	Declined to respond	0%	25%	18%	15%

<sup>14</sup> This category was a result of participant write-ins. It was not originally included in the demographic survey.

<sup>15</sup> This category was a result of participants indicating more than one race. Participants who endorsed this category identified as “American Indian or Alaska Native” and “White.”

	Category	System Leader (n=14)	CBO Administrator (n=12)	Frontline Provider (n=40)	All Participants (n=66)
<b>Level of education completed</b>	Some College	7%	0%	20%	14%
	College Grad	7%	17%	25%	20%
	Some Graduate work	14%	8%	5%	8%
	Master's Degree	50%	42%	33%	38%
	Ph.D., M.D., equivalent	21%	8%	0%	6%
	Declined to respond	0%	25%	18%	15%
<b>Full or part-time worker</b>	Full	100%	75%	78%	82%
	Part time	0%	0%	5%	3%
	Declined to respond	0%	33%	18%	15%
<b>Length of time working with current agency</b>	Less than 1 year	7%	0%	18%	12%
	1-4 years	50%	8%	45%	39%
	5-9 years	21%	8%	13%	14%
	10-14 years	14%	33%	0%	9%
	15 + years	7%	25%	8%	11%
	Declined to respond	0%	25%	18%	15%
<b>Length of time providing services to youth and young adults</b>	Less than 1 year	7%	0%	8%	6%
	1-4 years	7%	17%	31%	23%
	5-9 years	36%	17%	23%	25%
	10-14 years	0%	8%	8%	6%
	15 + years	50%	33%	13%	25%
	Declined to respond	0%	25%	18%	15%
<b>Personally experienced homelessness</b>	Yes	21%	0%	18%	15%
	No	79%	75%	65%	70%
	Declined to respond	0%	25%	18%	15%

Note: Percentages were rounded up or down to the nearest whole number. Thus, some totals may sum up to 99%.

All interviews and focus groups were digitally recorded, transcribed, and entered into an NVivo qualitative software database for analysis. We used a constant comparative analysis process to analyze textual data, which involved iterative coding (labeling and organizing qualitative data to identify different themes and relationships between them) and creating matrices to compare findings across participant groups. We began by developing a coding structure featuring codes (a meaningful label) informed by the topic areas and questions in the interview and focus group guides (e.g., “foster care system involvement,” “inter-organizational collaboration”). After reviewing each transcript, we assigned codes to text segments ranging from a phrase to several paragraphs. We then used open coding to identify and define new codes related to ideas we had not previously considered (e.g., “making mistakes,” “playing in the sandbox”). We



followed with focused coding to determine which ideas recurred or represented unique participant concerns. Finally, we compared and contrasted codes during team meetings, grouping coded text with similar content or meaning into broader themes.

We organized the findings below according to three subheadings: Who are the Young People Experiencing Housing Instability and Homelessness? How do System Leaders, CBO Administrators, and Frontline Providers Characterize the System? What Gets in the Way of Serving and Supporting Young People Experiencing Housing Instability and Homelessness? We include quotes from participants that are emblematic of key themes and issues that emerged in the analysis. We have edited the quotes slightly to enhance readability.

**We don't see it, don't think it exists the same way [as adult homelessness]. They exist in pockets, with friends, finding a way to survive and somewhere to stay. Youth are just trying to find a way to survive.**

– System leader

## Findings

### Who Are the Young People Experiencing Housing Instability and Homelessness?

Participants conceptualize the plight of youth and young adults between the ages of 15 and 25 impacted by housing instability or homelessness in Bernalillo County in poignant yet very stark terms, clarifying that they represent a largely invisible population that is diverse in its composition. Complicated family dynamics and systemic harm shape trajectories of homelessness among young people. Histories of involvement in the child welfare system (including foster care and juvenile justice) are common among housing insecure young people who have unique and unaddressed needs related to development or maturation, social support, mental health, and substance use. Such young people are also at high risk of being trafficked sexually and of becoming homeless as adults.

**An Invisible Population.** Participants described housing instability and homelessness among youth as less “visible” than among adults over the age of 25, with youth far more likely to “couch surf,” seek shelter in motor vehicles, or otherwise remain purposefully hidden rather than openly congregate in public locations. Young people, participants observed, stay away from public locations due to social stigma and fears for their safety. A frontline provider noted, “They don’t want us to know where they are because they’re so vulnerable, and they don’t want to be exploited.” Due to this invisibility, community members are less aware of youth homelessness. A second frontline provider explained, “We don’t as a community talk enough about it [youth homelessness]. I think...if we really showed the ugly truth to the community at large, maybe people would get upset, and it would affect them.” Participants further suggested that policymakers are less likely to devote resources to tackling the problem of youth homelessness but to instead focus their and the public’s attention on the more visible adult population. A system leader confirmed this view, “We don’t see it, don’t think it exists the same way [as adult homelessness]. They exist in pockets, with friends, finding a way to survive and somewhere to stay. Youth are just trying to find a way to survive.”



**That kiddo feels safer on the streets or safer couch surfing than they do in their own home.**

– Frontline provider

**A Diverse Population.** Participants observed that BIPOC are disproportionately represented in the population of unsheltered or unstably housed youth. In terms of racial or ethnic subgroups, they identified American Indian youth at the highest risk, followed by African American or Black youth and Latinx youth. Additionally, there was an overwhelming consensus that LGBTQ+ youth are at particularly high risk for homelessness due to family conflict and rejection. Transgender and gender-diverse youth, particularly those who also identify as BIPOC, are widely viewed as the group at greatest risk for homelessness. Other young people affected by housing instability and homelessness include pregnant and parenting youth and persons with developmental disabilities and/or behavioral health concerns. Participants pointed to intersectionality within the population, emphasizing the overlap of multiple social identities based on race, ethnicity, gender, sexuality, health, and class that can amplify the social disadvantages that youth experience.

**A Population Affected by Family Dynamics.** There was widespread agreement that family dynamics comprise a key factor in youth homelessness. Participants clarified that the family members of youth (e.g., parents or other primary caretakers) are often affected by trauma stemming from emotional, physical, and sexual abuse and violence. These experiences increase risks for child maltreatment, substance use, behavioral health issues, and incarceration, making it hard for them to secure and maintain employment and housing for the larger family unit. Family crises and dissolution add to these hardships. Participants observed that many youth who experience homelessness come from households maintained by single parents or aging relatives, who themselves may be dealing with health problems, financial troubles, and other matters that affect their ability to fulfill caregiving responsibilities. Under such circumstances, caregiver attention is often directed at younger siblings, leaving older adolescents to “fend for themselves,” as one frontline provider observed. Participants explained that youth are apt to leave home voluntarily when they consider their home situation unsafe, particularly if they experience neglect, abuse, or other violence. A second frontline provider summed up this view, “That kiddo feels safer on the streets or safer couch surfing than they do in their own home.” Participants also pointed to a cultural expectation, particularly within Hispanic/Latinx families, that youth may be obliged to leave home when they become 18 to assume independence and the responsibility to care for themselves.

**A Population Born into Social Inequality and Systemic Harm.** Participants noted that precariously housed youth in Bernalillo County typically contend with societal structures or systems that make them vulnerable to harm and homelessness. For instance, participants cited poverty (or economic inequality) as a precursor to housing instability for young people, portraying it as an ongoing and often intergenerational reality for youth and their families. One CBO administrator described it as “the sequelae of unstable income, job insecurity, [and] food insecurity.” Youth also face discrimination, or unjust and prejudicial treatment, based on their race, gender, sexuality, and documentation status. For example, participants clarified how disciplinary policies in school systems could contribute to educational inequities for poor racial/ethnic minority students, particularly males. One system leader explained, “Our schools are set up to penalize children of color for acting the way everybody else acts. If you are loud and brown, you are scarier than if you are loud and white, and so those kids tend to drop out of school.” Disciplinary policies emphasizing strict, rigid responses to infractions, including removal from school and referrals to juvenile justice authorities, also reportedly imperil academic performance and future graduation for students. Participants argued that it becomes increasingly difficult for such students to complete their

education as they age, with a second system leader stating, “The older they get, the harder it becomes. There may be a lot of stories they tell themselves that they can’t do it like for GED or the high school equivalency.” These practices, and other key components of systemic discrimination, affect youth in other sectors as well, as they seek jobs, housing, and health and behavioral health care.

**A Population with Histories of System Involvement.** Similar to cyclical, persistent, and self-reinforcing experiences of intergenerational poverty, participants cited child neglect and maltreatment and parental incarceration as common phenomena for the families of youth at risk for homelessness. Youth frequently become involved in systems that are intended to help but are instead perpetuating harm. Participants asserted that involvement in the child welfare system, including foster care, juvenile justice or both, contributes to homelessness among young people. Having multiple placements in foster care settings, for example, thwarts the development of enduring and supportive social connections, creates feelings of instability when permanency is needed, and fuels distrust in adults and institutions. Upon turning 18 (called “aging out”), youth often have “nowhere to go,” further weakening their trust in adults and institutions. A system leader explained, “It’s like starting over.... That can be extremely overwhelming for someone who has all of the support that they need, much less someone who maybe doesn’t have that support system.” When released from juvenile justice facilities, youth also struggle to readjust to life in the community, especially when caretakers do not support their return home or probation conditions prevent this from happening. One CBO administrator explained, “They [juvenile justice authorities] are part of the problem. They make kids homeless because they tell them they cannot live with parents or in a “bad” neighborhood.” A lack of community support and services to aid with transitions from systems contributes to the subsequent institutionalization of youth in jails, prisons, and psychiatric facilities, from which they again face a shortage of assistance upon their release. One frontline service provider observed, “We see all our youth being cycled through the same facilities. Facilities don’t know what to do with youth or how to help them appropriately. Mental health facilities take them but don’t know what to do with them.” Participants also indicated that youth experiencing cycles of institutionalization and release—persons characterized as “frequent flyers—are not being systematically tracked as they move through what researchers refer to as the “institutional circuit,”<sup>16</sup> thus precluding delivery of more coordinated services and support.

**A Population at Different Stages of Development Needing Help with Life Skills.** Participants explained that young people between 15 and 25 are still maturing and thus require age-appropriate interventions that account for their unique emotional, behavioral, and developmental needs. Several observed that ACEs negatively influence brain development among youth and their overall health and mental health. Brain development, they noted, continues into their early to mid-twenties, a fact that is not fully appreciated in the adult-oriented system of care in Bernalillo County. Citing research on the adolescent brain, participants emphasized that teens and young adults are building their identities and establishing values and goals that will affect their adult lives. During this time, youth need safe spaces to make autonomous choices, cultivate and practice life skills, and receive judgment-free support in the face of “mistakes” that may impede both formal and informal support. One CBO administrator explained,

“**Young people need a place where they can make mistakes and get back up and be forgiven and continue going forward.**”

– CBO administrator

<sup>16</sup> Luhrmann, T. M. (2008). “The street will drive you crazy”: Why homeless psychotic women in the institutional circuit in the United States often say no to offers of help. *American Journal of Psychiatry*, 165(1), 15-20.

“Young people need a place where they can make mistakes and get back up and be forgiven and continue going forward.” Participants speculated that many youths feel they are already adults at a young age and either leave their house or are “kicked out” due to not following house rules. Depending on their presentation of self, they may also be perceived and treated as being adults by providers, particularly in the adult-oriented system of care, despite their possible lack of knowledge and proficiency in basic life skills. These skills range from goal setting to personal care and hygiene to food preparation and cooking to dealing with conflict and emotional regulation to parenting young children to getting and keeping a job to budgeting and handling money, and to rental and home management. Participants agreed that basic life skills are among the most important for youth to learn as they will increase the likelihood of successfully becoming housing secure.

**A Population in Need of Social Support.** As indicated above, young people experiencing homelessness, particularly those with prior histories of system involvement, may lack close connections to caring families and friends and their communities. Participants commented that such connections are crucial sources of support to youth as they make choices and mistakes and learn independence. Participants spoke recursively about the challenges frontline providers face in forging relationships and trust with youth. They attributed these challenges to past and current trauma, including trauma experienced on the streets. Summing up the perspectives of many, one frontline provider declared, “They don’t trust. They don’t know how to trust because they’re at such a young age.” Coincidentally or intentionally to gain protection from others, some youth fall into the “wrong” crowds, which can intensify their mistrust as they suffer abuse, are stolen from, or are abandoned. In addition, cultural stigma against speaking up about issues within specific racial/ethnic groups reportedly alienates youth who are told, “You don’t speak outside of the family. It doesn’t matter how bad the problem is; you keep that to the family.” Participants suggested that trusting relationships in nonprofessional (e.g., family and friends) and professional (e.g., service provider) networks are a key to youth getting help and developing healthy social supports that set the foundation for building life skills.

**A Population Struggling with Mental Health and Substance Use Concerns.** Participants underscored the burden of mental health and substance use needs on young people experiencing homelessness. They noted that repeated exposure to ACEs (including emotional, physical, and sexual abuse and neglect) and other traumas is common among young people. Resulting mental health concerns and self-medication with substances as a coping strategy were characterized as root causes of youth homelessness. For example, frontline providers across the CBOs shared statements, such as “A lot of people become homeless because of their addictions.” In addition, frontline providers suggested that substance use can lead youth to behave in problematic ways, become part of the “wrong crowds,” and undermine their engagement with school, academic performance, and opportunities for advancement in education and employment. Substance use also worsens their mental health when it is left untreated.

**A Population at Risk for Victimization, Crime, and Human Trafficking.** Participants clarified that youth experiencing homelessness are vulnerable to theft, violence, and other crime, including human trafficking. Youth may resort to transactional behaviors (e.g., trading sex) to fulfill basic needs (i.e., food and shelter) because of their limited economic options, elevating their risk of being trafficked. Participants considered transgender and gender-diverse youth, and those identifying as girls/women, to be especially vulnerable to human trafficking. Frontline providers noted that youth might not identify themselves as being trafficked, understand what it means to be trafficked, or may be reticent to report trafficking experiences to legal authorities due to their distrust of law enforcement. “It’s not going to be reported the majority of

the time,” stated one. A minority of participants commented on youth choosing a life of crime, i.e., drug dealing, to make ends meet.

**A Population at Risk for Homelessness as Adults.** According to participants, the combination of structural inequalities (including poverty and deficits in education), underdeveloped life skills, inadequate social support, and unaddressed mental health and substance use treatment needs renders unstably housed youth vulnerable to future homelessness. System involvement exacerbates this risk, especially given the limited access of youth to transitional services to address basic subsistence, health, education, money, and housing needs when they exit institutional settings. Some participants suggested that the longer youth remain unsheltered, the more likely they become socialized into homelessness, learning how to survive from others they encounter on the streets. The majority of participants also indicated that early intervention is the key to preventing youth with unmet needs from becoming homeless as adults, with one frontline provider arguing, “The earlier someone experiences homelessness...the more difficult it will be to come out of it.”

## How do System Leaders, CBO Administrators, and Frontline Providers Characterize the System?

Participants characterized the current system as lacking defined leadership; missing youth voice in system planning and decision making; and needing multilevel communication, coordination, and collaboration. Most participants focused on deficits in the service system in Bernalillo County, describing it as “inadequate,” “uncoordinated,” “disjointed,” “fragmented,” “siloes,” “bureaucratic,” and “overwhelmed.” Participants also described competitive but largely positive working relationships among CBOs and funding and contracting constraints that affect their ability to plan for the future and build capacity within their agencies. Participants also indicated that the provision of evidence-based practices (EBPs), referring to manualized interventions with proven effectiveness, is variable to minimal across the CBOs. Moreover, systems for data collection, reporting, and evaluation are disconnected and underdeveloped. Above all, participants noted that the system relies on a hopeful, dedicated, and internally motivated yet relatively young workforce. However, burnout among providers contributes to turnover and recruitment and retention challenges more generally. Participants praised the CBOs specializing in direct services to young people struggling with housing instability and homelessness for making strides at the agency level to create a strong workforce through training and support for their providers and staff. Finally, participants are optimistic, stating that the system is “improving” and “getting better,” with the City of Albuquerque, Bernalillo County, and UNM bringing relevant stakeholders together to prioritize youth homelessness.

**Lack of Defined Leadership.** Participants suggested that the multilevel service system suffers from a lack of defined leadership at all governmental levels. “There is no person on the hill seeing what is going on,” stated one system leader, implying it would be useful to institute a position in which a designated, responsible party has purview over assessing how services connect, gaps in service provision, and ongoing and emergent problems. In practice, a leader “on the hill” would have the vantage point to identify systemic issues. Their presumed authority and ability to coordinate across levels would ideally facilitate improved connections, mitigation of service delivery problems, and monitoring and assessment of collectively agreed upon outcomes for desired changes.

Participants indicated that system-level leadership is contingent on “who is in power,” with changes in City, County, and State administrations inhibiting progress. Participants repeatedly emphasized the need to cultivate stable, effective, and collaborative leadership across all system levels. Participants also argued

that government agencies must play essential roles in prioritizing, strategizing, and coordinating services in the system. Because these agencies cannot easily reach young people experiencing homelessness on their own, they must partner closely with CBOs to “unify organizations into one system,” as one CBO administrator asserted.

There is reportedly “a lot of finger-pointing” or blame assigned for system deficiencies across multiple levels. For example, participants criticized the City of Albuquerque’s mayoral administration for its lack of concerted effort to address homelessness among youth, focusing most of its attention on the adult population. Participants characterized leadership in Bernalillo County as well-intentioned but uncoordinated, with one CBO leader observing that the County is “extremely interested in this population [youth experiencing homelessness]...and does a good job of getting people together...but [the County] needs to grow beyond that without adding another meeting to the table.” In addition, participants criticized the County for micromanaging the programs it funded at the CBO level (see below.) At the state level, participants described CYFD as subject to frequent turnover across all ranks (high-level administrators to frontline providers) and as not doing enough to build capacity for preventing youth homelessness, including through the provision of transitional services for youth aging out of foster care or exiting a juvenile justice facility. Participants identified a core group of larger CBOs and their administrators as leaders in the City of Albuquerque and Bernalillo County system. Still, directors and staff at smaller CBOs felt excluded from this core group.

Many system leaders, particularly elected officials, felt too far removed from providers to know and address pressing needs, with one comparing themselves to being “50,000 feet up from the ground.” Another system leader warned, “Don’t make the mistake of thinking we [elected officials] know things that are going on. Don’t let us ignore things that ought to be dealt with.” Several such leaders suggested that advocacy groups have a role to play in shoring up the service system. One such role was to “make us [elected officials] aware of what’s going on, give us some ideas for what we might do about it, and then hold our feet to the fire.” In sum, system leaders want advocacy groups to hold them accountable for supporting initiatives to decrease youth homelessness.

**Missing Youth Voice in System Planning and Decision Making.** Participants emphasized that the responsibility for decision-making shaping services for young people with housing instability generally falls on adult policymakers and providers, often without direct input from youth about their specific needs. One system leader explained, “There’s a lot of power of posturing around what is good for youth or not, and when you try to ask people, ‘What’s the root of this? Where did this come from? Does the data say this? Did a young person tell you they desperately need this?’ The answer doesn’t always have a root.” Participants suggested that the views of funders, rather than those of young people with lived experiences, exert a disproportionate influence on priorities for the system, making it less responsive to youth needs. They also identified the lack of youth input into system planning and evaluation (see below) as a serious system weakness.

**A Need for Multilevel Communication, Coordination, and Collaboration Across System Levels.** Participants discussed a “broken system,” with the City, County, and State (specifically CYFD) receiving mixed reviews for inadequate communication and coordination. Similarly, views on the youth-serving CBOs and how they interact with other parts of the system were mixed. Some participants suggested that larger CBOs do not always play well in “the sandbox” with smaller CBOs. Others believed smaller CBOs received preferential treatment from government agencies. A CBO administrator explained, “Oftentimes, we don’t have to reinvent the wheel, but because we don’t have this communication, we often do.”

Participants described an incohesive infrastructure for delivering services due to insufficient coordination across the system and CBO levels. To illustrate this problem, one CBO administrator described a graphic in which each agency focused on youth homelessness is identified by arrows that are “going in every which way when obviously you want arrows going one way with few exceptions.... We are trying to get to the same finish line, but we are all over the place.” A system leader explained that because of this complexity, “It becomes very bureaucratic at times when you know, someone at the age of 15 just really needs that help.”

Participants characterized CBO providers and staff as “caring” but “under-resourced” while observing that their agencies are also “siloeed” from one another. Due to insufficient coordination, participants pointed to disparate knowledge of resources among providers and the youth they serve and likely duplication of services. This reportedly contributes to the navigation challenges youth face in getting their needs met and to “system burnout,” wherein young people stop seeking assistance because they are tired of having to retell their stories each time they ask for assistance but are then placed on lengthy wait lists or denied services. Participants also noted that adult provider agencies are typically not represented in regional dialogues surrounding the service needs of young people. Participants suggested that the leaders of adult-serving agencies often do not perceive their organizations as part of the provider network for young people, even though persons aged 18-25 would likely be eligible for their services. Participants want to build bridges with adult provider agencies to enhance access for underserved young people.

There was widespread agreement that work must be done to foster collaboration. Participants generally agreed that a government entity at the City, County, or State level should lead such collaboration in partnership with the CBOs. However, the CBO administrators are expressly tired of participating in gatherings where “people meet and have great ideas, but there is no way to unify organizations into one system.” They want government officials to actively solicit, respect, and act on their input and that of their staff. However, they and their staff are unsure whether government officials are truly open to listening and responding to their feedback through subsequent action. One CBO administrator explained, “[It’s an] old story. Bureaucracies think they know stuff and don’t listen. True partnership is hard.” The CBO administrators suggested that such partnerships are difficult given the asymmetrical relationships between government agencies and CBOs that current funding arrangements necessitate, meaning that CBOs are beholden to the government agencies that can take away their funding if they push back too hard or make mistakes. Therefore, they want to cultivate “safe spaces” to have “hard conversations” with government funders without fear that their funding could be compromised or rescinded. The CBO administrator cited above continued, “They can make a million mistakes. We can’t make any. We are not equal partners. That’s okay, but let’s not pretend.” Several participants cited the experience of agencies during the statewide behavioral health shut down of 2013 (called the “fraudit” by one participant) as a source of concern about partnering and trust between CBOs and government agencies.

Participants believed that there is a need to nurture more visible and interconnected channels for communication, coordination, and collaboration across the service system, among the government funders and the CBOs and other key stakeholders. The types of stakeholders mentioned by participants included youth with lived experience, their advocates, provider champions, elected officials, landlords and housing developers, school-based positive youth development program personnel, restorative practice



**“[It’s an] old story. Bureaucracies think they know stuff and don’t listen. True partnership is hard.**

*– CBO administrator*

experts, mental health and substance use treatment providers, emergency response workers (e.g., firefighters), and other community service representatives.

**Competition and Working Relationships in the CBO Network.** Descriptions of the relationships among the system’s network of CBOs varied. Some CBO administrators claimed there is “fierce” competition over “scarce” funding and resources and that a small number of agencies maintain a “tight grip” over the network and “don’t want anybody else in it.” One CBO administrator explained that “People see more people [CBOs] in the space as a threat” to their funding and referrals, which are required to fulfill reporting metrics stipulated in contracts. Some CBO staff criticized agencies that draw on their organization’s resources to assist youth without allowing them to do the same.

In contrast, other CBO staff emphasized positive “collegial” and “connected” working relationships and the promotion of cooperation and collaboration among the CBOs. To illustrate, participants discussed how staff from a larger CBO provides free technical assistance and shares its policies and procedures with a newer CBO to firm up its infrastructure, therapeutic and housing-related services, and application to become a designated Medicaid provider. By and large, however, participants suggested that relationships among agencies are “professional,” “as needed,” and “casual” rather than as fully collaborative. One CBO administrator explained, “We are not super tight where we do things in lockstep.... We know what each of us can do. We do our thing, and I know who to call. But we are not in synchronicity doing programs together. It’s a casual relationship.” Participants also commented that the CBOs reportedly work best together when they share similar values, distinguishing between values shaped by secular social justice ideologies and values influenced by charity or religious orientations. Participants expressed concern that the latter values may unintentionally “individualize, medicalize, or blame clients” for their difficult life situations. Almost universally, CBO administrators shared optimism for the future of their in-network collaborations, affirming they want to work together better if they were not already doing so, while also disclosing that “sometimes our staff don’t know how to play well in the sandbox.”

**Funding and Contracting Constraints on CBOs.** Perceptions of the current state of funding for the service system differed among participants. A minority suggested that sufficient funding from government entities is available to CBOs, although capacity issues (particularly staffing shortages) prevent CBOs from leveraging these monies. One system leader clarified, “Even if the Feds dropped a billion dollars on Albuquerque, we don’t have the capacity to build it all out.” Participants noted that because they may lack capacity, i.e., a sizeable and stable workforce, CBOs will sometimes pass on opportunities for new funding to improve or create new programs and services.

In contrast, the CBO administrators called attention to tensions involved in balancing the “strict” and “rigid” requirements of funding sources with the ability of their agencies to remain “nimble,” “flexible,” “innovative,” and “independent.” They indicated that grant funding from private foundations affords some flexibility. Yet, the length of funding from these sources varies, making it difficult for CBOs to plan over the long term. Funding limitations also prevent the CBOs from paying staff higher wages, making it difficult to sustainably grow their agencies. Moreover, CBO administrators stated that they and their staff are always



**We are not super tight where we do things in lockstep.... We know what each of us can do. We do our thing, and I know who to call. But we are not in synchronicity doing programs together. It’s a casual relationship.**

– CBO administrator



adjusting and adapting to the shifting funding priorities and cumbersome contracting processes of City and County funding sources. There was concern among participants over funding priorities for the system, with CBO staff observing that while the City and County are “flush with money and well-intended,” they are “rigid” and “disconnected from need.” For example, while government agencies fund youth shelters and TLPs, they reportedly “refuse” to fund housing, with one CBO administrator asserting, “We have all kinds of shelters, but there is nowhere for kids to go after shelter.... They fall off a cliff.” To address this perilous situation, multiple participants called for investments in permanent supportive housing specifically for youth, referring to an intervention that combines affordable housing assistance with voluntary support services to address the needs of people who experience chronic homelessness (as defined by the National Coalition to End Homelessness). Such services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment, and employment services.

Believing their expertise is not being fully tapped, CBO staff welcomed closer consultation with government agencies when formulating and determining how to fund priorities. Many CBO staff also expressed worry about priorities to fund new initiatives diverting financing from current programming, arguing for greater and more enduring investment in current staff, as well as expanding access to services that the system already provides. Several participants suggested that allocating tax revenue to services for unstably housed or unsheltered youth would provide a stable funding foundation to make such investments possible, thus enabling the CBOs to expand services and better plan for the future. Participants suggested that reliance on short-term (e.g., annual) contracts creates precarity and sustainment challenges for the CBOs and the system. Under such conditions, participants worried about sustaining a recently introduced rapid rehousing program for youth. One CBO administrator asked, “How can it continue to move forward long term?” A second administrator wondered if funding would persist beyond a “one-year promise.” The CBO staff also argued that complicated requirements and micromanagement of contracts by government officials create burdensome administrative work that diverts organizational resources from direct service provision and undermines agencies’ autonomy. A CBO administrator explained, “They want to set the rule and expect providers to follow [them] without any input whether that’s feasible or not.”

Participants also commented on funding sources at the State and Federal levels. Some were less critical in their remarks related to funding from CYFD, describing this agency as “hands-off” and allowing the CBOs free reign to implement programs and services for youth experiencing homelessness. Others indicated that the micromanagement of CYFD contractors is on the rise. A minority of CBOs are set up to bill the state Medicaid program, which is administered by New Mexico Human Services Department and its contracted managed care organizations (MCOs). Several participants also suggested that this program should fund a broader array of health, behavioral health, and supportive services to benefit youth experiencing housing insecurity and homelessness. Yet, participants cited complicated credentialing requirements and paperwork demands and low reimbursement rates as de-incentivizing CBO participation in this program. At the Federal level, participants faulted HUD for its high administrative and documentation burden and restrictive definition of homelessness, which judged youth who must stay with



**We have all kinds of shelters, but there is nowhere for kids to go after shelter.... They fall off a cliff.**

*– CBO administrator*

others for shelter as ineligible for services. In general, however, the CBOs lack experience applying for and delivering services funded by HUD.

**Variability in EBP Provision.** Participant responses varied considerably to questions about the extent to which EBPs (manualized interventions based on research evidence) are delivered to youth aged 15-25 in the service system. For example, two CBO administrators argued that all interventions delivered by their agencies are evidence-based, with one stating, “We don’t use non-evidence-based models.” Three other CBO administrators asserted that 75% or more of the interventions delivered by their agencies are evidence-based, while a sixth administrator estimated that 50% of the interventions provided are evidence-based; a seventh administrator readily admitted that their agency does not deliver EBPs. CBO administrators collectively clarified how, as often niche agencies focused on a special population, their services must be flexible and culturally adaptable. These perspectives are in keeping with a common barrier to the use of EBPs—namely, perceptions that EBPs do not fit the service population, leading to their use only “as needed” or as required by their funders. Frontline providers generally indicated that they favor context-specific service delivery practices, meaning tailored assistance that best addresses their clients’ needs without necessarily following evidenced-based models. Several participants suggested that ongoing technical assistance and implementation support is needed if the goal of the agency or the system is to enable the delivery of EBPs. The extent to which CBOs assess fidelity to EBPs or other program models appears to be minimal.

**Fragmented Approaches to Data Collection, Reporting, and Evaluation.** Per participants, most agencies have evolved their own data collection systems. These systems do not “communicate” or otherwise interface to support tracking and coordinating services to address the needs of a single youth requiring assistance. Funders typically specify the data that CBOs must collect, often without the input of their staff. Participants suggested that these data are often inadequate for measuring and evaluating services, critiquing reporting requirements that center mostly on tabulating numbers (e.g., beds occupied, length of stay, individuals served) and not the quality of services and their effects on the wellbeing of youth. “We need to be more outcome-focused and less output-focused,” advised a system leader, who argued that funders should be concerned more with how services impact the lives of young people versus how many nights they might stay in a particular shelter. Participants also expressed interest in using available data to evaluate services, suggesting that having greater insight into the data would promote transparency within the system.

The CBOs reportedly vary in their approaches to evaluation, which range from “informal” to “formal” to “robust.” However, participants were not forthcoming with many details about the types of data that are used for evaluation, though they mentioned anecdotal community feedback and “highly unscientific” written and oral surveys. They explained that most evaluation within CBOs is required by funders and usually takes the form of monthly or quarterly reports for compliance purposes. A minority of CBOs work with a local university to evaluate programs per their funder. However, the kind of data to be collected is often unclear to staff charged with data management and reporting, adding to their work burdens and suggesting a possible need for technical support. One CBO administrator likened evaluation to “just one more thing for us to do.”

Many participants expressed the opinion that evaluation should play a role in improving the system by determining areas of duplication and identifying areas to strengthen or better coordinate services, rather than mostly demonstrating compliance with funder requirements. Multiple participants suggested that invitations should be extended to service providers and youth with prior and current histories of

homelessness to participate in evaluation processes. They suggested convening both groups into evaluation boards that would shape metrics and assess what is working in the system and what could work better to ensure timely delivery of quality services.

**A Hopeful, Compassionate, and Internally Motivated**

**Workforce and Supportive Workplaces.** Participants lauded the local CBO workforce for serving as the system's backbone, praising workers for their hope and dedication to improving the lives of youth and young adults affected by homelessness. When asked about what keeps them coming to work each day, frontline providers cited intrinsic motivations or internal rewards, particularly the satisfaction associated with supporting youth and helping them overcome challenges. Thus, they felt self-actualized by positively contributing to the lives of their clients in observable, tangible, and in-the-moment ways. Very few, if any, participants openly identified external motivations such as prestige or social status or higher salaries. However, the lack of social status and higher salaries were oft-mentioned barriers to recruitment and retention (see below).

Frontline providers also expressed a sense of worth and belonging in their relationships with their leaders and coworkers and appreciation for the organizational cultures of their agencies. They described their workplaces as family-focused and nurturing while praising the “encouragement” and “support” they received from CBO leaders. The majority of frontline providers viewed their leaders as hard workers who are also knowledgeable and proactive in serving as system champions, yet also up against many barriers, including funding limitations and bureaucracy. In turn, the CBO administrators spoke of how their agencies now aim to invest in their staff—many of whom are young and without long job tenures—by making benefits packages competitive and professional development accessible. Raising salaries to be on par with “middle-class jobs” was an important goal described by CBO administrators. Administrators also clarified that employment at CBOs affords staff the experience necessary to transition into higher-paying jobs that confer greater social status. In recognition of this reality and for the betterment of the system as a whole, some CBO administrators described organizational efforts to help staff climb the career ladder both within and outside their agencies. For example, one CBO administrator discussed their agency's efforts to establish a “comprehensive training center” that will allow staff to pursue career paths as “better, more prepared” professionals even if they move on from the agency. To reduce burnout resulting in turnover (see below), a second CBO administrator described their agency as producing a “pipeline” of professionals “to stay in this work.” This CBO administrator then shared the analogy of “putting your oxygen mask on first,” underscoring the need to support providers at the frontlines before they “lose oxygen” and experience burnout. In this vein, participants suggested that the combination of quality training and ongoing support will help staff develop knowledge and skills for contending with the everyday challenges shaping their work realities and buffer against burnout.

**Workforce Recruitment and Retention Issues.** CBO administrators described three primary challenges related to their workforce: recruitment, retention, and diversity and cultural competency. Participants observed that CYFD experiences similar challenges.



**I, from a loving and theoretical standpoint, want every young person to be treated with the utmost dignity possible and recognize it's really hard to do that when you're extremely tired, and you have to work overtime, and you're not paid that much.**

*– System leader*

Participants explained that recruitment issues in Bernalillo County center on a lack of direct service providers, with one system leader referring to the area as a “provider desert.” In this desert, the nonprofit agencies caring for youth experiencing homelessness struggle to recruit qualified staff, particularly licensed clinical providers. The CBOs must compete for hires with for-profit organizations that reportedly offer higher salaries and \$3,000-5,000 signing bonuses. The CBO administrators explained that flat funding and a lack of resources limit their agencies' ability to provide similar incentives. As a source for training and recruitment of future professionals, participants suggested that the system strengthen connections with local universities' health and human service education programs.

Participants described low pay and staff burnout as reasons for retention problems. Job-related stress and responsibility reportedly lead frontline providers to “jump ship” in favor of higher-paying employment. This phenomenon is common within both CBOs and government agencies. Participants claimed that constant turnover within the system engenders instability for young people and undermines programming. One system leader identified a clash between the imperative to deliver quality services and the workday realities of staff on the frontlines: “I, from a loving and theoretical standpoint, want every young person to be treated with the utmost dignity possible and recognize it's really hard to do that when you're extremely tired, and you have to work overtime, and you're not paid that much.” Participants perceived large caseloads, productivity requirements, and nontraditional work schedules (e.g., evening, weekend hours) to be stressful for many workers, with some reportedly experiencing low job satisfaction and feeling devalued. One CBO administrator likened frontline work to “drinking the ocean... It's draining and tiring.” Participants called for a coordinated investment in human capital to address recruitment and retention issues and to nourish the workforce. Suggested strategies include increasing funding for CBOs, raising salaries, decreasing workloads, providing paid time off for staff to attend to their personal wellness needs, and facilitating opportunities for career advancement within CBOs and the broader service system.

Finally, participants expressed concerns regarding the cultural competency of the workforce, stating that it did always represent the racial and ethnic diversity found in Bernalillo County and across New Mexico. Such suggestions appeared to largely focus on the behavioral health workforce, with one system leader stating: “[It] is definitely majority white folks.... So, a lot of these young people have a pretty hard time relating with the folks that are serving them sometimes.” Participants linked the lack of diversity among behavioral health providers to insufficient cultural and linguistic competency and reduced service quality. More generally, they raised concerns that providers of services to people who are unstably housed or homeless are often deficient in cultural fluency related to LGBTQ+ or immigrant and undocumented youth and that providers at adult-serving agencies may not have the motivation or the knowledge to address the unique developmental needs of older youth. Participants called for broadening the pool of professionals to include more BIPOC, bilingual providers, and people with lived experience of homelessness or recovery in both clinical positions and peer support roles to help create durable connections and trust with young people. Several participants said that discordant cultural values around reproductive health dissuade some providers and agencies from allowing access to contraceptives and prophylactics (e.g., condoms, dental dams) to prevent pregnancy and sexually transmitted infections among youth.

## What Gets in the Way of Serving and Supporting Young People Experiencing Housing Instability and Homelessness?

Participants expressed the conviction that youth homelessness could be reduced through prevention in multiple sectors (e.g., child welfare, education) to reduce the systemic harms that can lead to youth homelessness. They highlighted the difficulties of serving young people affected by housing instability and homelessness without a coordinated entry and assessment system, a problem compounded by the lack of affordable housing stock and inadequate access to age-appropriate shelters, TLPs, and behavioral health services. Participants also described numerous barriers at the individual level (e.g., social stigma, insufficient awareness of resources) and bureaucratic challenges that make it hard for young people to avail themselves of the limited services that exist. Without navigation assistance and greater life skills preparation, young people are limited in their ability to overcome these barriers and challenges.

**Lack of Prevention Focus.** Participants cited a shortage of local programming to prevent youth from becoming homeless, arguing that the tendency is to focus on “downstream” (e.g., individual level) interventions when “upstream” interventions that target the interactions of youth with social structures and systems might be more effective in reducing their risk for homelessness. One frontline provider offered an allegory of babies rescued from a fast-moving stream to illustrate this point, with no one in the rescue party wondering where and how they were thrown in the water. Participants suggested that policy and legislative action are needed to overcome structural factors contributing to homelessness among youth and their families. Such actions (or upstream interventions) need to center on decreasing poverty; improving public education; reducing stigma, discrimination, and social/community exclusion; fostering the development of robust health and behavioral health services; and assuring access to permanent housing that is safe and affordable.

Participants asserted that service system responses to youth homelessness are largely “reactive” and not “proactive” due to insufficient prevention work. Although participants did not offer specifics into the upstream interventions, they highlighted “missed opportunities” for assisting youth, proposing early identification and intervention services as key strategies to support youth and families facing homelessness and other negative outcomes. For precariously housed families, early intervention services must focus on maintaining current housing or facilitating rapid access to new housing. Per participants, early intervention as prevention can help strengthen the natural support networks of youth, including their connection with family, address trauma, attachment, and other behavioral health issues, and keep them out of the child welfare system. Several participants discussed the Nurtured Heart Approach®, a behavioral health management intervention focused on parents, as a favored intervention for addressing such issues.

Participants suggested that the overall child welfare system, encompassing juvenile justice and foster care (child protective services), must be more proactive in preventing youth homelessness by averting entry into the system. A system leader explained, “When youth get to the point where someone's identified that they need those kinds of services [high levels of behavioral health care and TLP], it means they've been in jail already, or they've been arrested or through court, and [are] told about this resource. That it's too reactive and not proactive that we're capturing those folks [earlier].” Participants criticized the juvenile justice system for “kicking the can down the road” instead of providing meaningful real-time assistance to young people when they first enter custody. Likewise, they faulted the foster care system for providing minimal support and services for youth with often complex needs before they aged out of the system. Participants want a trauma-informed child welfare system (which includes juvenile justice) that prioritizes

youth engagement with safe therapeutic environments where they can process negative life experiences, forge positive connections with adults, and develop essential life skills to prevent homelessness.

Participants argued that the local school district and schools should also be a focal point of prevention interventions beginning with universal pre-kindergarten. Participants also agreed that schools are important sites for social, emotional, and academic learning and development of life skills and as places where, ideally, youth can build trusting relationships with caring adults and access behavioral health counseling and other resources. Conversely, several pressures can work against youth staying in school as they age. These include punitive disciplinary policies within schools; not having reliable transportation or a safe and stable place to go when the school day ends; problematic social support situations and influences; fulfilling caretaking responsibilities for one's children or siblings; and working to support oneself or one's family. Several participants noted that local colleges and universities should be sites of prevention for older youth pursuing higher education but contending with financial hardships and precarious housing situations that can result in the discontinuation of their studies and limit their chances for advancing economically.

**Lack of Affordable Housing Options.** With a shortage of 15,000 units, participants deemed housing stock in the area as low. A system leader remarked, "Lower middle-class people are getting pushed into the Section 8 people, so truly poor people have very little options. For a young person even trying to find something without assistance, if they don't have resources, I just do not know how that's happening right now." A second system leader wanted to salvage current housing stock in disrepair as a way to prevent homelessness and maintain greater housing opportunities for youth and their families. This leader explained, "When it becomes a health and safety issue where the house has become dilapidated and not safe to live in anymore, we condemn it and demolish it and put liens. This process can cost us \$30,000 or more, and we put that lien onto those properties. But instead of doing this, it's possible that we can intervene ahead of time before it becomes so dilapidated that these residents have to move out."

Participants agreed that while vouchers should theoretically enable youth to access housing in the community, the insufficient housing supply coupled with landlords' discrimination creates seemingly insurmountable barriers for youth to overcome. Of note, participants opined that vouchers are of little interest to landlords who can charge higher rent to other tenants due to the low stock. In addition, participants cited a severe shortage of living accommodations appropriate for younger (aged 15-17) and older (18-25) youth. They also called for greater public investments in eviction and landlord risk mitigation, emergency shelter, transitional living, rapid rehousing, and permanent supportive housing programs; stable student housing for young people pursuing higher education; and group homes for unaccompanied minors and for pregnant and parenting youth.

**No Coordinated Entry and Assessment System.** There was widespread agreement that the system lacks a coordinated entry and assessment process tailored to youth and young adults. One CBO administrator described this deficit as the "Achilles heel" of local efforts to address homelessness among youth. Participants noted that the New Mexico Homeless Management Information System (HMIS), an online centralized database designed to collect client-level information on the characteristics and service needs of people experiencing homelessness, does not focus on youth under the age of 18. The lack of inclusion contributes to the invisibility of this population, as the database does not track information valuable for triaging and determining points of intervention and coordination within the service system for young people. Participants further criticized the Vulnerability Index - Service 4 Prioritization Decision Assistance Tool (VI-SPDAT) required for HUD-funded services. Administered at intake and collecting the data for the

HMIS, the tool was criticized for not being age-appropriate and adding complexity to the intake process. Participants were generally unimpressed with the VI-SPDAT, describing the tool as “silly” and a “dead end.” One CBO administrator explained, “The VI-SPDAT doesn’t have anything to do with anything.” Participants observed that implementation of the VI-SPDAT is “not coordinated” among agencies, meaning that an individual might need to complete multiple VI-SPDAT surveys, requiring them to “tell their stories over and over again.” Participants believed that having youth repeatedly retell their stories as a service condition is both off-putting and traumatizing, especially when they are then placed on a waitlist for assistance. Even if an agency’s intake process does not require the use of the VI-SPDAT, it still necessitates that youth share their stories. A second CBO administrator noted that having youth participate in numerous intakes without immediate provision of assistance is perceived by youth as adults saying, “I can’t help you,” prompting responses such as “This is too much, never mind.”

Two CBO administrators questioned the feasibility and acceptability of implementing a coordinated entry and assessment system in the region, raising concerns about its ability to ensure culturally relevant service delivery and safety for vulnerable populations, i.e., youth who are undocumented or LGBTQ+. One administrator speculated that undocumented youth and families are “in the shadows most of the time,” disconnected from the larger community, and unlikely to provide information that such systems typically require, owing to fear of deportation. Concerned that some agencies in the region are unsupportive of diverse gender identities and sexual orientations, the second CBO administrator worried that the triaging practices embedded in such a system might overlook the needs of LGBTQ+ youth when referring youth for services. They argued that protections must be built into a coordinated entry and assessment system to safeguard these and other vulnerable populations.

**Barriers Experienced by Youth in Need of Assistance.** Participants spoke of multiple obstacles that make it hard for youth to access various services and support, shelter care, TLPs and behavioral health care. They also mentioned transportation barriers that undermine access and challenge youth who want to pursue jobs and education.

- 1. Help-seeking barriers at the individual level.** Participants discussed social stigma and insufficient awareness of available resources as thwarting access. They described feelings of shame due to social stigma associated with being housing insecure or homeless among youth and their families. Participants noted that cultural factors, including ideas of being resilient in the face of adversity and language barriers, engender hesitancy to seek assistance. Concerns about possible deportation also impede youth and families who are undocumented from even asking for assistance. Participants suggested that the service system needs to prioritize culturally and linguistically relevant outreach to youth and families who are reluctant to ask for assistance due to stigma and to quell fear about deportation.

Participants mentioned the lack of awareness of local resources as another barrier preventing youth and their families from seeking assistance. Several system leaders, for example, explained that it is not unusual for youth to first learn of available resources only after prosecution for engaging in criminalized behaviors that have led to legal problems or detention or incarceration. Overall, participants believed it is important to increase the public’s knowledge of local resources through a strong social media-based messaging and advertisement campaign responsive to different cultural populations. In addition, they asserted that such a campaign should also target service providers looking to make resource connections for youth.



**They're putting band-aids on wounds that need surgery.**

– System leader

**2. Barriers to age-appropriate shelter care and TLPs.**

Participants reported that there are not enough shelter or transitional housing options for young people. Also, they pointed to multiple barriers that undermine access to the few options that exist. Participants spoke positively of the few emergency shelters and TLPs serving youth yet asserted that these programs cannot meet the housing needs of the many young people experiencing homelessness in the region. Youth shelters typically serve persons under age 18. Individuals aged 18 and older are eligible to seek and obtain assistance at adult shelters. However, participants portrayed adult shelters as “scary places” where “very bad things happen” and “sexual assault is rampant.” Their reputation as being unsafe reportedly dissuades older youth from using their services.

Barriers at the system level include long waitlists, limited stays of up to 30 days, and restrictive policies requiring permission from parents/guardians or CYFD for admission or preventing acceptance of individual youth with complicated backgrounds. Participants believed “right to shelter” legislation needs to be enacted to overcome the hurdle of permission. Regarding admission policies, participants noted that negative findings uncovered in background checks related to past renting history, credit risks, criminal involvement, violence, and substance use stymie can access, with one system leader asking, “So, for youth that may be most on the margins, where do they actually go?” Requiring periodic drug testing to obtain housing also deters youth from accessing TLPs that would ideally provide them with paths to more secure housing. Although simultaneously praised by participants, existing TLPs were critiqued for their “biased nature,” discounting the disadvantages and traumas youth face by withholding services to those young people who violate their policies. Echoing a commonly shared sentiment, one provider remarked, “Everyone deserves a chance, no matter how much they f’d up in life. People do grow, and people do learn how to change. And these kids don’t have that chance.” Finally, participants noted that programs typically do not accept couples or persons with pets, thus making some youth reluctant to turn to them for assistance. They also pointed to other access challenges that pregnant and parenting youth face, including the lack of specialized TLPs and group homes with formalized parenting support and early childhood development.

**3. Barriers to age-appropriate behavioral health care.** Participants pointed to the lack of timely access to behavioral health services, claiming that long waitlists thwart utilization when youth are ready to commit to treatment. Emergency response services, particularly those offered by the local Crisis Intervention Team, were faulted for not being available to youth experiencing a mental health crisis outside normal business hours and on weekends. In addition, critical services, such as detoxification, are unavailable to youth under age 18 and in short supply for older youth. Available services, moreover, are generally not responsive to the specific needs of youth with experiences of homelessness, with participants calling for trauma-informed care attuned to the dynamics of emerging adulthood, referring to the developmental period in which a young person moves from adolescence toward independence. With no comprehensive system of behavioral health services in place, participants explained that the level or type of care that a youth may be able to access does not always align with their specific needs, especially if they are grappling with complex trauma, inadequate social support, and comorbid mental health and substance use



conditions. One system leader summed up this view, “They’re putting band-aids on wounds that need surgery.”

- 4. *Barriers to transportation.*** Participants suggested that youth avoid public transportation, perceiving it may be unsafe. For example, one frontline provider stated, “Transportation in Albuquerque is a challenge. Transportation in Albuquerque is dangerous.” Not having reliable transportation also makes it difficult for youth to stay connected to school or work and access resources in the community. A second frontline provider explained, “You can help a youth get set up with a job interview or an assessment at a different agency that might specifically cater to them, but if you can’t get them there, how are they going to begin accessing those resources?”

**Need for Navigation Services and Life Skills Training.** Given the lack of a coordinated entry and assessment system, the multitude of barriers, and “system burnout” among youth, participants emphasized the need to make navigation services more readily available in the community to connect youth and optimize their use of local resources. There were mixed opinions about whether the City of Albuquerque and Bernalillo County should establish a centralized hub (e.g., triage center) or “one-stop-shop” for services and resources, with many participants emphasizing the need for services and resources to be dispersed or integrated throughout the area to best facilitate access. Ultimately, there was consensus that the responsibility for “figuring out” the system should not fall to youth alone, especially for those who lack life skills in vital areas. Drop-in centers, however, were characterized as important spaces for linking youth to needed services and supports. Participants also described street outreach as vital to connecting youth with needed navigation support. Nevertheless, it is difficult for agencies to staff such services fully, with one CBO having to close its street outreach program during the time the needs assessment was conducted due to a lack of staff. Participants agreed that local resources for cultivating life skills require further investment. However, they expressed concern that some current life skills training programs in the region, i.e., vocational or job corps training, had been developed in “the 70s or 80s” and are thus outdated.

# Part 5: Organizational Workforce Survey

## Overview

We designed the Organizational Workforce Survey (OWS) to assess the characteristics and needs of the provider workforce that serves and supports young people experiencing housing instability or homelessness in Bernalillo County. Through the OWS, we also sought to understand what the provider workforce views as priority issues for improving services and supports for the population of interest and to illuminate capacity needs to consider when aiming to improve upon the service delivery landscape.

## Methods

Agency personnel (executive leadership and direct service providers) from the CBOs invited to participate in the Qualitative System and Organizational Assessment (Part 4) completed the anonymous 30- to 60-minute web-based OWS. To construct our sample, we asked the executive leadership of the CBOs to share with us the contact information (e.g., email addresses and telephone numbers) of providers who met the inclusion criteria of serving and supporting young people who experience housing instability and homelessness. We also asked the executive leadership to notify providers of the survey, the reason for the survey, and acknowledge their organization's support of the survey. In June 2021, we emailed relevant agency personnel an invitation to participate along with the link to the survey. The email invitation included an "opt-out" link that potential respondents could click to opt-out of receiving any further invitations or reminders. In addition, we sent weekly reminders encouraging providers to complete the survey. We fielded the survey until September 2021.

A total of 150 of 181 invited providers completed the OWS for a response rate of 82%. A total of 9 of 10 invited executive leaders completed the OWS for a response rate of 90%. Respondents had the option to complete the survey from any device with internet access. The survey collected information on demographics (age, gender, race/ethnicity, highest education) and work characteristics (tenure at the agency, months in health and/or social service fields, primary discipline). The survey also asked questions about work environments and attitudes and needs related to their job, EBPs, and implementing new programs. Respondents received a \$25 gift card for completing the survey. We report results for the providers and executive leadership separately below.

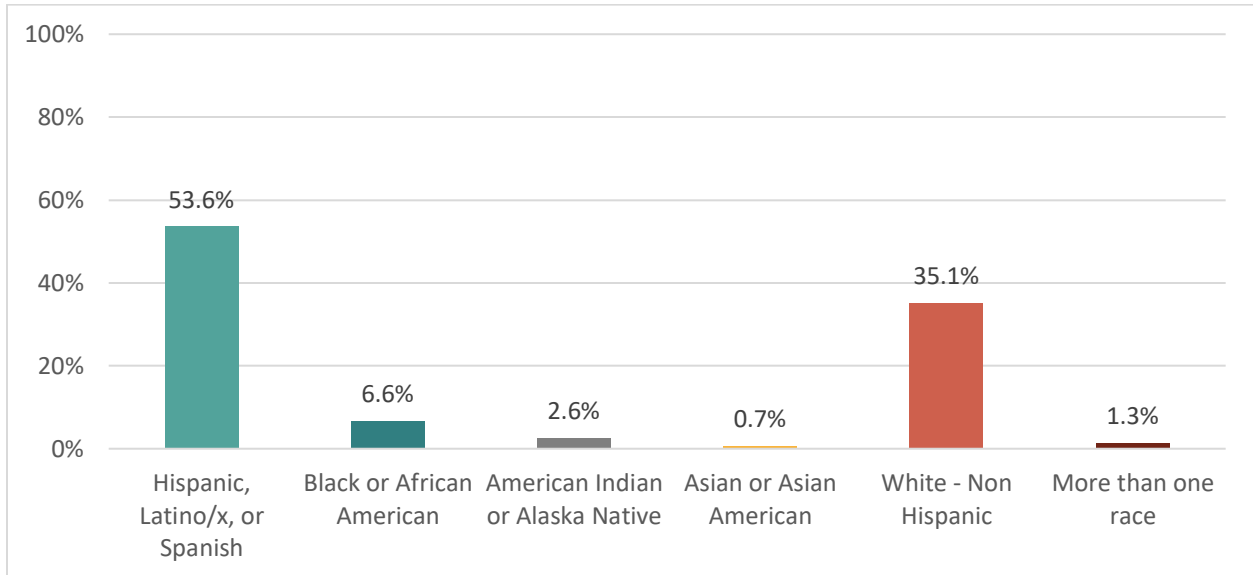
## Findings

### Workforce Demographics

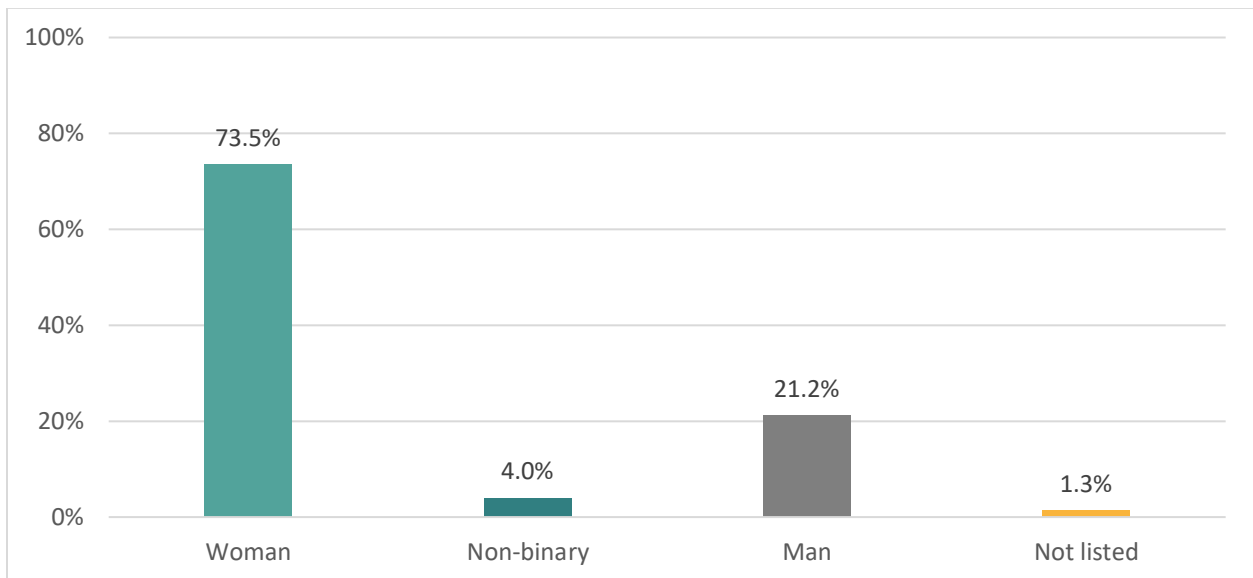
Most respondents (53.6%) identify as Hispanic, Latino/x, or Spanish ethnicity (Figure 5.1), which is in keeping with broader state demographics. Figure 5.2 shows that most respondents identify as women

(73.5%), and generally, the workforce is fairly new to their position, with 38% being in their role less than one year and nearly half being in their role between 1 and 5 years (Figure 5.3).

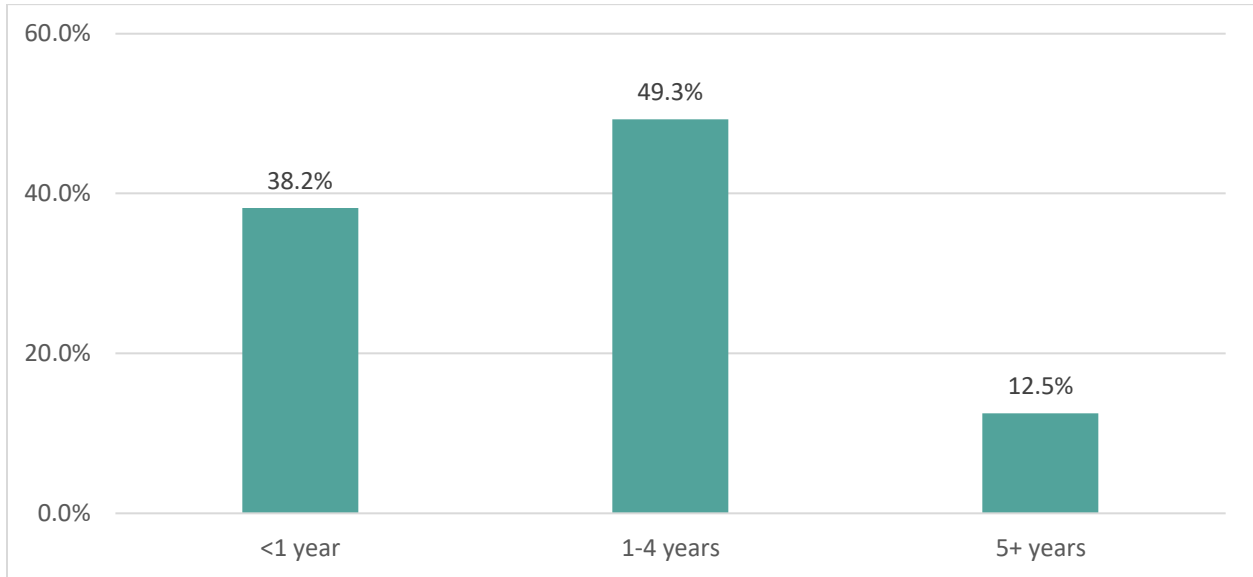
**Figure 5.1 Race of Respondents**



**Figure 5.2 Gender of Respondents**



**Figure 5.3 Tenure in Position**

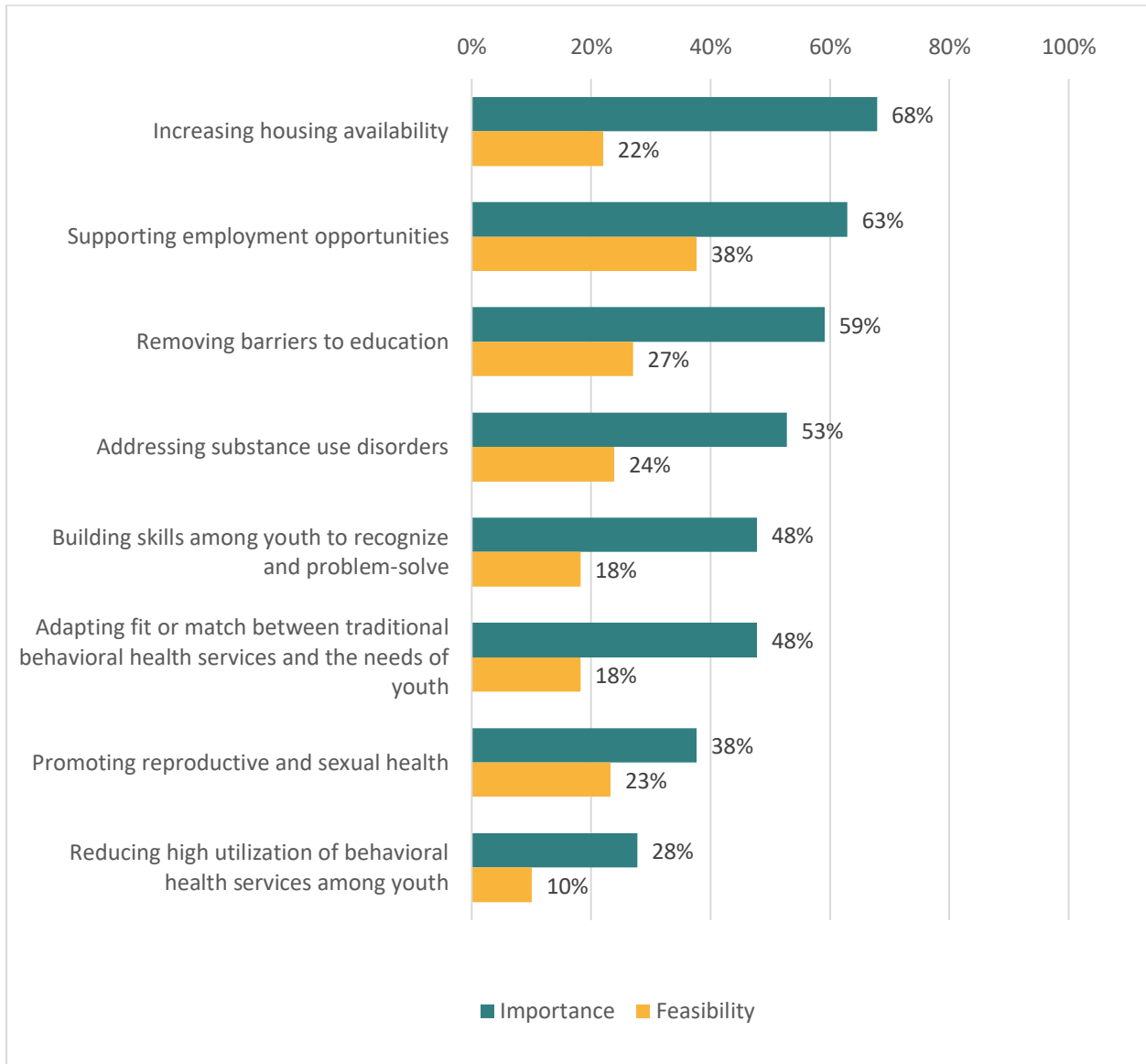


## Youth Homelessness Services Priority Setting

We asked respondents to review a list of issue areas that local human service professionals believe are helpful to address to meet the needs of young people experiencing housing instability or homelessness. Respondents initially rated each issue area on a 0-4 scale based on the **importance of addressing the issue**. They then rated the issue areas based on the feasibility or current **possibility of making a positive change** related to the issue. Finally, we asked respondents to identify the three most important issues to prioritize from their perspective.

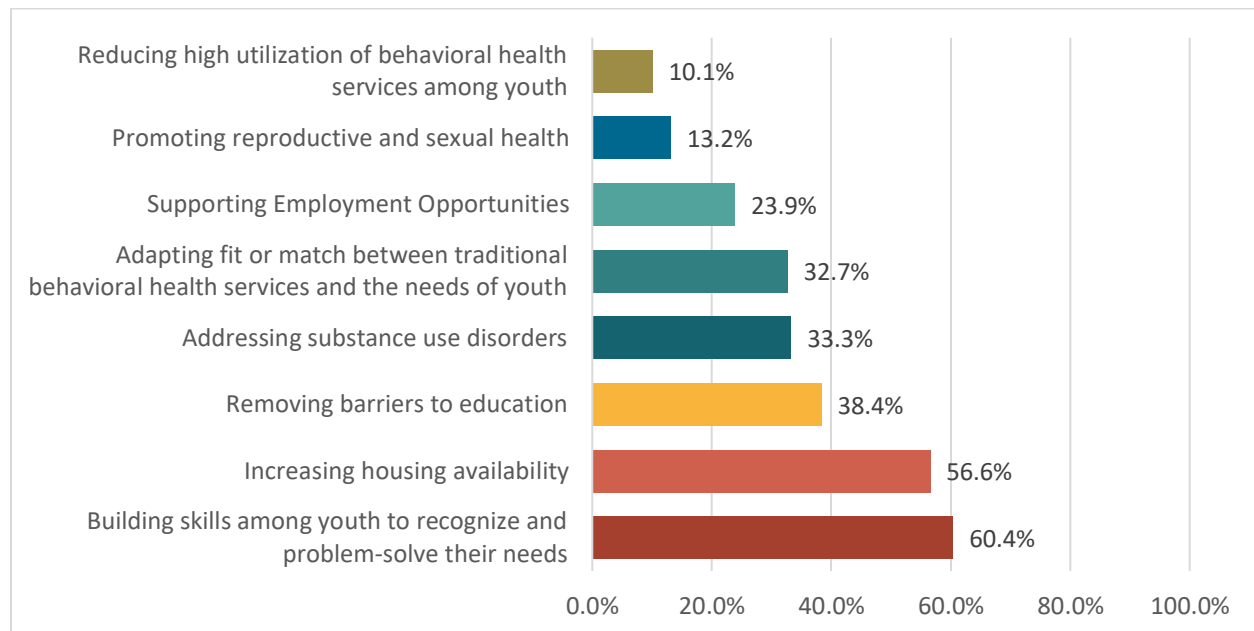
Figure 5.4 represents the percentage of respondents who rated each issue the highest rating possible for both importance and possibility of making positive change. Supporting employment opportunities and increasing housing availability were the issue areas rated “absolutely *essential*” by the highest percentage of respondents. Supporting employment opportunities and removing barriers to education were rated “absolutely *possible* to make change” by the highest percentage of respondents. Overall, a higher percentage of respondents indicated issue areas were “absolutely *essential*” when compared to those who rated issue areas as “absolutely *possible* to make change,” indicating they were able to identify important issue areas while also acknowledging the difficulty of making a change regarding those issue areas.

**Figure 5.4 Percentage of Respondents Rating an Issue Area as Absolutely Essential/Possible based on Importance and Feasibility**



Given the discrepancy between ratings of importance and feasibility for each issue, we asked respondents to list the top three issue areas they felt were a priority to address in their community. We did not ask the respondents to rank these priority issue areas. Figure 5.5 represents the percentage of respondents who included each issue area in their top three. Building skills among youth to recognize and problem-solve their needs and increasing housing availability were the issue areas prioritized by most respondents.

**Figure 5.5. Endorsement of Top Priority Areas**



## Youth-Adult Partnership Assessment Tool (Y-APT) Professional

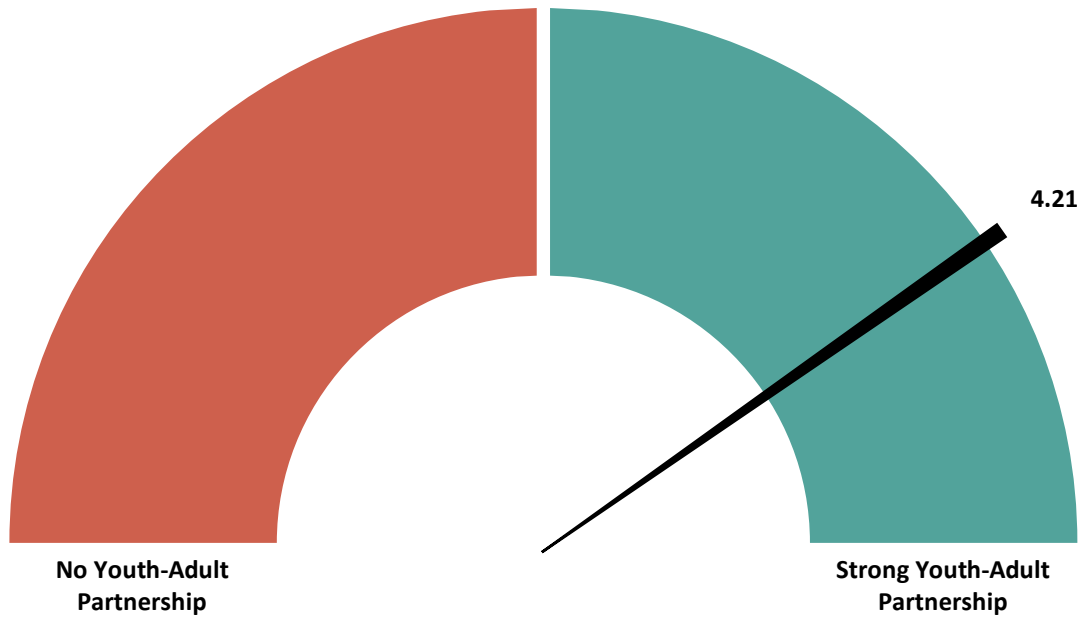
A key component of positive youth development is the youth-adult partnership. However, youth-adult partnerships are rarely the norm in human services. The Y-APT seeks to uncover organizations that balance organizational hierarchy and demands with the need for youth voice in program planning and implementation. Youth-adult partnerships are a core practice underlying positive youth development and have the potential to direct organizational- and community-level change. Quality partnerships are demonstrated when youth are involved in authentic decision making, interact with and are coached by “natural mentors,” are expected to teach adults and learn with them, and have opportunities to connect with community residents and organizations.

The OWS used the Y-APT to evaluate this partnership from the perspective of adult service providers and staff.<sup>17</sup> Survey responses revealed that respondents view their organizations as having “somewhat strong”

<sup>17</sup> Adapted from Zeldin, S., Krauss, S. E., Collura, J., et al. (2014). Conceptualizing and measuring youth–adult partnership in community programs: A cross national study. *American Journal of Community Psychology*, 54, 337–347. Available at <https://doi.org/10.1007/s10464-014-9676-9>.

partnerships with youth. Figure 5.6 represents the mean score of all respondents, with the minimum and maximum range of organization mean scores indicated by the diagonal line.

**Figure 5.6 Youth-Adult Partnerships across the Service System (Mean Score)**

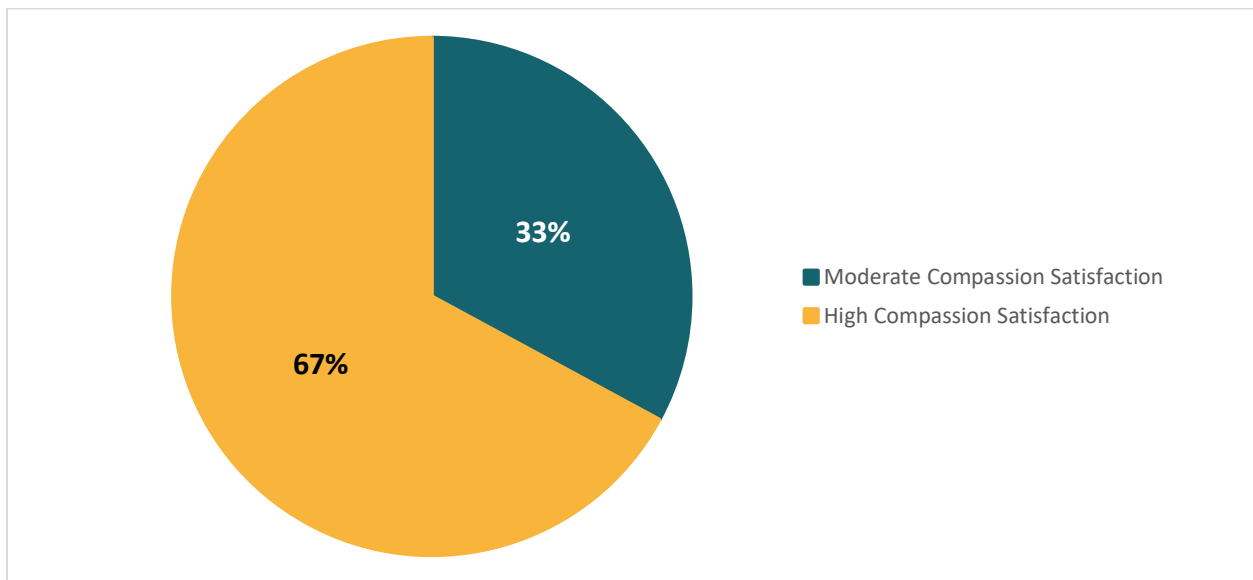


## Quality of Life Scale: Compassion Satisfaction

Compassion satisfaction is considered the enjoyment derived from doing one's work in the helping professions. Those with higher levels of compassion satisfaction may feel positive about their ability to contribute to other individuals and society through their work. Research has shown a healthy and supportive work environment is imperative to a worker's health, wellbeing, and satisfaction. A high level of manager support has been shown to contribute to higher levels of compassion satisfaction.<sup>18</sup>

There was a range in the distribution of moderate to high compassion satisfaction among the agencies. Figure 5.7 shows the percentages of individuals with "moderate" and "high" compassion satisfaction. None of the respondents' scores in the service system reflected "low" compassion satisfaction.

**Figure 5.7 Compassion Satisfaction in the Service System**



<sup>18</sup> Stamm, B. H. (2002). Measuring compassion satisfaction as well as fatigue: Developmental history of the Compassion Satisfaction and Fatigue Test. In C. R. Figley (Ed.), Psychosocial stress series, no. 24. *Treating compassion fatigue* (p. 107–119). Brunner-Routledge.



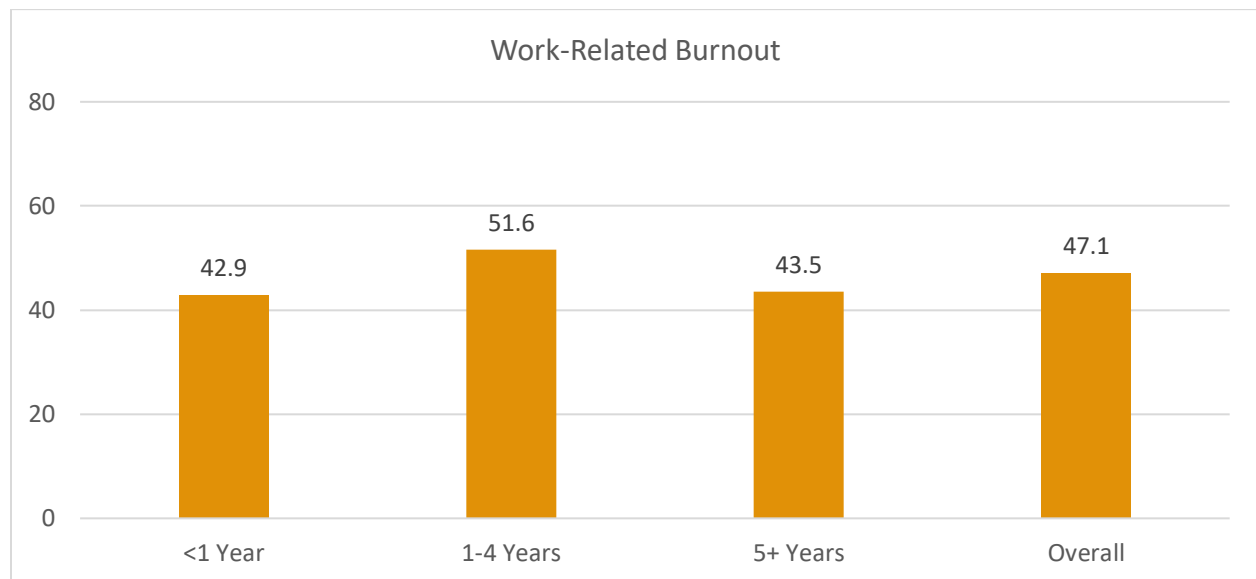
## Work-Related Burnout

The Copenhagen Burnout Inventory (CBI) is a widely used questionnaire measuring the degree of physical and psychological fatigue experienced due to burnout.<sup>19</sup> Typically, burnout is negatively related to wellbeing (that is, the higher the burnout reported, the lower the reported wellbeing of an individual). The consequences of burnout are not limited to the professionals themselves but extend to clients. The CBI is validated for use with teachers, students, social workers, librarians, caregivers, healthcare workers, palliative care providers, and populations worldwide.

To minimize respondent burden, the OWS utilized only one of the three subdomains related to burnout: that of work-related burnout. Notably, this measure reflects an individual's *perception* of burnout related to work. Burnout is scored on a scale from 0-100, with higher numbers indicating higher burnout.

The mean score for respondents of the OWS was 47.1, indicating “moderate” burnout. For context, the average burnout on the CBI ranges from the low 30s (across helping professions) to the mid-50s (social workers, nurses). In addition, workforce burnout was experienced at the highest levels by those who have been in their current position between one and four years, as is shown in Figure 5.8.

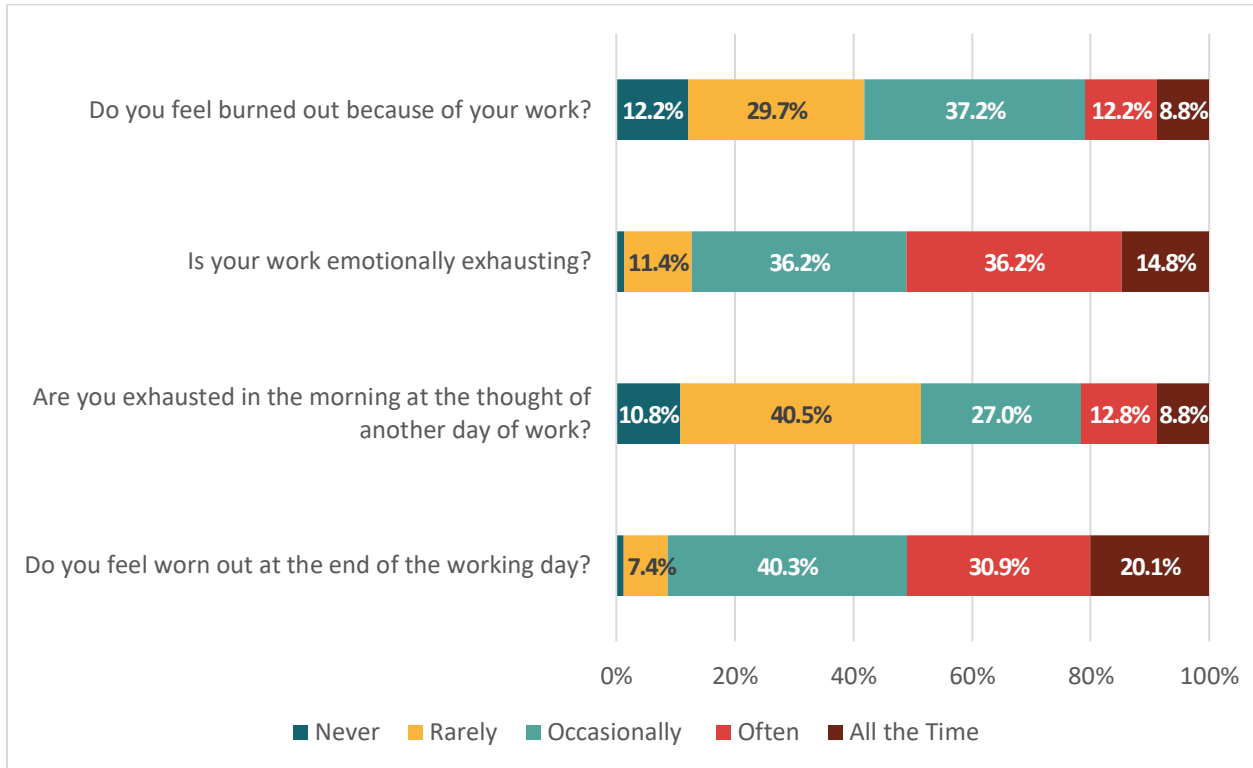
**Figure 5.8 Work-Related Burnout, by Current Position Tenure**



<sup>19</sup> Kristensen, T. S., Borritz, M., Villadsen, E., & Christensen, K. B. (2005). The Copenhagen Burnout Inventory: A new tool for the assessment of burnout. *Work & Stress*, 19(3), 192–207.

Figure 5.9 represents the distribution of responses for a select number of items included in the CBI to present a more complete picture of burnout. As this graph depicts, the majority of the workforce does *not* feel burned out by their work most of the time—with 42% reporting never or rarely and 37% reporting occasionally. However, the workforce does feel that the work is emotionally exhausting (over 50% say often or always) and that they feel worn out at the end of the day.

**Figure 5.9 Work-Related Burnout, by Item**

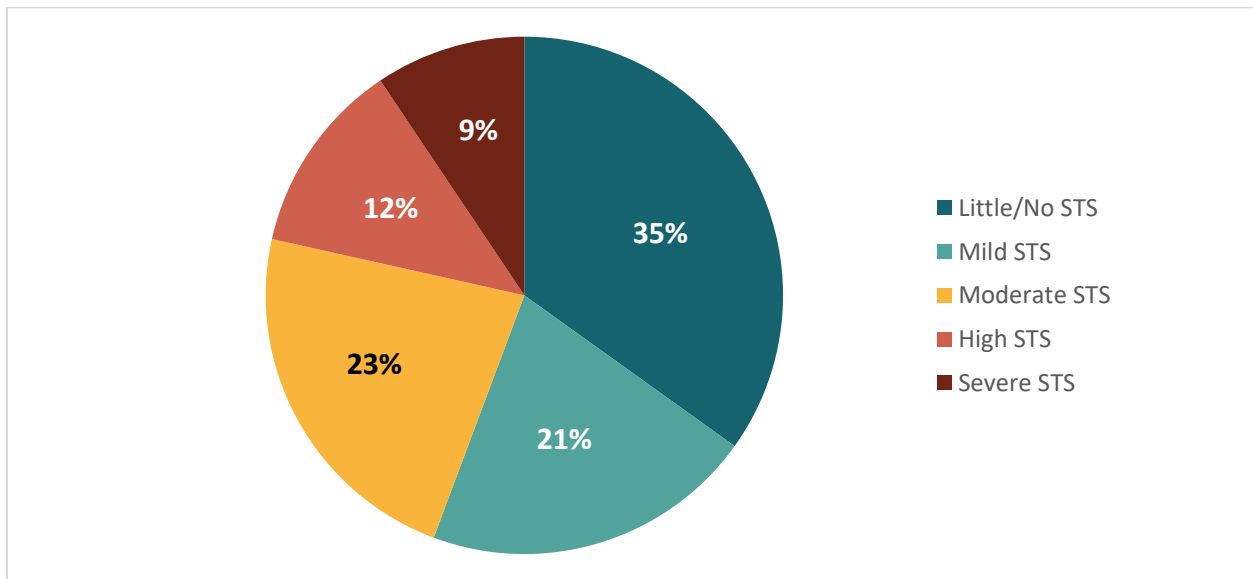


## Secondary Traumatic Stress: Intrusion Scale

Secondary Traumatic Stress (STS) occurs when exposure to a client’s trauma and/or stress results in individualized negative feelings and behaviors on the provider’s part. Unlike in PTSD, where the exposure to trauma is personal, STS results from indirect exposure in a professional setting (e.g., caring for traumatized clients). Despite the difference in the method of exposure, the symptoms of STS and PTSD are similar. The Secondary Traumatic Stress Scale has become a standard tool for assessing STS in nurses, midwives, mental health workers, victim advocates, and social workers and measures symptoms across three subscales: intrusion, avoidance, and arousal.<sup>20</sup> The OWS utilized the intrusion subscale. Intrusion symptoms are distinct from the symptoms of depression and burnout. However, when individuals simultaneously experience work-related burnout and STS, they are likely to exhibit Compassion Fatigue. Characterized by a reduction in the ability or interest to show empathy toward clients, Compassion Fatigue symptoms include depression, errors in clinical judgment, sleep disorders, anxiety, and hypertension, among others.

Figure 5.10 categorizes the workforce providers according to their level of STS. Most respondents (56%) to the OWS have “little to mild” STS according to the intrusion subscale. However, more than a fifth of respondents (21.5%) have “high to severe” STS.

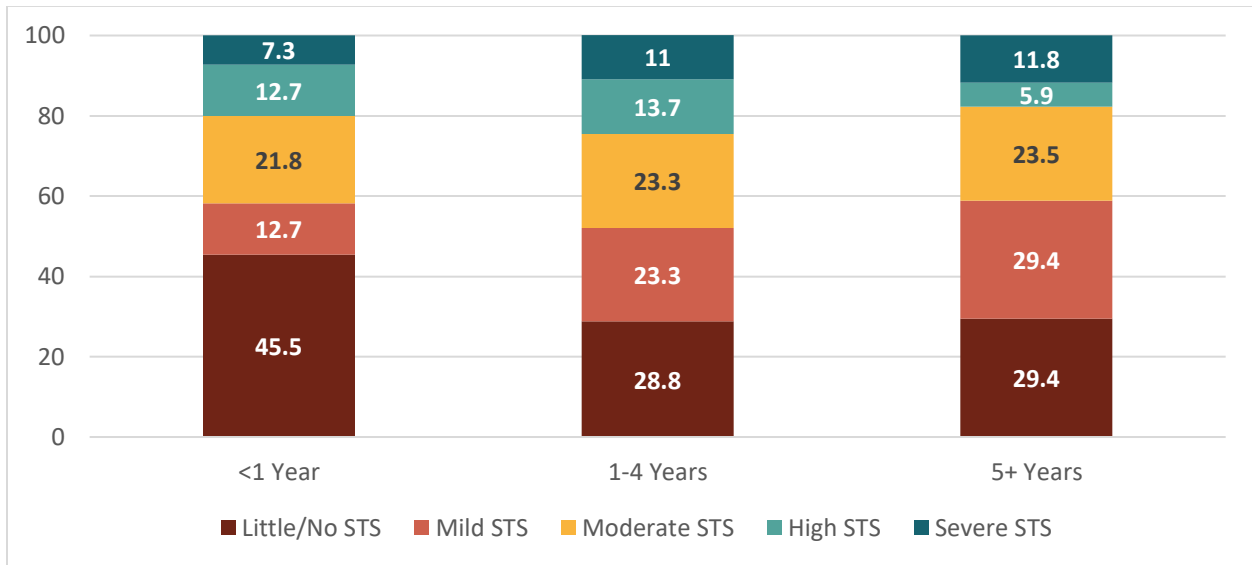
**Figure 5.10. Secondary Traumatic Stress Severity: Intrusion Subscale**



<sup>20</sup> Bride, B. E., Robinson, M. R., Yegidis, B., & Figley, C. R. (2004). Development and validation of the Secondary Traumatic Stress Scale. *Research on Social Work Practice*, 14, 27-35.

There is some variability in the level of secondary traumatic stress related to job tenure. Specifically, those with the least and greatest amounts of tenure report lower STS levels than those who have been in their positions between two and four years, as shown in Figure 5.11.

**Figure 5.11 Secondary Traumatic Stress Severity by Job Tenure**



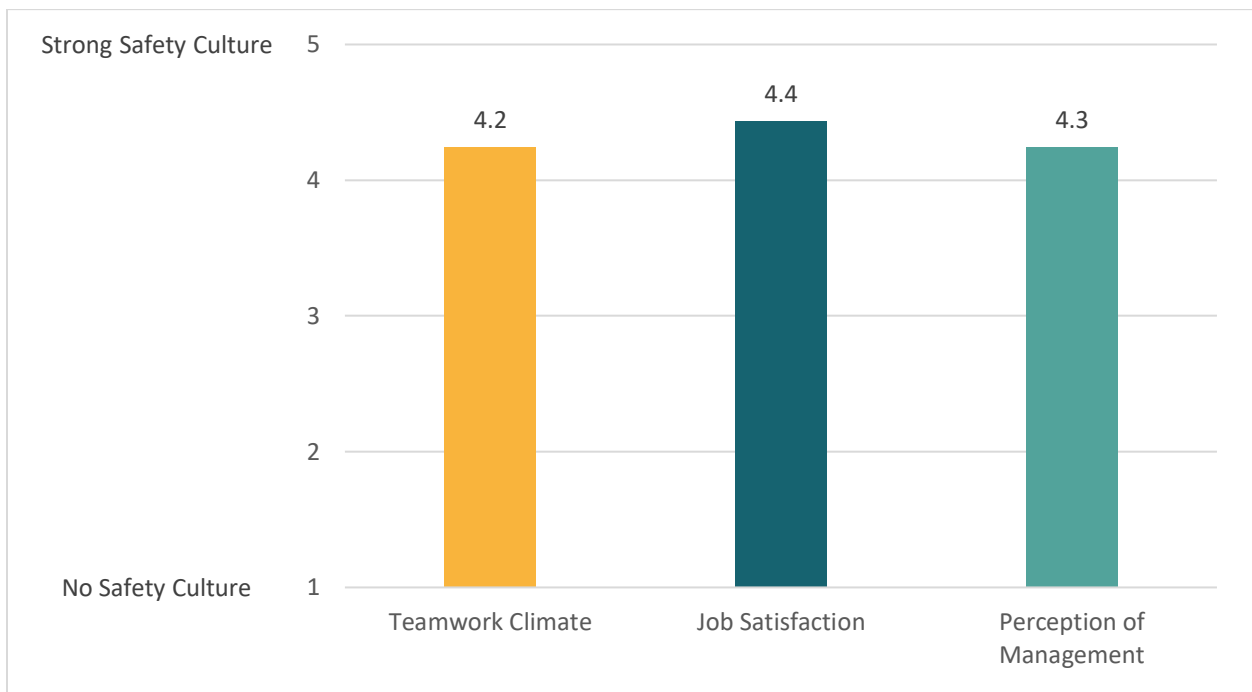
## Safety Attitudes Questionnaire (SAQ)

Having a safety climate (also referred to as safety culture) at work enhances the likelihood that services for clients are likely to be of higher quality. Provider attitudes about safety climate and morale are one way to determine the culture of client safety. Many workplace accidents occur due to breakdowns in interpersonal aspects of performance, such as teamwork, speaking up in instances of mistakes, leadership, and collaborative decision-making. The SAQ is a psychometrically sound instrument for assessing safety-related climate domains by systematically eliciting input from frontline providers.<sup>21</sup> The domains included in the OWS are:

- Teamwork Climate: Perceived quality of collaboration between personnel
- Job Satisfaction: Positivity about the work experience
- Perceptions of Management: Approval of managerial action

As shown in Figure 5.12, the mean scores indicate respondents reflect a “somewhat strong” safety climate among youth-serving organizations in Bernalillo County. However, it should be noted that considerable variability among respondents is to be expected with the SAQ.

**Figure 5.12 Safety Climate: Team Climate, Job Satisfaction, & Perceptions of Management**



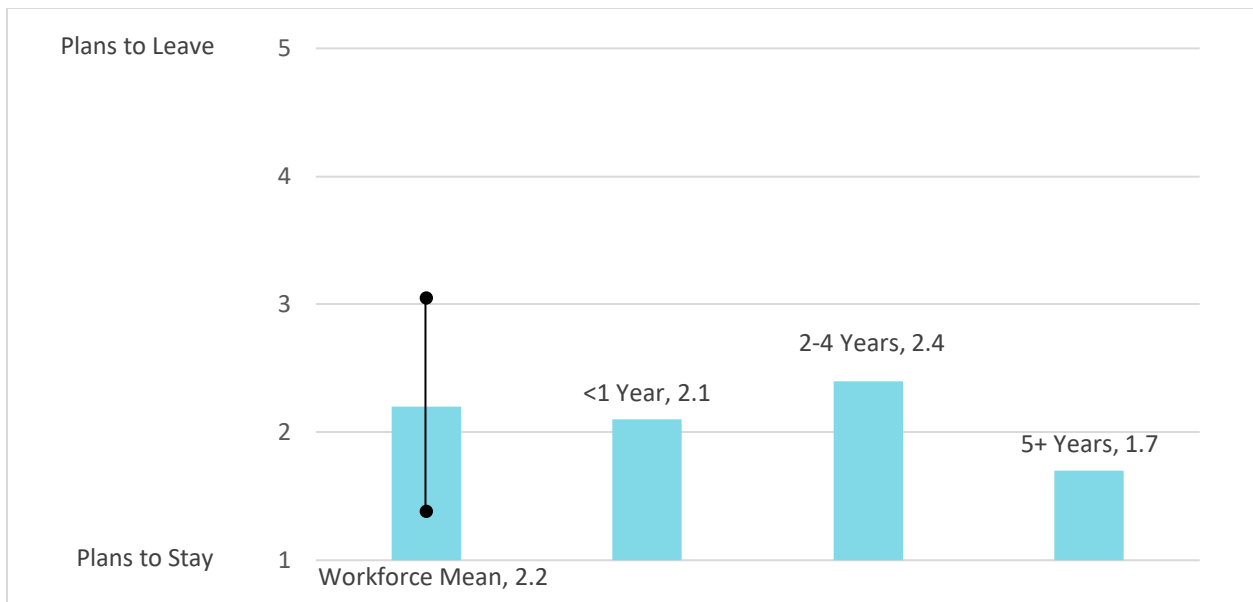
<sup>21</sup> Adapted from Sexton, J. B., Helmreich, R. L., Neilands, T. B., et al. (2006). The Safety Attitudes Questionnaire: Psychometric properties, benchmarking data, and emerging research. *BMC Health Services Research*, 6, 44. Available at <https://doi.org/10.1186/1472-6963-6-44>.

## Turnover Intentions

The Turnover Intentions Scale determines staff intentions to leave or stay at their present job and is useful for considering possible interventions to improve retention of a human service workforce.<sup>22</sup> High turnover can impact client outcomes, and a workforce with low turnover retains institutional knowledge and practice-based experience. Additionally, high turnover is correlated with low employee morale and increased expenses for organizations.

Respondents across all organizations had relatively low turnover intentions, per Figure 5.13, with a mean score of 2.2. The vertical line depicts the range of organizational variability, indicating the highest and lowest organizational scores on the Turnover Intentions Scale. Variability is also shown by job tenure, with those in their positions between one and four years suggesting the highest level of intent to leave. Conversely, those who have been in the agency longest show the least likelihood of leaving their job.

**Figure 5.13 Average Turnover Intentions across the Service System**



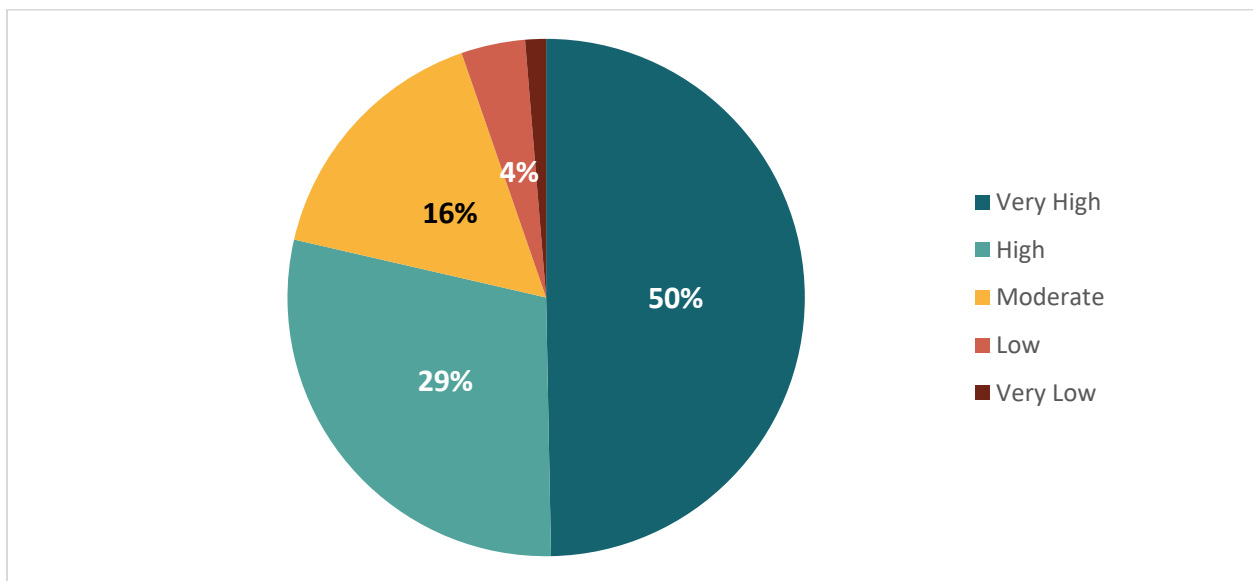
<sup>22</sup> Knudsen, H. K., Johnson, J. A., & Roman, P. M. (2003). Retaining counseling staff at substance abuse treatment centers: Effects of management practices. *Journal of substance abuse treatment, 24*(2), 129-135.

## Leader-Member Exchange (LMX-7)

The LMX-7 measures the quality of working relationships between leaders and staff. With this measure, individuals self-report the amount of mutual respect, trust, and obligation exchanged in their superior-subordinate relationships.<sup>23</sup> This measure is useful for explaining the effects of leadership on members, teams, and agencies. Researchers have used the LMX-7 to examine how the quality of superior-subordinate relationships affects individual, interpersonal, and organizational factors like job satisfaction, communication motives, and organizational identification. The LMX-7 is also positively related to—yet distinct from—active empathic listening and perceived listening quality. Additionally, the LMX-7 helps us conceptualize and measure the quality of superior-subordinate relationships, and listening is often mentioned as key behavior in this relationship.

Half of the respondents to the OWS indicated having a “very high” quality of working relationship between leaders and staff. Only 1% of respondents indicated a “very low” quality of the relationship between leaders and staff. Figure 5.14 reflects the percentage of respondents scoring in each category.

**Figure 5.14 Perceptions of Quality of Provider-Leader Relationship**



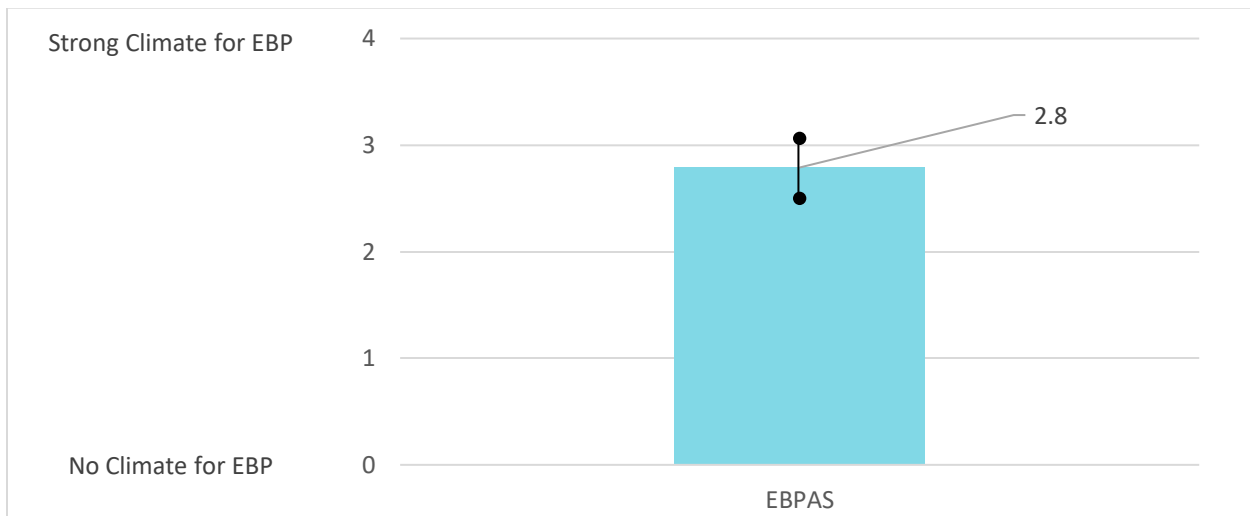
<sup>23</sup> Graen, G. B. and Uhl-Bien, M. (1995). Relationship-based approach to leadership: Development of leader-member exchange (LMX) theory of leadership over 25 years: Applying a multi-level multi-domain perspective. *The Leadership Quarterly*, 6(2), 219-247.

## Evidence-Based Practice Attitude Scale (EBPAS)

The EBPAS was developed to aid in disseminating and implementing interventions to human service professionals working in community-based settings.<sup>24</sup> An essential first step to dissemination and implementation is understanding attitudes towards EBP. Most EBPs are never implemented in real-world practice, despite a substantial focus on implementation. Understanding the attitudes of their personnel helps organizations appropriately design implementation strategies that will best work for their staff. Implementation strategies are methods for enhancing the likelihood that an EBP or other innovation will be implemented successfully.

Respondents indicated a moderate climate for implementing EBPs in their organizations, with a mean score of 2.79. As shown in Figure 5.15, there is little variability among participating organizations.

**Figure 5.15 Attitudes Toward Evidence-Based Practices**



<sup>24</sup> Aarons, G. A. (2004). Mental health provider attitudes toward adoption of evidence-based practice: The Evidence-Based Practice Attitude Scale (EBPAS). *Mental Health Services Research*, 6, 61–74. Available at <https://doi.org/10.1023/B:MHSR.0000024351.12294.65>.

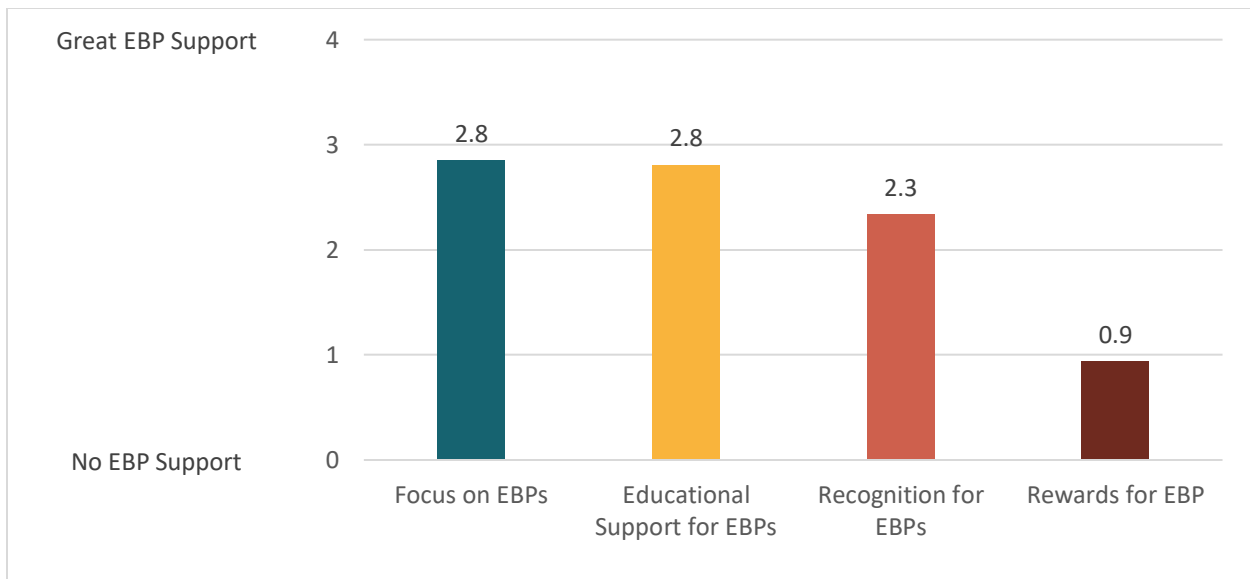


## Implementation Climate Scale (ICS)

The importance of the organizational environment for implementing EBPs is widely recognized, and measuring implementation climate in public sector health settings helps researchers and program managers work toward a more accepting climate. The ICS is a measure of EBP implementation climate that both captures a broad range of issues important for effective EBP implementation and is of practical use to managers seeking to understand and improve the implementation of EBPs.<sup>25</sup>

The OWS had staff rate their organizations as approaching support for EBPs. However, organizations can note that while staff report that their organizations focus on EBPs and offer educational support for EBPs, recognition for staff implementing EBPs and rewards for implementing EBPs rate lower, as shown in Figure 5.16. Organizations looking to increase staff willingness to follow and implement EBPs may consider additional efforts to reward and recognize staff who consistently use EBPs in their work.

**Figure 5.16 Implementation Climate: Subscale Mean Scores**



<sup>25</sup> Ehrhart, M. G., Aarons, G. A., & Farahnak, L. R. (2014). Assessing the organizational context for EBP implementation: the development and validity testing of the Implementation Climate Scale (ICS). *Implementation Science* 9(1), 1-11. Available at <https://doi.org/10.1186/s13012-014-0157-1>.

## Summary of Findings from Leader Surveys

Nine executive leaders completed the OWS. Most leader respondents (67%) identified as Hispanic, Latino/x, or Spanish ethnicity; 33% identified as non-Hispanic White. Forty-four percent of respondents identified as women; 44% as men; and 11% as non-binary. The majority (56%) had worked in their roles for five years or more, with 33% between 1 and 4 years and 11% under one year.

Overall, leader perspectives highly align with those of the provider workforce. The top three issue areas rated as “absolutely essential” by the leaders are increasing housing availability (78%), removing barriers to education (78%) and supporting employment opportunities (67%). Both leaders and providers endorse supporting employment opportunities as an issue area that is the most feasible to implement. Across all OWS domains, responses from leaders align almost identically to those from the workforce. Any differences are in the direction of an even stronger organizational culture and climate. Leaders also express very strong perceptions of youth-adult partnerships, safety climate, and compassion satisfaction. Rates of burnout and stress reported by the leaders largely match those of providers. Leaders report only very high (67%) and high (33%) quality of their relationships with providers. Leaders are also more likely to stay in their positions. Finally, leaders are even more doubtful than providers regarding the use of and support of research/evidence-based approaches (or EBPs).

## Service Improvement Recommendations

We used open-ended questions asking all respondents (leaders and providers) for their recommendations for improving services for young people experiencing housing instability and homelessness. Responses converged with other OWS findings (see Tables 5.4 – 5.5) and report results. More generally, they include expanding the availability of and access to (a) age-appropriate housing and housing assistance, including emergency shelters, TLPs, drop-in centers and other safe spaces, street outreach services, case management, and wraparound supports; (b) behavioral/mental health (especially detoxification services and substance use treatment services more generally); (c) tailored programming for BIPOC and LGBTQ+ youth; and (d) prevention, early intervention, and family services. In addition, responses clarify the need to invest in educational, employment, recreational, and overall life skills training opportunities for the population of interest; the need for a trauma-informed approach across the service system; and addressing staff bias, stigma, and discrimination against young people without homes, who are BIPOC or LGBTQ+, and who may have made “mistakes” in the past. Respondents consider greater funding and coordination at governmental levels and across the provider network essential to making such improvements possible. Furthermore, respondents call for reducing complicated contracting requirements and legal, bureaucratic, and age-related barriers to service provision and investing in the workforce to reduce burnout and turnover. Finally, respondents also call for increasing the public’s awareness and knowledge of housing instability and homelessness among young people, building community support for the population of interest, and advancing youth voice as a guiding force in making system improvements.

## Support and Training Needs

We included an open-ended question asking about how respondents and their colleagues could be better supported in serving young people experiencing homelessness. Most written responses focused on increasing youth-centered resources within the existing service continuum, as already described above. Other responses emphasized improving community collaboration and cross-agency communication, increased and consistent funding, growing the provider workforce, improving communication within agencies, supporting self-care for staff, and greater professional development/training opportunities for both staff and the funders of services for the population of interest.

We also asked an open-ended question about specific interventions or service provision areas where staff and their colleagues might benefit from training or technical support. The majority of responses centered on trauma-informed care and crisis intervention for youth. Other responses in order of frequency of mention included access to/navigation of local and government services, professional development/training in trauma-informed care, behavioral/mental health including substance use (including motivational interviewing, medication-assisted treatment for adolescents, and Dialectical Behavior Therapy), suicide identification and intervention, adolescent development, and working with subpopulations (including BIPOC, LGBTQ+ youth, people who have experienced human trafficking), and education about homelessness (e.g., best practices, legalities, accessing documentation). Less frequently mentioned topics were grief counseling, Nurtured Heart Approach®, gang intervention, occupational therapy, and case management. Of note, respondents called for professional development/continued education related to service provision, with topics ranging from teaching staff how to teach to interpersonal communication to group coaching and dynamics. Finally, respondents expressed interest in operational/capacity building issues, including survey and data mapping, grant writing, intake systems, agency-specific practices, policies and protocols, and social media and branding.

## Part 6. Recommendations

Participants who completed the various surveys, semi-structured interviews, and focus groups offered multiple recommendations to address the needs of young people who are experiencing housing instability and homelessness in Bernalillo County. Most recommendations align with guidance from the federal government<sup>26</sup> and national advocacy organizations, including the National Coalition to End Homelessness,<sup>27</sup> and well-respected research entities, such as Chapin Hall at the University of Chicago<sup>28,29,30</sup> and the Urban Institute,<sup>31</sup> and other groups.<sup>32,33</sup> The recommendations center on building the foundation for a comprehensive community response that emphasizes youth voice, collaboration, and partnership. The recommendations also focus on prevention through early identification and intervention services; establishing a coordinated entry and assessment system dedicated to youth; expanding short- and long-term housing options for young people; and deepening the capacity of CBOs committed to the work of assisting young people affected by housing instability and homelessness in Bernalillo County.

*Please note that the following recommendations are numbered to facilitate organization and communication. We recommend engaging in an inclusive prioritization process as part of a greater planning effort that meaningfully includes young people impacted by homelessness and strategically focuses on creating a coordinated and comprehensive community response.*

---

<sup>26</sup> Interagency Working Group on Ending Youth Homelessness. (n.d.). Preventing and Ending Youth Homelessness: A Coordinated Community Response. Available at <https://www.usich.gov/tools-for-action/coordinated-community-response-to-youth-homelessness>.

<sup>27</sup> National Alliance to End Homelessness. (2021). Youth and Young Adults. Available at <https://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/youth/>.

<sup>28</sup> Morton, M. H., Kull, M. A., Chávez, R., Chrisler, A. J., Carreon, E., & Bishop, J. (2019). A Youth Homelessness System Assessment for New York City. Chicago, IL: Chapin Hall at the University of Chicago. Available at <https://www1.nyc.gov/assets/opportunity/pdf/evidence/youth-homelessness-system-assessment-rpt-2019.pdf>.

<sup>29</sup> Morton, M. H., & Horwitz, B. (2019). Research to Impact: Federal Actions to Prevent and End Youth Homelessness. Recommendations Based on Research and a National Convening of Experts and Stakeholders. Chapin Hall at the University of Chicago. Available at <https://www.chapinhall.org/research/leaders-identify-recommendations-for-federal-actions-to-end-youth-homelessness/>.

<sup>30</sup> Morton, M. H., Rice, E., Blondin, M., Hsu, H., & Kull, M. (2018). Toward a System Response to Ending Youth Homelessness: New Evidence to Help Communities Strengthen Coordinated Entry, Assessment, and Support for Youth. Chicago, IL: Chapin Hall at the University of Chicago. Available at <https://www.chapinhall.org/research/system-response-youth-homelessness/>.

<sup>31</sup> Leopold, J., Scott, K., & Hendey, L. (2020). Albuquerque Affordable Housing and Homelessness Needs Assessment. Washington DC: The Urban Institute. Available at <https://www.urban.org/research/publication/albuquerque-affordable-housing-and-homelessness-needs-assessment>.

<sup>32</sup> Fiore, N., Sittle, A., Spellman, B., Jackson, R., & Wilkins, C. (2019). Understanding Homeless Service Providers' Capacity Needs in Los Angeles. Rockville, MD: Abt Associates. Available at [https://www.hiltonfoundation.org/wp-content/uploads/2019/10/Understanding\\_Service\\_Provider\\_Capacity-3.pdf](https://www.hiltonfoundation.org/wp-content/uploads/2019/10/Understanding_Service_Provider_Capacity-3.pdf).

<sup>33</sup> Gaetz, S., Schwan, K., Redman, M., French, D., & Dej, E. (2018). Report 3: Early Intervention of Youth Homelessness. A Buchnea (Ed.). Toronto, ON: Canadian Observatory on Homelessness Press. Available at: [https://www.homelesshub.ca/sites/default/files/Early\\_Intervention.pdf](https://www.homelesshub.ca/sites/default/files/Early_Intervention.pdf).

# Collaboration and Partnership

## 1. Prioritize youth voice in developing and implementing a coordinated and comprehensive community response.

- a. Establish multiple channels for involving diverse young people impacted by homelessness in planning and decision-making about needed system improvements and resource allocations, including formal bodies (e.g., advisory boards, evaluation committees) and other forms of consultation (e.g., one-on-one, small groups). Successful engagement is contingent on providing adequate funding and resources to support youth participation.
- b. Prepare young people through leadership development and skill-building to perform defined roles and responsibilities and fulfill expectations associated with planning and decision-making, and remove participation barriers (e.g., technology, educational needs, complex written materials, scheduling, transportation, child care, and clothing).
- c. Prepare adults on best practices for authentically engaging and supporting young people impacted by homelessness as partners in making system change happen, setting the expectation that their voices must play critical roles in creating a community response.

## 2. Build the foundation for a coordinated and comprehensive community response.

- a. Align and cultivate stable leadership across multiple public sectors and system levels, including State, County, Tribal, and City governments, to take responsibility for organizing and developing a coordinated and comprehensive community response in collaboration with the CBOs that directly serve young people experiencing homelessness.
- b. Establish ongoing mechanisms for bringing together key stakeholders across multiple public sectors and system levels to provide input into the structure and implementation of the community response while facilitating transparent decision-making and oversight.
- c. Create channels for effective communication with clear feedback loops for key stakeholders across system levels while fostering openness, trust, and honesty in all interactions.
- d. Develop a shared understanding of what it will mean to end youth homelessness in Bernalillo County and agree upon a unified set or common core of metrics, including performance benchmarks and outcomes, to evaluate progress.
- e. Project the full range of resources needed to address gaps in the service and support continuum (including maximizing Medicaid funds to pay for allowable housing and housing-related services that promote health and community integration), analyze how available funding streams can be optimized, and develop a coordinated funding strategy to fill the gaps. Leverage the state Medicaid program to help build the infrastructure for partnerships and data sharing among medical and other service providers to enhance coordination across programs and connect enrollees to the services they need.
- f. Improve the collection, sharing, and use of data on youth homelessness across systems and CBOs to continuously identify needs, plan for resource allocations, and support the implementation of a coordinated entry and assessment system for young people (see below).

## Prevention and a Coordinated Entry

### 3. Create a coordinated “prevention-first” approach to keep young people from ever experiencing homelessness.

- a. Increase public awareness of housing instability and homelessness among young people to reduce stigma and discrimination, promote advocacy and partnership within the community, and galvanize local support for investments in prevention and resources for system improvements.
- b. Develop and disseminate information and awareness programs for youth, their families, and their social supporters to build knowledge of community-based services and supports, with special outreach to people who may be undocumented. Such programs should be tailored to diverse racial and ethnic groups (e.g., American Indian, African American, and Hispanic/Latinx), social groups (e.g., LGBTQ+), and adolescent culture(s). As part of the dissemination effort, outreach should occur at “hot spot” locations frequented by young people facing housing instability and homelessness and through social media, school, and community campaigns.
- c. Promote early engagement and intervention for youth and families in key public systems, including education, child welfare, juvenile justice, and behavioral health.
  - i. Integrate screening and identification processes into key public systems, followed by timely coordination and provision of services and supports to address housing and other health, behavioral health, and social needs to reduce risks for homelessness.
  - ii. Facilitate the adoption and implementation of evidence-based and promising family interventions to encourage positive parenting/caretaking behaviors, reduce conflict, strengthen families, and enable youth to remain connected to or reunify with families and other natural support systems when safe and appropriate.
  - iii. Help families stay together and keep their housing by providing eviction-prevention grants that pay back rent and reduce the prospects of becoming homeless by allowing tenants to remain in their homes. Enhance the local implementation of the HUD Family Unification Program (FUP), which provides housing vouchers to families who risk placement of a child or children in out-of-home care (or delayed discharge back to the family home) because of their lack of adequate housing.<sup>34</sup> In addition, families with homes in major disrepair would benefit from governmental financial assistance (e.g., housing repair grants) to make needed improvements to their homes or properties.
  - iv. Ensure that foster care parents take part in high-quality training to help them optimally support young people impacted by trauma and homelessness.
  - v. Increase the availability of cost-effective, best practice shelter diversion programs to prevent unhoused young people from couch hopping (surfing), entering emergency shelters, or living on the streets through financial assistance and case management.

---

<sup>34</sup> Young people who are aging out of the foster care system are also eligible for FUP funding. For more information, please see: [https://www.hud.gov/sites/documents/FUP\\_FACT\\_SHEET.PDF](https://www.hud.gov/sites/documents/FUP_FACT_SHEET.PDF).

#### **4. Develop and implement a coordinated entry and assessment system dedicated to youth.**

- a. Create a unifying vision for the coordinated entry and assessment system, emphasizing an approach to comprehensively coordinate all housing and support services in Bernalillo County to better match needs with resources that will enable young people to benefit from stable, permanent housing quickly. The New Mexico Coalition to End Homelessness and their coordinated entry team should be included as partners in developing this vision.
- b. Establish a “no wrong door approach” with multiple entry points for youth and young adults and their children (e.g., community hubs, a youth-specific assessment facility, drop-in centers, street outreach, emergency services, and phone, text and web-based access). The more entry points, the greater likelihood that youth will connect with assistance.
- c. Integrate streamlined, standardized, and age-appropriate intake, assessment, and referral processes across participating CBOs comprising the provider network.
- d. Increase capacity for and expand access to community-based, client-centered navigation to address access barriers and help young people quickly and efficiently obtain services and support. Fund street outreach programs at higher levels and build and sustain a well-paid cadre of skilled housing navigators to connect young people to resources.
- e. Ensure that youth can access services and support responsive to their cultural and developmental needs on-demand, including “off hours” outside the typical 40-hour workday and week.
- f. Build capacity to serve priority subpopulations, i.e., BIPOC, LGBTQ+ youth, undocumented youth, parenting youth with children, and persons with human trafficking experiences, in the coordinated entry and assessment system. Capacity-building strategies can include collaborating with the New Mexico Coalition to End Homelessness coordinated entry team to adopt inclusive policies and procedures, create welcoming environments, assure initial and ongoing training in interacting with and supporting specific subpopulations, and conduct targeted assessment and evaluation.
- g. Increase public funding and technical support for the development of secure data management systems. Client-level data management and utilization can be improved by advancing the adoption of secure, ethical, common data platforms and/or data sharing processes, common outcome measurement, and longitudinal data collection, analysis, and outcomes reporting. Engage all stakeholders, including City, County, Tribal, and State partners, to ensure data meet all security standards and follow Tribal protocols for data governance regarding Indigenous youth data.

## **Enhanced Continuum of Services and Supports**

#### **5. Develop and facilitate access to multiple types of housing options for youth.**

- a. Decrease barriers to using housing vouchers by young people and their families by (a) reducing lengthy wait periods, (b) enforcing anti-discrimination laws to protect voucher holders, and (c) incentivizing landlords to accept vouchers. Example incentives include landlord mitigation funds such as the [Housing Choice Landlord Guarantee Program in Oregon](#) that offers financial assistance to landlords to handle damage caused by tenants during their occupancy under HUD housing programs and financial assistance to landlords in repairing or modifying their properties to comply with HUD Quality Housing Standards if non-compliance impedes the acceptance of subsidized tenants.

- b. Provide transitional support to youth and young adults exiting institutions, such as detention centers, jails, prisons, and mental health facilities. Such support can take the form of collaborating with youth on developing a discharge or transition plan before release and delivery of specialized case management programs, such as the evidence-based Critical Time Intervention (CTI), when they return to the community.<sup>35</sup>
- c. Expand availability of rapid re-housing programs that are tailored to young people. Such programs are generally client-driven and include housing identification, rent and move-in assistance, and case management to help stabilize young people and connect them to services and other supports in the community. In addition, such programs can be paired with the CTI to deliver short-term, targeted services to help young people retain housing after the financial assistance and case management period ends.
- d. Expand age-tailored TLPs that provide youth with stable, safe living accommodations for approximately 21-24 months, as well as services for developing skills to move to independence and life as healthy, productive adults. Such programs are especially needed for young adults without histories of foster care involvement who are ineligible for services for transition-age youth funded by CYFD.
- e. Provide permanent supportive housing for youth with high service needs related to mental health, substance use disorders, and complex trauma who also have demonstrated a need for the most intensive interventions to remain stably housed.
- f. Increase access to short-term, intermediate-term, and long-term rental assistance for youth and young adults, such as payment for rental application fees, security deposits, utility deposits, and other move-in-related expenses. Financial assistance can come in the form of a full subsidy, covering the full rent for a period of time, or a shallow subsidy, covering a portion of the rent with gradual decreases in the subsidy over time.
- g. Create dedicated public funding streams to create affordable housing and enable youth and young adults to obtain and keep housing, i.e., issuing public bonds to fund the renovation or construction of affordable housing near accessible public transportation, with set-asides for young people experiencing unstable housing or homelessness.
- h. Make strategic use of existing housing resources for young people by cultivating private entities (e.g., foundations, businesses) as sources of flexible funding and engaging in public-private partnerships to build youth-tailored housing options to scale.
- i. Support local colleges and universities to provide safe temporary housing for students in need of more stable long-term living arrangements while also connecting them to on- and off-campus resources for issues that may contribute to their need for emergency housing (e.g., financial literacy, behavioral health support, and academic support).
- j. Encourage local colleges and universities to develop affordable longer-term housing options for students on the precipice of homelessness so that they can continue and complete their higher education.
- k. Enact legislation allowing unaccompanied minors (age 15+) who are experiencing homelessness to receive housing and shelter services, medical care, and other supports and establish their own residences without consent from parents or legal guardians.
- l. Increase tenant protections to reduce evictions, such as the provision of legal representation for young adults being evicted and enacting legislation to protect young adults using housing vouchers from discrimination.

---

<sup>35</sup> Information about the Critical Time Intervention is available at <https://www.criticaltime.org/>.



**6. Foster and facilitate access to services and supports that are both trauma-informed and developmentally appropriate.**

- a. **Create cornerstones.** Make trauma-informed approaches and expertise in adolescent development the cornerstones of the service delivery and support system for youth and young adults experiencing housing insecurity and homelessness.
- b. **Allow mistakes.** Assure that programs for young people limit policy violations that lead to expulsion, eliminate compliance with mandates such as sobriety, are built upon the developmental needs of young people transitioning into adulthood, and actualize the underlying community value that all young people are deserving of housing and supportive services (at whatever point they are on their path to maturity and stability).
- c. **Remove documentation barriers.** Enact policies allowing unaccompanied minors who are experiencing homelessness to obtain proof of identification essential for acquiring housing, jobs, food, assistance, and health care, such as a state ID, driver's license, birth certificate, social security card, or other documents. However, in the absence of such documentation, strategize ways to ensure that young people who are unstably housed and seeking assistance are not denied access to services or experience a delay in services.
- d. **Clear criminal records and provide legal support.** Connect young people with experiences of homelessness to legal advocates to assist with record clearing and removal of other legal barriers to achieving stable housing and employment. Young people are especially interested in expunging evictions from their civil records. Young people who are undocumented may require legal assistance to ensure they are not placed at risk for deportation if they seek housing support and other services.
- e. **Behavioral health services.** Expand availability of behavioral health services for young people with unstable housing and mental health and substance use concerns in CBOs already serving this population and by encouraging partnerships with other agencies with the capacity to deliver culturally relevant, age-appropriate, non-judgmental care for this population at levels that align with an individual client's specific needs. Diversify the behavioral health workforce to reflect the cultural and social backgrounds of the population of interest.
- f. **Access to health care services.** Maximize Medicaid coverage for young people experiencing homelessness to provide and pay for physical health, mental health, substance use, and oral health services, and help them build the skills for using and keeping this coverage. Encourage training of health professionals in the Medicaid program to better recognize and meet the cultural needs of young people affected by housing insecurity and homelessness.
- g. **Life skills for youth development.** Expand availability of life skill intervention programs for young people impacted by unstable housing or homelessness. Such programs focus on becoming an adult by emphasizing the cultivation of skills in several areas, including goal setting, personal care and hygiene, food preparation and cooking, dealing with conflict and emotional regulation, parenting young children, getting and keeping a job, budgeting, handling money, paying income taxes, understanding credit scores, and securing, maintaining, and retaining a rental home.
- h. **Basic needs.** Provide essential supplies and support ("nuts and bolts"), including cell phones with data plans and internet access, nutritious foods, clothing and shoes, hygiene

supplies, tents, blankets, medicine, medical supplies (e.g., Fentanyl test strips, Narcan), transportation, and recreational opportunities (e.g., free fitness, sports, and art activities).

- i. **Employment.** Aid young people in setting vocational goals, determining their strengths and weaknesses, identifying resources for success, developing job skills through employment training programs with accessible, understandable, and contemporary curricula, and matching them with appropriate job opportunities. Youth should be linked to supports that promote vocational pathways, i.e., programs funded through the Workforce Innovation and Opportunities Act that enable access to employment, education, training, and other resources to succeed in the labor market; vocational rehabilitation services for persons with health and behavioral health disparities; and AmeriCorps/VISTA opportunities and other subsidized jobs that pay a living wage.
- j. **Income.** Explore the feasibility of implementing a guaranteed income pilot program for subpopulations of young people experiencing homelessness (e.g., students, parents, graduates of TLP programs).
- k. **Organizations serving adults experiencing homelessness.** Engage with organizations serving adults to ensure that the services they provide are tailored to the specific needs of young adults aged 18-25 and better integrate their organization within the set of CBOs more explicitly focused on youth homelessness.
- l. **First responder training.** Use state and national best practices to educate law enforcement, fire departments, emergency medical technicians, and paramedics about the complex and diverse needs of the homeless population. This will better prepare first responders when interacting with young people experiencing unsheltered homelessness and aid in connecting them to appropriate services.

## Improved Capacity to Deliver Services

### 7. Support CBOs in implementing a coordinated and comprehensive community response.

- a. Encourage growth among CBOs that comprise the local provider network for youth experiencing homelessness to expand and sustain services.
  - i. Enable a long-term versus time-limited approach to organizational growth by reducing the dependence of CBOs on short-term contracts with limited overhead that together prevent internal investments in organizational infrastructure.
  - ii. Identify and reduce the contract and compliance burdens that generate high administrative costs for CBOs and detract from service provision.
  - iii. Align contract requirements for CBOs with common standards and performance benchmarks for effective implementation of services and supports.
  - iv. Provide public funding to CBOs to fully participate in network collaboration and service coordination across agencies, programs, and systems.
  - v. Facilitate billing for covered supportive housing activities under the state Medicaid program among interested CBOs, i.e., assistance applying to be a designated Medicaid provider and developing internal administrative infrastructures enabling participation.
  - vi. Provide implementation support to CBOs to facilitate uptake and scale-up of EBPs and other promising innovations to address housing insecurity for youth, including incentive structures for organizations and staff (e.g., recognition,

- rewards), ongoing coaching and technical assistance, and capacity building for data management and fidelity monitoring purposes.
- b. Address recruitment and retention challenges by growing and supporting the frontline provider workforce, including through career advancement opportunities.
    - i. Collaborate with higher education institutions on developing and implementing programs to attract, train, and prepare human service providers to work with youth dealing with housing instability and homelessness.
    - ii. Increase publicly funded support to compensate for low salaries of frontline providers, including higher reimbursement rates to support competitive pay, student grants for higher education, and/or mortgage down payment assistance for the workforce.
    - iii. Explore potential implementation and development of recruitment support services that can be based in government to assist agencies with recruiting (e.g., job fairs), screening, and referring potential job candidates with CBOs with staff vacancies. See the [Los Angeles County Homeless Initiative](#) for an example.
    - iv. Provide training opportunities to frontline providers and supervisors, particularly in years two through four of employment when staff members are likely to express greater burnout and more likely leave their jobs.
    - v. Provide “wellness” or “self-care” interventions and encourage the use of supportive supervision practices to prevent or reduce stress, secondary trauma, compassion fatigue, and burnout.
    - vi. Through system leadership and inter-organizational interactions, strategically cultivate career advancement by investing in a wide variety of jobs (entry-level, supervisory, management) to expand and sustain services and enhance coordination, consistency, and quality of services for young people impacted by housing instability and homelessness.
  - c. Engage adult-serving shelters and housing programs as key collaborators in developing and implementing services to support young people who are unhoused.
    - i. Tailor training and technical assistance to adult-serving shelters and housing programs to build their expertise in creating safe environments and delivering developmentally appropriate services to young adults, ages 18-25.
    - ii. Employ incentive structures for adult-serving shelters and housing programs to gain training and expertise in creating safe environments and delivering developmentally appropriate services to young adults, ages 18-25.
  - d. Foster inter-organizational relationships and enhance the quality of services and system-wide expertise by leveraging CBOs with existing training capabilities and a willingness to share these capabilities with other agencies, particularly for less commonly available youth-specific training.
  - e. Collaboratively review results on inter-organizational interactions from Parts 3-5 of this report from a systems perspective to identify and strategize about key agencies that could increase their interaction and coordination with other agencies that provide services to young people experiencing homelessness.

# Contributors

## **PIRE Project Oversight and Implementation**

Cathleen Willging (Principal Investigator) and Kim Zamarin (Project Manager).

## **Youth Advisory Council**

Marco Darreon, Mariana Grajeda, Litzi Martinez, and Mireya Montoya

## **Leadership Team**

*Standing members:* Doug Chaplin, Quinn Donnay, Arthur Kaufman, Diana Lopez, Jennifer Scacco, Brooke Tafoya, Assata Zerai, CYFD Team, and UCSD Team

*Associate members:* Jeff Beg, Venice Ceballos, and Bill Wagner.

## **CYFD Team**

Farra Fong, Hilari Lipton, Emily Martin, Madeline Rafferty, and Estella Swain.

*Youth Housing Consultants:* Marisol Atkins and Kristin Carmichael.

## **UCSD Team**

Amanda Farr, Danielle Fettes, Jennifer Perrott, and David Sommerfeld.

## **Street Outreach Consultants**

Sam Sisneros (New Day Youth & Family Services), Rachel Petroff (Youth Development, Inc.), and Erick Trevizo (Youth Development, Inc.).

## **PIRE Youth Count and Survey Team**

Hannah Brechtel, Brenda Elias, Marissa Elias, Teresa Garcia, Andrew Gunn, Mikey Jimenez, Elizabeth Lilliot-Gonzalez, Daniel Lopez, Anastacia Romero, Daniel Shattuck, Laura Steele, Ben Suminsby, Cathleen Willging, and Kim Zamarin.

## **PIRE Quantitative Research Team**

Paul Gruenewald and Rachel Sebastian.

## **PIRE Qualitative Research Team**

Hannah Brechtel, Marissa Elias, Elizabeth Lilliot-Gonzalez, Jeff Peterson, Cathleen Willging, and Kim Zamarin.

## **PIRE Production and Other Support**

Evelyn Byrd, Joey Dacanay, Sonnie Davies, Emily Haozous, Patricia Hokanson, and Elise Trott Jaramillo.

## **UNM Office for Community Health Team**

Ivonne Aguirre, Jeri Barros Vera, William Benitez, Venice Ceballos, Virginia Chitwood-Sedore, Jennifer Garcia, Eliana Gonzalez, Anna Goodwin, Jhoniq Lentsch, Alisa Lucero, Janet Page-Reeves, Aanchal Pradhan, Daniella Trigg-Matthews, and Natalie Wray.

# Acknowledgments

## Special Thanks

We could not have completed the needs assessment without the full participation of hundreds of young people who completed surveys and interviews and the many frontline workers, organizational administrators, and systems leaders who all shared their knowledge, experiences, and recommendations with us.

We greatly appreciate the support of the Youth Housing Continuum, a committee of the Homeless Coordinating Council in the City of Albuquerque and Bernalillo County and the businesses that contributed to the success of the New Mexico Youth Count and Housing Survey, including Burritos Alistante, Dions, Einstein Bros. Bagels, Jersey Mike's, New Mexico United, Pizza 9, Slice Parlor, Stripes Burrito Co, and Target.

## Human Subjects Approval

All data collection protocols and consent and assent procedures have been approved by the PIRE Institutional Review Board.

## Funding Support

This project was made possible through a contract with the State of New Mexico Children, Youth and Families Department administered through Falling Colors and a financial contribution from PIRE.

## Suggested Citation

Willging C, Zamarin K, Fettes D, Sommerfeld D, Sebastian R, Brechtel H, Lilliott-Gonzalez L, Peterson J, Elias M, Gruenewald P. (2022) Comprehensive Needs Assessment of Young People Experiencing Housing Instability and Homelessness in Bernalillo County, New Mexico. Report submitted to the Children, Youth and Families Department. Albuquerque, NM: Pacific Institute for Research and Evaluation.

# Appendix 1. New Mexico Youth Count Housing Survey

## New Mexico Youth Count Housing Survey

The New Mexico Youth Count project is conducting a brief survey to better understand the housing needs and experiences of young people between the ages of 15 to 25 in our community to improve the local and statewide response to meet youth and young adult housing needs. The questions in the survey ask about school, work, parenting, whether you have had any system involvement (like being in foster care), and health and general wellbeing. The survey also asks about your race, ethnicity, gender identity, and sexual orientation. You will receive a \$10 gift card for taking the survey. It will take less than 10 minutes and your participation is voluntary. Your answers will not be shared with anyone outside the New Mexico Youth Count team. Even though we will keep your answers private, there is a small risk that someone outside of the team might see them. It is also possible that you will feel uncomfortable answering some questions. However, you can skip any questions that you don't want to answer or stop participating in the survey at any time. **Would you like to participate?**

- Yes (go to Question 1 – Q1)  No (THANK RESPONDENT AND END SURVEY)

### Youth Count Guide (Data Collector) asks questions 1 - 4a

**1. Have you already completed a survey with another person who has a badge like this [identifier badge] today (or in last 1-2 days)?**

- Yes (THANK RESPONDENT AND END SURVEY)  No (go to Q2)

**2. How old are you?** \_\_\_\_\_ years

- If the person is **15 to 25** years old, go on to **Q3**.
- If 26 or older OR 14 or younger, THANK RESPONDENT AND END SURVEY.

Confirm unique identifier				
3. What are your initials?		4. What is your date of birth?		4a. What is the name of the first elementary (grade) school you ever attended?
First 3 letters of first name		MM		
Middle initial		DD		
First 3 letters of last name		YYYY		
				<input type="checkbox"/> Home schooled and did not attend an elementary / grade school

If don't know or refuse to answer, THANK RESPONDENT AND END SURVEY.

The next couple of questions ask about your housing situation. Knowing this information will help the community look at developing more housing options for young people. I can continue to administer the survey, or if you prefer, you can take the survey by yourself on paper or on your smart phone and someone from our team can answer any questions you have while you are taking the survey. **Would you like for me to continue asking you the survey questions?**

- **If yes, continue with Q5.**
- **If no, thank respondent and leave them with the paper/clipboard and writing tool or provide survey URL.**

5. Who did you stay with last night? (Select all that apply.)	
<input type="checkbox"/> By myself	<input type="checkbox"/> With my friends
<input type="checkbox"/> With my family, parent/s or guardian/s	<input type="checkbox"/> With the person/s I have sex or a sexual relationship with
<input type="checkbox"/> With my foster family	<input type="checkbox"/> With the person/s I have a romantic relationship with
<input type="checkbox"/> With my child/children	<input type="checkbox"/> With a stranger/s
<input type="checkbox"/> With other relatives	
6. Where did you stay <u>most</u> nights during the past 30 days? (Select the <u>one</u> best answer.)	
<input type="checkbox"/> My own home (not temporary)	<input type="checkbox"/> Group home
<input type="checkbox"/> Couch surfing or staying at someone else's place	<input type="checkbox"/> Residential treatment facility
<input type="checkbox"/> Apartment, house, trailer, or mobile home temporarily	<input type="checkbox"/> Outside, in a car, park, campground, or other public place
<input type="checkbox"/> Hotel or motel	<input type="checkbox"/> Juvenile detention center or jail
<input type="checkbox"/> Emergency or homeless shelter	<input type="checkbox"/> Other place (Specify): _____
<input type="checkbox"/> Transition shelter	
<input type="checkbox"/> Hospital or emergency room	

Location:

Team member initials:

Date:

<b>7. Where did you stay last night?</b> (Select the <u>one</u> best answer.)	
<input type="checkbox"/> My own home (not temporary) <input type="checkbox"/> Couch surfing or staying at someone else's place <input type="checkbox"/> Apartment, house, trailer, or mobile home temporarily <input type="checkbox"/> Hotel or motel <input type="checkbox"/> Emergency or homeless shelter <input type="checkbox"/> Transition shelter <input type="checkbox"/> Group home	<input type="checkbox"/> Residential treatment facility <input type="checkbox"/> Outside, in a car, park, campground, or other public place ( <b>go to Question 9</b> ) <input type="checkbox"/> Hospital or emergency room ( <b>go to Q9</b> ) <input type="checkbox"/> Juvenile detention center or jail ( <b>go to Q9</b> ) <input type="checkbox"/> Other place (Specify): _____
<b>8a. Can you live where you stayed last night for the next month?</b>	
<input type="checkbox"/> Yes, definitely <input type="checkbox"/> Maybe <input type="checkbox"/> I don't know <input type="checkbox"/> No ( <b>GO TO Q8b</b> ) →	<b>8b. Why can't you live where you stayed last night for the next month?</b> _____ _____
<b>9. How old were you when you left home for good? _____ or <input type="checkbox"/> never left home to be on your own</b>	
<b>10. If you are NOT living with your parent, guardian, or foster parent now, what are the reasons?</b> (All that apply.)	
<input type="checkbox"/> I was fighting with my parent/guardian/foster parent <input type="checkbox"/> My parent/guardian/foster parent abused drugs or alcohol <input type="checkbox"/> My parent/guardian died <input type="checkbox"/> My house was too small for everyone to live there <input type="checkbox"/> I was abused or neglected (physically, emotionally, or sexually) <input type="checkbox"/> I did not feel safe due to violence or unsafe activities <input type="checkbox"/> My family lost our housing <input type="checkbox"/> I left foster care	<input type="checkbox"/> I was/am pregnant or got someone else pregnant <input type="checkbox"/> My sexual orientation and/or gender identity <input type="checkbox"/> My use of alcohol or drugs <input type="checkbox"/> I was told to leave <input type="checkbox"/> I wanted to leave <input type="checkbox"/> I had to move out because of COVID-19 <input type="checkbox"/> Other reason (specify): _____ <input type="checkbox"/> Not applicable, I am still living with my parent, guardian, or foster parent
<b>11. Have you ever lost your place to live for any of the following reasons?</b> (Select all that apply.)	
<input type="checkbox"/> Evicted/forced to leave for not paying rent or other bills or other reasons <input type="checkbox"/> Lost assistance (for example, Section 8) that helped you pay your bills <input type="checkbox"/> Place was unsafe or unsanitary (nonworking electricity or heat, no water, etc.) <input type="checkbox"/> Domestic or family violence issues <input type="checkbox"/> Break-up, divorce, or separation from partner you were living with	<input type="checkbox"/> Conditions of probation or parole <input type="checkbox"/> Aged out of foster care <input type="checkbox"/> Substance use issues <input type="checkbox"/> Legal issues <input type="checkbox"/> Immigration issues <input type="checkbox"/> Kicked out <input type="checkbox"/> Ran away <input type="checkbox"/> Not applicable, I have never lost my place to live for any of these reasons
<b>12. Have you ever been in foster care?</b>	
<input type="checkbox"/> Yes, I am currently in foster care ( <b>GO TO Q12b&amp;c</b> ) → <input type="checkbox"/> Yes, I was in foster care before ( <b>GO TO Q12b&amp;c</b> ) → <input type="checkbox"/> No, I have never been in foster care ( <b>GO TO Q13</b> ) <input type="checkbox"/> Prefer not to answer ( <b>GO TO Q13</b> )	<b>12b. How many years have you been/were you in foster care?</b> _____
	<b>12c. How many foster care placements did you have/have you had?</b> _____
<b>13. If you had to choose right now, what types of temporary housing would be okay to you?</b> (Select all that apply.)	
<input type="checkbox"/> An apartment/home by myself (with support, meaning coordinated services with housing) <input type="checkbox"/> An apartment/home by myself (without support) <input type="checkbox"/> An apartment/home with friends	<input type="checkbox"/> A group home <input type="checkbox"/> Living with family members <input type="checkbox"/> Other (Specify): _____
<b>14. What is the highest grade or year of school you have completed?</b>	<b>15. Are you currently enrolled in or attending school or another education program?</b>
<input type="checkbox"/> Less than high school <input type="checkbox"/> High School graduate or GED <input type="checkbox"/> Some college or technical school <input type="checkbox"/> College graduate or professional school graduate	<input type="checkbox"/> Yes, attending regularly when school or my educational program is in session <input type="checkbox"/> No

<b>16. In what ways do you currently get money?</b> <i>(Select all that apply.)</i>					
<input type="checkbox"/> Full-time job <input type="checkbox"/> Part-time job <input type="checkbox"/> Money from “under the table” work (not reported to the government) <input type="checkbox"/> Money from friends or family <input type="checkbox"/> Panhandling/begging <input type="checkbox"/> Cash assistance, like TANF or New Mexico (NM) Works			<input type="checkbox"/> Child support <input type="checkbox"/> Social Security/Disability payments <input type="checkbox"/> Unemployment benefits <input type="checkbox"/> Hustling/selling drugs <input type="checkbox"/> Sex work, including exchanging sex/sexual content on phone or online platforms <input type="checkbox"/> None <input type="checkbox"/> Other: _____		
<b>17. Do you receive, or have you tried to get, any of the following services or types of assistance?</b> <i>(Select all that apply.)</i>					
	Currently receive	Received before but no longer receive	Applied or tried to get but was denied	Not sure how to apply, but would like to apply	Have not tried to get
Shelter (emergency or short-term shelter)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitional housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term housing support (such as Section 8, public housing, income-based rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support to buy food, like SNAP/food stamps or WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food from a food pantry, free store, or soup kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash assistance (including TANF or NM Works, Social Security Disability benefits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child care assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job training or career placement services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling for mental health or substance abuse issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other types of counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public health insurance coverage (Medicaid or Centennial Care, UNM Care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>18. Have you ever been involved in the juvenile justice system (including probation and/or case management)?</b>			<b>18a. How long were you in the juvenile justice system?</b> _____ (years   months)		
<input type="checkbox"/> Yes <b>(GO TO Q18a &amp; Q18b) →</b> <input type="checkbox"/> No <b>(GO TO Q19)</b> <input type="checkbox"/> Prefer not to answer <b>(GO TO Q19)</b>			<b>18b. How many different times were you involved in the juvenile justice system?</b> _____		
<b>19. Have you ever stayed overnight or longer in an adult jail or prison?</b>					
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer					
<b>20. Would you say that in general your physical health is...</b>		<b>21. How many times have you gone to a hospital emergency room in the past year?</b>		<b>22. Do you have any physical disabilities or long-term health problems?</b> (Long-term means 6 months or more.)	
<input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		<input type="checkbox"/> Never <input type="checkbox"/> One-two times <input type="checkbox"/> Three-four times <input type="checkbox"/> Five or more times		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	



<b>23. During the past 30 days, how often was your mental health not good?</b> (Poor mental health includes stress, anxiety, and depression.)	
<input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Most of the time <input type="checkbox"/> Always	
<b>24. During the past year, have you experienced any of the following?</b>	<b>25. Do you have any of the following people in your life that you can talk to about important things or go to for help?</b>
<input type="checkbox"/> Been robbed or had something stolen from you? <input type="checkbox"/> Been physically assaulted or beat up? <input type="checkbox"/> Been questioned or stopped by the police? <input type="checkbox"/> Been arrested or detained by police (even if not charged with any crime)? <input type="checkbox"/> None of the above	<input type="checkbox"/> Family member/s <input type="checkbox"/> Adult friend/s <input type="checkbox"/> Friend/s your age <input type="checkbox"/> Teacher, counselor, other professional <input type="checkbox"/> Other (please specify): _____
<b>26a. Are you currently pregnant, or recently gotten someone else pregnant, or are you a parent?</b>	<b>26b. Does your child currently stay with you most of the time, when they are not in school or a daycare program?</b>
<input type="checkbox"/> Yes, I am a parent (GO TO Q26b) → <input type="checkbox"/> Yes, I am pregnant and a parent (GO TO Q26b) → <input type="checkbox"/> Yes, I have recently gotten someone else pregnant (GO TO Q27) <input type="checkbox"/> Yes, I am pregnant (GO TO Q27) <input type="checkbox"/> No (GO TO Q27)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer
<b>27. What is your race?</b> (Select all that apply.)	
<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black/African American <input type="checkbox"/> Pacific Islander/Native Hawaiian	<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Don't know <input type="checkbox"/> Prefer not to answer
<b>28. Are you Hispanic or Latino?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>29. Which of the following terms best describes your current gender identity?</b> (Please pick the one that best describes you.)	
<input type="checkbox"/> Girl or woman <input type="checkbox"/> Trans girl/woman <input type="checkbox"/> Boy or man <input type="checkbox"/> Trans boy/man <input type="checkbox"/> Nonbinary, bigender, genderfluid, or genderqueer <input type="checkbox"/> Two Spirit	<input type="checkbox"/> I describe my gender identity some other way (Specify): _____ <input type="checkbox"/> I am not sure about or am questioning my gender identity <input type="checkbox"/> I don't know what this question means <input type="checkbox"/> Prefer not to answer
<b>30. What sex were you assigned at birth, on your original birth certificate?</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to answer	
<b>31. Which of the following best describes your sexual orientation?</b> (Sexual orientation means who you are romantically and physically attracted to.)	
<input type="checkbox"/> Straight or Heterosexual <input type="checkbox"/> Gay or lesbian <input type="checkbox"/> Bisexual (attracted to people of multiple genders) <input type="checkbox"/> Pansexual (attracted to people of all genders or no gender identity) <input type="checkbox"/> Queer	<input type="checkbox"/> Asexual (no sexual attraction or desire for other people) <input type="checkbox"/> I describe my sexual identity some other way (Specify): _____ <input type="checkbox"/> I am not sure about or am questioning my sexual identity <input type="checkbox"/> Prefer not to answer
<b>32. Have you ever served in the U.S. Army, Navy, Marine Corps, Air Force, or Coast Guard?</b>	
<input type="checkbox"/> No, I have not served in the U.S. Armed Forces <input type="checkbox"/> Yes, I am on active duty <input type="checkbox"/> Yes, I am a veteran	
<b>33. What one thing would be the most useful to you right now?</b> _____	
_____	

# Appendix 2. Youth Count and Housing Survey Locations

Site
Albuquerque Healthcare for the Homeless
Alamosa Skate Park
Alon Gas Station & Wellness Hotel (Hawthorn Suites)
Amistad Crisis Shelter (Youth Development, Inc.)
Casa Hermosa (Youth Development, Inc.)
Casa Q
Central Avenue – Downtown Albuquerque
Central Avenue & Pennsylvania Street
Central Avenue & Tramway Boulevard
Central Avenue & Wyoming Boulevard
Coronado Park
Enlace Comunitario
Los Altos Park / Eubank & Lomas
Los Puentes Charter School
Mesa Verde Park
New Day Youth Drop-In Center (The Space)
New Day Safe Home
Phil Chacon Park
Roosevelt Park
Sais Mart
Serenity Mesa
The Harbour
Tower Skate Park
Transgender Resource Center of New Mexico
University of New Mexico area along Central Avenue
Westside Shelter

# Appendix 3. List of Participating Organizations

1.	Albuquerque Police Department	17.	New Mexico Child Advocacy Network (NMCAN)
2.	Albuquerque Public Schools Title I McKinney-Vento Program	18.	New Mexico Crisis and Access Line
3.	All Faiths Child Advocacy Center	19.	New Mexico Dream Center*
4.	Bold Futures	20.	New Mexico Solutions
5.	Casa Q*	21.	PB&J Family Services
6.	Central New Mexico Comm. College	22.	Pegasus Legal Services for Children
7.	Centro Sávila	23.	Road Runner Food Bank
8.	Crisis Outreach and Support Team (COAST)	24.	Serenity Mesa*
9.	Crossroads for Women*	25.	Street Safe New Mexico*
10.	Cuidando los Niños*	26.	Supportive Housing Coalition of New Mexico*
11.	Department of Behavioral Health*	27.	TenderLove Community Center*
12.	First Nations Community Health Source*	28.	Transgender Resource Center of New Mexico*
13.	Gordon Bernell Charter School*	29.	Truman Health Services
14.	Hopeworks	30.	University of New Mexico
15.	La Plazita Institute	31.	Warehouse 508 by New Mexico Xtreme Sports Association, Inc.
16.	New Day Youth & Family Services*	32.	Youth Development, Inc. (YDI)*

\* Indicated providing residential, outreach, or drop-in services for youth experiencing homelessness.

# Appendix 4. List of Organizations Rated for Level of Inter-Organizational Interactions

1.	Agora Crisis Center	17.	New Mexico Access & Crisis Line
2.	Albuquerque Police Dept.	18.	New Mexico Child Advocacy Network (NMCAN)
3.	Albuquerque Public School (APS)	19.	New Mexico Children, Youth, and Families Department (CYFD)
4.	APS (Title 1) Homeless Project	20.	New Mexico Solutions
5.	APS Community-Based Transition Services	21.	Peanut Butter & Jelly Family Services
6.	All Faiths Child Advocacy Center	22.	Pegasus Legal Services for Children
7.	Bernalillo Co. Sheriff's Dept. GHOST Unit	23.	Presbyterian Kaseman Hospital
8.	Casa Q	24.	Public Aid Agencies
9.	Central New Mexico Community College	25.	Road Runner Food Bank of NM
10.	Centro Sávila	26.	Serenity Mesa
11.	Enlace Comunitario	27.	Transgender Resource Center of NM
12.	Federal TRIO Program	28.	University of New Mexico
13.	First Nations Community Health Source	29.	University of New Mexico Children's Psychiatric Hospital
14.	Health Care for Homeless	30.	University of New Mexico Hospital
15.	La Plazita Institute	31.	Warehouse 508 by New Mexico Xtreme Sports Association, Inc.
16.	New Day Youth & Family Services	32.	Youth Development, Inc. (YDI)

# Appendix 5. Definitions for Each Level of Inter-Organizational Interaction

We provided the responding organizations the following definition when we asked them to provide information regarding their inter-organizational interactions.<sup>36</sup>

1. **Networking:** Partners share information, referrals, and/or talk with one another for their mutual benefit. Key features of networking include loosely defined roles; loose and flexible relationships; informal communication; minimal decision-making; and no risk. In practice, partners share what they are doing to address common community issues at inter-agency meetings. Partners also discuss existing programs, activities, or services with other organizations.
2. **Cooperation:** Partners support one another's activities but have no formal agreement in place. Key features of cooperation include somewhat defined roles; informal and supportive relationships; more frequent communication; limited decision-making; and little to no risk. In practice, partners publicize one another's programs and services; write letters support for one another's grant applications; co-sponsor trainings or professional development activities; exchange resources, such as technology expertise or meeting space; and attend one another's meetings and events.
3. **Coordination:** Partners are engaged in mutual projects and initiatives, modifying their own activities to benefit the whole. Key features of coordination include defined roles; formalized links, but each group retains autonomy; regular communication; shared decision-making around joint work; low to moderate risk; and some resource sharing. In practice, partners serve together on event planning committees and community boards; implement programs and services together; and care about the same issues.
4. **Coalition:** Partners share ideas, are willing to pull resources from existing systems and commit to working together for a minimum of three years. Key features of coalition include shared leadership; formalized decision-making involving all members; and communication that is common and prioritized. In practice, all members are involved in decision-making; roles and time contributions are defined; links are formalized through written agreements; and the group develops new resources and joint budgets.
5. **Collaboration:** With a formal agreement in place, partners work toward developing the enhanced capacity to achieve a shared vision. Key features include formalized roles; formal links, which are written in an agreement; frequent communication; equally shared ideas and decision-making; high risk but also high trust; and pooled resources. In practice, partners sign a memorandum of understanding with each other; develop common information technology or data collection systems; participate in joint fundraising efforts; pool fiscal or human resources; and create common workforce training systems.

---

<sup>36</sup> Frey, B., Lohmeier, J., Lee, S., & Tollefson, N. (2006). Measuring collaboration among grant partners. *American Journal of Evaluation*, 27(3), 383-392.