Bernalillo County Behavioral Health Initiative (BHI) Peer Drop-In Center Program Evaluation:

Albuquerque Center for Hope & Recovery (ACHR) and New Day Youth and Family Services (NDYFS)

Final Report

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Contents

Introduction

The current Bernalillo County Behavioral Health Initiative (BHI) developed out of the Department of Behavioral Health Services (DBHS) in alignment with the City of Albuquerque, via their joint strategic plan to address behavioral health in a shared geographic jurisdiction. The BHI manages funding for several behavioral health services providers in the County, and contracts with external evaluators to conduct process and outcome evaluations regarding service provider metrics, objectives, and goals.

Pivot is an Albuquerque-based organization of Program Evaluators led by Curtis J Mearns Ph. D., specializing in local projects related to education, public health, and social services.

BHI initially contracted the University of New Mexico (UNM)'s Institute for Social Research (ISR) to provide evaluations of two peer drop-in centers: the Albuquerque Center for Hope and Recovery (ACHR) and New Day Youth and Family Services (NDYFS). BHI subsequently contracted Pivot Evaluation to conduct outcome evaluations over a two-year period for these providers. However, the contracts for these two providers expired prompting this report before the parties developed and implemented a full complement of outcome measures. This report attempts to address outcomes from existing sources. Should either organization receive continued funding, improved outcome measures will immediately be implemented following the 2-year plan. This report is sub-optimal given the compressed timeframe of its production limiting data availability and quality. However, both organizations have continued to work with Pivot after the contract closing and have implemented improved data collection elements and practices.

Both peer drop-in (PDI) providers facilitate additional programs in addition to their drop-in space to produce outcomes specific to their respective populations of focus. This facilitation is referred to as bridge between clients and services in previous evaluations (ISR) and changes the outcomes expected for both organizations relative to previous reports. ACHR works with adults in recovery from mental health issues and co-occurring challenges including substance addiction and homelessness. NDYFS serves young people ages 16-22 experiencing homelessness and co-occurring challenges such as poverty and community disconnection. Though there is the potential for overlap in ACHR and NDYFS's service and population focuses, their approaches are significantly different due to the distinct services supporting youth versus adults. NDYFS **builds** support services with youth and ACHR **re-builds** support systems for adults in recovery. Each organization tailors their environment and engagement to the needs and capacity of the population they serve. Even though both organizations are

included in this report as Peer Drop-In providers, their services are vastly different and should not be compared against each other in terms of organizational capacity or client engagement.

Pivot Evaluation began working with these organizations in January 2022 following a two-year evaluation plan. Pivot evaluators began by revisiting and revising each organization's Logic Model, to clarify program descriptions and expectations, and lay the foundation for evaluation questions and processes. Pivot further gathered data to confirm various process implementation features. The logic model development and the collection of implementation data informs Pivot's outcome evaluations by linking program activities to the outcomes. Pivot developed plans in collaboration with each provider, including multiple meetings and email exchanges to confirm that Pivot's approach honored the provider's needs, resources, and interests in participating as an active partner in this evaluation. Finally, Pivot collected data from each organization and conducted qualitative and quantitative analyses of their service provision, generating the findings detailed in this report.

As Pivot began gathering data, it became evident that service provider contracts would expire before the two-year plan could be executed. Therefore, Pivot shuffled their plans to collect existing data and provide a report in time for future funding decisions. Should these organizations be refunded, the original two-year plans will provide improved outcome analysis. Pivot shares these findings with the BHI, as well as the service providers and service populations involved, to support networked communication and understanding around "wicked" problems that require dedicated community collaboration to improve.

Brief Findings: Peer Drop-in-Centers

These findings summarize BHI's funding of drop-in centers overall. Note that while some findings pertain to both organizations, ACHR and NDYFS should not be compared to each other due to the significant differences in their program populations and goals. For detailed findings, please see the section "Detailed Findings: Peer Drop-In Centers" below.

1. What value do drop-in centers provide?

Drop-in centers provide a flexible supportive environment designed to facilitate other services and improve participant outcomes. These two programs operate in tandem with other more formal programmatic services within an organization, providing a potential synergistic overall effect.

2. How was capacity increased across both funding organizations?

Characterizing trends in capacity is difficult due to the pandemic condition throughout the funding period. One of the organizations (ACHR) managed to hold high participation through the pandemic despite closing satellite location access, followed by a brief decline and subsequent small increase. The other organization (NDYFS) saw a small reduction in participation during 2021 followed by dramatic participation increases, corresponding with their new dedicated building's opening. The differences between organizations likely has to do with the type of vulnerability each of their service populations experience. Therefore, basing funding decisions on numbers of individuals served alone may disadvantage an organization that has provided excellent service after all.

3. How can BHI and service providers improve PDI data collection to measure PDI results/outcomes?

Service providers may consider collecting data on service engagement that differentiates between program participation to better understand and advocate for PDI's contribution to beneficial participant outcomes. Collecting data specifying service type would allow for reporting on the following:

- Records identifying the first service participants engaged in when they started coming to the organization
- Records of participants who initiate engagement via the drop-in center and then increase their engagement to other programs
- Records of participant feedback differentiated by program engagement
- Records of participant retention differentiated by service engagement

    - Do people who engage in PDI engage more frequently with the organization overall (versus people who participate in its other non-PDI programs)?
    - Do people who engage with PDI engage with the organization over a longer period of time than those who do not?

4. Which considerations could BHI apply to evaluating comparative costs and benefits, to further inform future PDI contracting, outcome measurement, and communication with the Albuquerque/Bernalillo media and community?

While producing this report, Pivot developed the following considerations on how BHI could conduct a comparative cost-benefit analysis including the following components:

- Initially, calculate the current cost of service provision per PDI participant.
- Compare the initial cost assessment with the estimated public expense mitigated/offset by PDI participation. For example, cost of first responders, cost of judicial system, etc.
- Consider the other program outcomes and utility that BHI supports through its funding:
    - PDI programs facilitate a form of community outreach.
    - BHI provides a service to the community by creating and sustaining fulfilling, meaningful jobs for peers who may especially be marginalized from other employment.

BHI could use the results of this comprehensive comparative cost-analysis to inform service provider contract budgeting and metrics. At the organizational level overall, BHI could also apply findings to its strategies for addressing community behavioral health, including which population outcomes to work towards. Finally, BHI could use analysis results to further communicate the value and cost-utility of its interventions to the general public and local media.

Brief Findings: Albuquerque Center for Hope and Recovery (ACHR)

These findings pertain to Pivot Evaluation's evaluation of ACHR. These findings are summaries; for detailed findings, please see the section "Detailed Findings: Albuquerque Center for Hope and Recovery (ACHR)" below.

1. In what ways, and to what degrees, do members participate in ACHR PDI program activities?

ACHR ENGAGED 1,381 PARTICIPANTS IN 9,744 VISITS DURING ITS FOUR-YEAR FUNDING PERIOD WHILE INCREASING PARTICIPATION SLIGHTLY IN THE MOST RECENT 12 MONTHS AFTER A SIGNIFICANT DROP IN 2021.

ACHR engaged 1,381 participants in 9,744 visits during its four-year funding period while increasing participation slightly in the most recent 12 months after a significant drop in 2021. Participant demographics follow predictable patterns: About 20% more males than females; 75% between the ages of 25 and 64; Ethnicity and race are difficult to interpret due to significantly high proportion not responding. Various patterns of participation appear when looking at drop-in center attendance records. The most obvious is that 78% of participants attend 5 or less times; conversely, 22% of participants account for 80% of visits. The high attendance group averaged 25 visits during the funding period. Further research is required to understand benefits of each engagement pattern.

2. In what ways, and to what degrees, has BHI funding increased ACHR PDI program capacity?

ACHR exhibited higher engagement in the first year (Jan 2019 to Aug 2019) than in the last 3 years. By looking at the decline in participation alone, most would consider that capacity declined. It may be that the pandemic associated increase resulted from new stressors causing dysfunctional coping behaviors such as substance use. After the pandemic populations stressors may have returned to normal. ACHR has seen a slight increase in participation in the recent year, perhaps indicating increasing need or recovery in participation after pandemic isolation. Other alternate explanations are possible and ripe for research.

BHI FUNDING ALLOWED ACHR STAFF TO DEVELOP NEW POLICIES AND PRACTICES ASSOCIATED WITH REDUCING DISEASE TRANSMISSION, ALTERNATIVE MEETING PRACTICES, AND REMOTE SERVICES.

BHI funding allowed ACHR staff to develop new policies and practices associated with reducing disease transmission, alternative meeting practices, and remote services. Participation has already begun to pick up, and it's possible that pandemic preparations allow improved outreach capacity along with easily accommodating new participation opportunities. Further research may inform enrollment and retention capacity developed during the pandemic and its long-term effects.

3. Which, and how many beneficial outcomes do PDI members experience throughout engagement with ACHR PDI?

ACHR members reported that they felt more positive and connected, and that the drop-in center was a safe place to focus on recovery and develop new life skills. Participants describe ACHR as a shared space where participants can interact with people who have shared their experience, and who can provide services with that understanding. Services include Addicts 2 Athletes (A2A) active classes and direct support with job searches, resume-building, phone calls for services, and completing forms for obtaining important identification documents. Overall, more than 90% of respondents to feedback surveys indicated that PDI's environment encourages the ability to think positively about the feasibility of self-improvement and reaching goals and dreams. ACHR plans to update processes to collect this data effectively.

OVERALL, MORE THAN 90% OF RESPONDENTS TO FEEDBACK SURVEYS INDICATED THAT PDI'S ENVIRONMENT ENCOURAGES THE ABILITY TO THINK POSITIVELY ABOUT THE FEASIBILITY OF SELF-IMPROVEMENT AND REACHING GOALS AND DREAMS.

4. How, and to what extent, can members' beneficial outcomes be attributed to their PDI participation?

This evaluation establishes that ACHR members who engage in PDI experience a range of beneficial outcomes such as feeling comfort and belonging at ACHR, developing social and relational skills and connections, and participating in their recovery from

mental illness/substance use. ACHR PDI participants experience a greater number and extent of beneficial outcomes than adults experiencing comparable challenges who are not engaged in services, according to similar a review of research literature. Members likely experience some overall benefits via a synergistic effect between supportive services. Common outcome measures fail in this context due to difficulties of differentiating between the beneficial outcomes ACHR members experience solely due to PDI participation, versus beneficial outcomes they experience from additional interventions they participate in. Further data collection and evaluation can address more specifically which benefits participants experience due to different services.

Brief Findings: New Day Youth and Family Services (NDYFS)

These findings pertain to Pivot Evaluation's assessment of NDYFS. These findings are summaries; for detailed findings, please see the section "Detailed Findings: New Day Youth and Family Services (NDYFS)" below.

1. How has NDYFS increased PDI service provision to youth participants since BHI funding?

NDYFS saw 607 youth participate in 4595 visits during the four-year funding period. During the last year they saw 212 youth, 10% more than expected based on a four-year average. A number of factors likely play into this increase.

- NDYFS's peer workers facilitated activities for youth attending the drop-in center. There was significant turnover in the youth peer worker positions.
- Operational hours increased throughout the funding period.
- Pandemic quarantine depressed attendance midway through the funding period.
- The new drop-in center is attracting more youth.

2. How has NDYFS increased its program capacity for youth service provision since BHI funding?

Generally, NDYFS increased hours of operation over time and opened a new facility; however, this hides the planning and associated upgraded services that took over a year to have in place at the opening.

- NDYFS increased operational hours year after year (resulting in an over 50% increase in open hours from 2019 to 2022).
- NDYFS opened a new drop-in center with showers, full kitchen, and laundry.
- NDYFS increased its data collection quality and volume at the same time the new facility opened. Planning for upgraded data collection began over a year in advance of the opening.

3. Peer outcomes: To what degree do youth experience the following:
   (a) Youth feel safe & supported in *The Space*?

Youth over 90% of youth report feel safe in *The Space*; youth commented that they feel able to explore their identity and feel safe in showing up as they are without fear of judgement. Youth feel listened to and understood.

   (b) Youth develop a positive connection with a peer?

While 100% of youth feedback indicates that they feel connected and supported, their feedback includes "…positive person, adult or peer." Evaluators suggest updating the feedback forms to ask participants about specific connections with a peer.

   (c) Youth feel connected to community at *The Space*?

Ninety-three (93) percent of youth feel a connection to *The Space's* community. Furthermore, the community encourages them to think positively about themselves and their future and welcomes them to bring themselves as they are and participate as they feel comfortable.

4. What evidence indicates youth experience positive outcomes due to accessing *The Space*?

This evaluation establishes that NDYFS members who engage at *The Space* experience a range of beneficial outcomes. NDYFS PDI participants experience a greater number and extent of beneficial outcomes than youth experiencing comparable challenges who are not engaged in services, according to a review of research literature. Members likely experience some overall benefits via a synergistic effect between supportive services. Common outcome measures fail in this context due to difficulties of differentiating between the beneficial outcomes NDYFS youth experience solely due to PDI participation, versus beneficial outcomes they experience from additional interventions they participate in. Further data collection and evaluation could address more specifically which benefits participants assign to different services, and quantify the relationship between PDI engagement and those benefits.

Detailed Findings: Peer Drop-In Centers

Note that while some findings pertain to both organizations, ACHR and NDYFS should not be compared to each other due to the significant differences in their programs.

1. What value do drop-in centers provide?

Answer 1a: Drop-in centers function in tandem with other, more structured intervention offerings, including those housed within the same organization.
This evaluation validates the worth of PDI for its own sake—low barrier and without required activities—by examining participant self-report on various feedback tools. Therefore, selecting appropriate outcome measures associated with their paired intervention nature requires special consideration of engagement rather than some ultimate goal such as recovery. Funders often have the best intentions when seeking to include drop-in centers' program offerings and measure a range of potential participant outcomes. However, as a supplemental value-added feature, absolute outcomes are beyond the scope of drop-in center influence. A solution for measuring outcomes would be to conduct process evaluations of critical program features (e.g. case management, drop-in centers, group therapy, individual therapy) tied to outcomes of various overall intervention participation patterns.

- Evaluation evidence: From observing engagement records and key stakeholder interviews, Pivot found that many participants who engage in PDI also engage in other organizational programs. This requires further quantification in future work, and organizations have begun modifying their data collections systems accordingly.
- Literature evidence: The following research indicates how populations using drop-in centers often benefit from clear boundaries and expectations, as well as specific programs. These beneficial features to a drop-in center, supplement the value of programmed time and space in PDI and elsewhere. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2440711/

Answer 1b: Drop-in Centers exist to create supportive space, not provide specific interventions. *The Space* ***is the service.***
Evaluators consistently found in both literature and provider evidence that drop-in centers best fulfill their service intentions and meet service populations' needs when their primary/foundational function is as a flexible space to just "be."

- Evaluation evidence: In multiple forms of feedback and participant data collection, participants of both ACHR and NDYFS's drop-in centers self-reported the value of having an unstructured yet supportive space to **socialize** ("hang out," meet new people, build relationships with staff, etc.), **relax** ("be myself,"

feel calm, etc.), and just **do normal things** (play video games, have snacks, do laundry, etc.).

- Literature evidence: The research links in this bullet discuss that many people who access drop-in centers do not have safe or comfortable alternative spaces in which to spend non-structured time which many of us take for granted. Some spaces require specific resources or activities such as money for a coffee shop or working on something in a library. Accessing other ostensibly "public" spaces poses the liability of harassment or confrontation by law enforcement for "loitering," especially among marginalized populations. Recipients of these common public responses experience them as dehumanizing micro aggressions. Having a place to relax and simply exist without pressures or demands meets a unique and fundamental need of this service population. It acknowledges participants' humanity and supports their self-efficacy, self-determination, and empowerment which have been systemically undermined.
  https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2440711/
  https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4958549/
  The following research discusses how PDI helps address gaps in services by providing the "service" of unstructured space.
  https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201400047
  https://homelesslaw.org/wp-content/uploads/2019/02/No_Safe_Place.pdf
  https://ir.lawnet.fordham.edu/cgi/viewcontent.cgi?article=2662&context=ulj&httpsredir=1&referer=

Answer 1c: Drop-in centers play an important role in <u>adult</u> recovery by helping individuals change their social networks and habits.

- Evaluation evidence: In multiple forms of primary data collection, ACHR members discussed the significance of both getting support in their own recovery and of making connection with others to support their journeys (see ACHR "Evaluation questions:" and "**Error! Reference source not found.**").
- Literature evidence: The following research discusses how accessing a physically and emotionally safe recreational space, aligned with lifestyle support and recovery, can help people create healthier social networks and disengage from unhealthy environments. In PDI, peers/staff are available to offer encouragement and resources, and spaces do not condone destructive behavior or interactions. Research has shown that one of the critical steps in improving one's lifestyle involves changing the environment (people, places, and habits) that either promotes or discourages specific individual behaviors. The PDI environment can therefore provide a significant component of support and recovery, without being a specific structured program.
  https://www.tandfonline.com/doi/pdf/10.1080/17437199.2016.1151372

https://journals.sagepub.com/doi/full/10.1177/1178221819833379
https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.629.6515&rep=rep1&type=pdf
Research over past decades has shown the importance of changing social groups for recovery outcomes. PDI offers a beginning step to changing social groups.
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6410387/

Answer 1d: In addition to increasing desirable outcomes among participants, PDI contributes to decreases in undesirable outcomes in the community, and promotes participants' sense of community accountability and stewardship.
Benefits of participants engaging in PDI extend beyond these individuals to the larger community through not only promoting healthy behaviors, but also by diverting and/or de-incentivizing unhealthy behaviors. That is, improving individual outcomes has a reciprocal effect at the system level.

- Evaluation evidence: ACHR and NDYFS both emphasize in their organizational literature and communications, the importance of participants feeling a sense of belonging in the space and a sense of accountability for their own actions and improvements. ACHR collects data on this topic via occasional open-ended program feedback (long-form comments), and for this evaluation via the interactive feedback poster Pivot designed and provided. ACHR members reported on the significance of these principles, included in this report under ACHR's "Evaluation questions:" section. NDYFS collects data on participant belonging in their Quarterly Youth Survey and for this evaluation, via the interactive feedback poster Pivot designed and administered in *The Space*. NDYFS youth responded on this theme; for details see NDYFS's "Evaluation questions:" and "Youth Participant Feedback Forms – Survey Results." ACHR members emphasized personal accountability, while NDYFS participants emphasized comfort and identity in *The Space*. Future evaluation efforts will further address these important concepts. Evaluators are considering adding intake questions about previous law enforcement, justice involvement, ER visits in the last six months as well as survey opportunities to address potential community level outcomes.
- Literature evidence: In one study, "Relative to minimal or nonattenders [of peer support services], moderate or high attenders showed statistically significant improvements over time in internalized stigma, self-esteem–self-efficacy, and community activism–autonomy."
https://psycnet.apa.org/doiLanding?doi=10.1037%2Fprj0000178

The following research discusses how PDI helps divert behaviors such as loitering or panhandling by providing low-barrier access to relaxing spaces and necessary resources.
The Effectiveness of Harm Reduction Programs on Reduce Crimes of Addicts Referred the Drop in Centers (DIC).
https://www.ojp.gov/ncjrs/virtual-library/abstracts/addressing-city-begging-using-problem-oriented-policing-solving
The following research discusses how PDI helps promote feelings of belonging and community among participants, especially when both the participants and providers are peers. This may be especially meaningful to participants who feel unwanted or rejected by other social groups or spaces. Feelings of inclusion and belonging support participants' own sense of accountability to and stewardship of their community and shared spaces.
https://cabhp.asu.edu/sites/default/files/mead_peer-support_a-theoretical-perspective.pdf
https://cyc-net.org/cyc-online/cycol-0303-belonging.html
https://psycnet.apa.org/record/1975-01813-000

Answer 1e: PDI creates a transitional opportunity, for participants to be introduced to an organization or array of services via an inviting and low-barrier environment.

- Evaluation evidence: Participants at ACHR and NDYFS report that the drop-in center is a safe and welcoming space. Staff members at ACHR report that participants may then go on to increase engagement in other programs that have more requirements, structure, or even barriers, which would have discouraged participation at first contact. PDI can therefore act as an introductory opportunity for participants to increase their comfort level with organizations and services while expanding their supportive network of relationships and resources. PDI can also be a safety net to return to if participants disengage from other programs, preventing them from disengaging from support entirely during times of overwhelming challenges. The finding that the drop-in center is an introductory or bridge to other services has yet to be validated pending further data collection and evaluation. The ACHR data management system is not currently set up to include reporting on the dates of each participants' engagement in different organizational services (see Answer 2a below), but is being adjusted to provide that information in the future. NDYFS has preliminary data supporting the bridge theory. Future evaluation efforts will address the idea of PDI as an introductory or gateway to additional services via simple survey questions added to planned or existing instruments. Critical questions include asking participants which services they first engaged with at an organization, and whether they engaged with other subsequent services. Asking

about initial and subsequent engagements would also inform an understanding of various patterns of engagement.

- Literature evidence: The following article describes that peer staff appear to function primarily as a "bridge between clients and other [clinical] staff." Therefore, peer support may function best when integrated within models of drop-in centers that 'bridge' clients to an array of services. This bridge concept is the most appropriate outcome to measure to consider in future PDI evaluation. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3363389/

2. How was capacity increased across both funding organizations?

Answer 2a: both ACHR and NDYFS used BHI funding to develop organizational capacity in different ways with different outcomes, influenced by diversity in their service attributes and focus populations, and the COVID pandemic.
Characterizing trends in capacity is difficult due to the pandemic throughout the funding period. One of the organizations (ACHR) managed to hold high participation through the pandemic despite closing satellite location access, followed by a brief decline and subsequent small increase. The other organization (NDYFS) saw a small reduction in participation during 2021 followed by dramatic participation increases, corresponding with their new dedicated building's opening. The differences between organizations likely has to do with the type of vulnerability each of their service populations experience. Therefore, basing funding decisions on numbers of individuals served alone may disadvantage an organization that has provided excellent service after all. For details regarding ACHR and NDYFS increases in capacity and service provision across the current BHI-funded period, see the following sections of this report: "Detailed Findings: Albuquerque Center for Hope and Recovery (ACHR)" and "Detailed Findings: New Day Youth and Family Services (NDYFS)".

3. How can BHI and service providers improve PDI data collection to measure PDI results/outcomes?

Answer 3a: Service providers can better understand the contribution of their drop-in programs when they keep records (engagement, feedback, outcomes, etc.) specific to drop-in center participation.
PDI participants may experience many different beneficial outcomes, but most are so entangled and dependent on forces outside the PDI environment that they cannot be a proxy for PDI efficacy. When service providers facilitate several programs within their organization, they often measure participant feedback and outcomes with the organization overall without differentiating by specific program engagement. Relying on overall findings can lead to biases in favor of more structured or "active" programs

as opposed to the unstructured PDI services. However, program personnel and participants describe the foundational value of PDI as a connective service that facilitates beneficial outcomes. To better understand the significance and influence of PDI on participant improvements, providers may wish to collect data that differentiates peoples' experience engaging in PDI and other programs.

- Evaluation evidence: Evaluators encountered multiple contexts in which they could not draw conclusions specific to drop-in center engagement due to a lack of differentiated agency records or database organization. To advocate for the value of PDI in terms of participant engagement and beneficial outcomes, providers may consider collecting the following data for all participants:
    - Dates of service provision (or activity, or participation)
    - Type of service provision
    - Additional details such as length of time participating in each service type, activity content, etc.
    - Feedback specific to different services
      *Note that the feedback can be anonymous meaning it is **not** linked to the data points above, or it can be linked and de-identified for analysis/ reporting.

  Collecting these data points would allow providers to report on the following:
    - *Records of the first service participants engaged with when they started coming to the organization.* This information helps illustrate how low-barrier, informal services such as PDI can act as "gateways" to increased levels of engagement with other organization programs.
    - *Records of participant feedback differentiated by program engagement*. When organizations collect anonymous feedback, they can still sort the feedback into categories based on program participation to learn about the differences in experiences between participants of different services. Note that if the organization has small numbers of participants, they may still need to strategically group feedback responses to protect participant privacy.
    - *Records of participant retention differentiated by service engagement*. This information helps illustrate how PDI engagement interacts with other program participation to influence overall participant retention. This data point helps answer the following questions: Do people who engage in PDI engage more frequently with the organization overall (versus people who participate in its other non-PDI programs)? Do people who engage with PDI engage with the organization over a longer period of time than those who do not? Do people continue to engage with PDI regardless of other program completion/exit? (i.e., does ongoing PDI engagement follow a different pattern than discrete non-PDI program engagement?)

    - *Records of participants who initiate organizational engagement via the drop-in center and then increase their engagement to other organizational programs.* This would support the inference that drop-in centers create a transitional (instead of a terminal) service, which provides participants with an opportunity to increase their overall engagement over time after first initiating via dropping in.
- Literature evidence: The following research cites how PDI-specific data collection can help service organizations effectively describe the value of PDI as differentiated from other program offerings. https://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201400047

4. Which considerations could BHI apply to evaluating comparative costs and benefits to further inform future PDI contracting, outcome measurement, and communication with the Albuquerque/Bernalillo media and community?

Answer 4a: While producing this report, Pivot developed the following considerations on how BHI could conduct a comparative cost-benefit analysis including the following components:

- **Initially, calculate the current cost of service provision per PDI participant.** This calculation could include a cost breakdown of how much BHI spends plus other funding sources, including how allotments align with BHI's funding budget and objectives. Please note that this step is a **starting** point for a complete and appropriate cost analysis of BHI services, not an end point or analysis in itself. See the following bullet points for progressive steps in a comprehensive and responsible BHI service cost analysis:

- **Compare the initial cost assessment with the estimated public expense mitigated/offset by PDI participation.** For example, the estimated amount of money saved due to PDI participants' reduced use of emergency services. Research has indicated that peer/mentor relationships contribute to reduced hospital admissions and inpatient duration among people with some recurring behavioral health challenges: https://ps.psychiatryonline.org/doi/full/10.1176/ps.62.5.pss6205_0541 Other potential offsetting costs include law enforcement response and court or justice proceedings through incarceration.

- In addition to the cost associated with each service recipient's benefit from PDI, **consider other program outcomes and utility that BHI supports through its funding**, but that go unacknowledged when focusing solely on service receipt.

In addition to supporting beneficial outcomes for participants, **PDI programs facilitate a form of community outreach aligned with their purpose**. Successful PDI programs are well networked with partner community organizations for information and referrals, and well-integrated in the communities they serve to facilitate engagement and authentic peer relationships. They are often the first point of resource information for their participants regarding any new or helpful local services. This invaluable kind of community networking results from genuine long-term grassroots, and often unfunded commitment and efforts. **Ascribing value to this would take the form of asking how much it would cost BHI to develop the same strong lines of communication between programs and recipient populations.**

PDI also by definition employs people with lived experience of recovery. In addition to the PDI service rendered to program recipients, **BHI provides a service to the community by creating and sustaining fulfilling, meaningful jobs for peers who may especially be marginalized from other employment** due to experiences related to their recovery. BHI established improving housing and employment as personal goals for people stabilizing in recovery. Yet securing sustainable employment and housing can be excruciatingly challenging for people in recovery, rife with barriers. BHI should acknowledge the value added in our community by supporting gainful opportunities for peers in recovery to contribute their unique experience and capacity to improving public behavioral health. **Part of establishing benefit would be looking at jobs created by the program compared to alternatives if the jobs were not created.**

BHI could use the results of the comprehensive comparative cost-analysis described above to inform its service provider contract budgeting and metrics. At the organizational level overall, BHI could also apply findings to its strategies for addressing community behavioral health, including which population outcomes to work towards. Finally, BHI could use results from the analyses listed above to further communicate the value and cost utility of its interventions to the general public and local media.

Detailed Findings: Albuquerque Center for Hope and Recovery (ACHR)

Note that these findings pertain to ACHR and should not be used in comparison to NDYFS due to the significant differences in their programs and services.

Program Description (from ACHR's 2018 BHI RFP response)

Albuquerque Center for Hope and Recovery (ACHR) has operated as a peer-run drop-in center since 2001, serving Bernalillo, Sandoval and Torrance County. Client age ranges will include 18 and up, but ACHR is prepared to work with youth when individuals from this age range are identified as in need by referral sources. While a portion of the intended client population will likely be homeless and/or precariously housed, the issue of mental illness will be the leading cause for referral. Based on the most recent Behavioral Health Barometer for Bernalillo County, developed by SAMHSA in 20151, 4.5% of all adults are experiencing a severe mental illness. Of those with any mental illness, 55.8% did not receive any mental health services. Of the individuals who did receive mental health services, 45.2% are unemployed. **The population of Bernalillo County is 681,666, meaning that 30,674 people experience severe mental illness with 17,116 receiving no services.**

BASED ON THE MOST RECENT BEHAVIORAL HEALTH BAROMETER FOR BERNALILLO COUNTY, DEVELOPED BY SAMHSA IN 20151, 4.5% OF ALL ADULTS ARE EXPERIENCING A SEVERE MENTAL ILLNESS.

Services provided by ACHR supplement clinical mental health and substance abuse counseling, and consist of peer-developed and facilitated recovery services focusing on co-morbidity and overall behavioral health and advocacy in a controlled environment. Case management and recovery-oriented services at ACHR are necessary and beneficial in determining acute needs, crisis, relevant referrals, and plans for long-term care. Staff work with referrals from law enforcement, emergency departments and various community partners to provide Peer Support in a safe environment focusing on self-sufficiency and community inclusion. Peer Support services have been proven through research and throughout this proposal to reduce gaps in service, increase resiliency while offering non-traditional approaches to recovery, and access to services.

ACHR currently employs many Community-Defined Evidence Practices and Strategies such as:

- Addicts2Athletes, where peer-run curriculums focusing on the criminogenic needs and anti-social behaviors associated with addiction, is paired with intense exercise. This program has proven successful in long-term recovery from multiple risky/addictive behaviors.
- Familia Adelante is a culturally/linguistically competent prevention- program that helps Latino youth, who are showing early signs of behavioral health and emotional problems, and their parents better understand how to cope with acculturative stressors and other barriers to health.
- 4 Agreements, to learn resiliency and integrity in the recovery process.
- Job Club, to learn the non-traditional job search methods best suited for individuals with barriers to employment.
- Many other peer-run behavioral health recovery and life skills groups.

As the only peer-run behavioral health organization in Bernalillo County, ACHR is more than capable of providing direct services to referrals made to the drop-in center.

Logic Model and Evaluation Plan

Pivot Evaluation conducted extensive materials review and communications between ACHR and BHI to develop the following model Figure 1 and evaluation plan Figure 2. Pivot also submitted an IRB determination for this project, which was determined to not be human subjects research, as Pivot did not collect individually identifiable participant information.

Figure 1. ACHR Peer Drop-In Logic Model

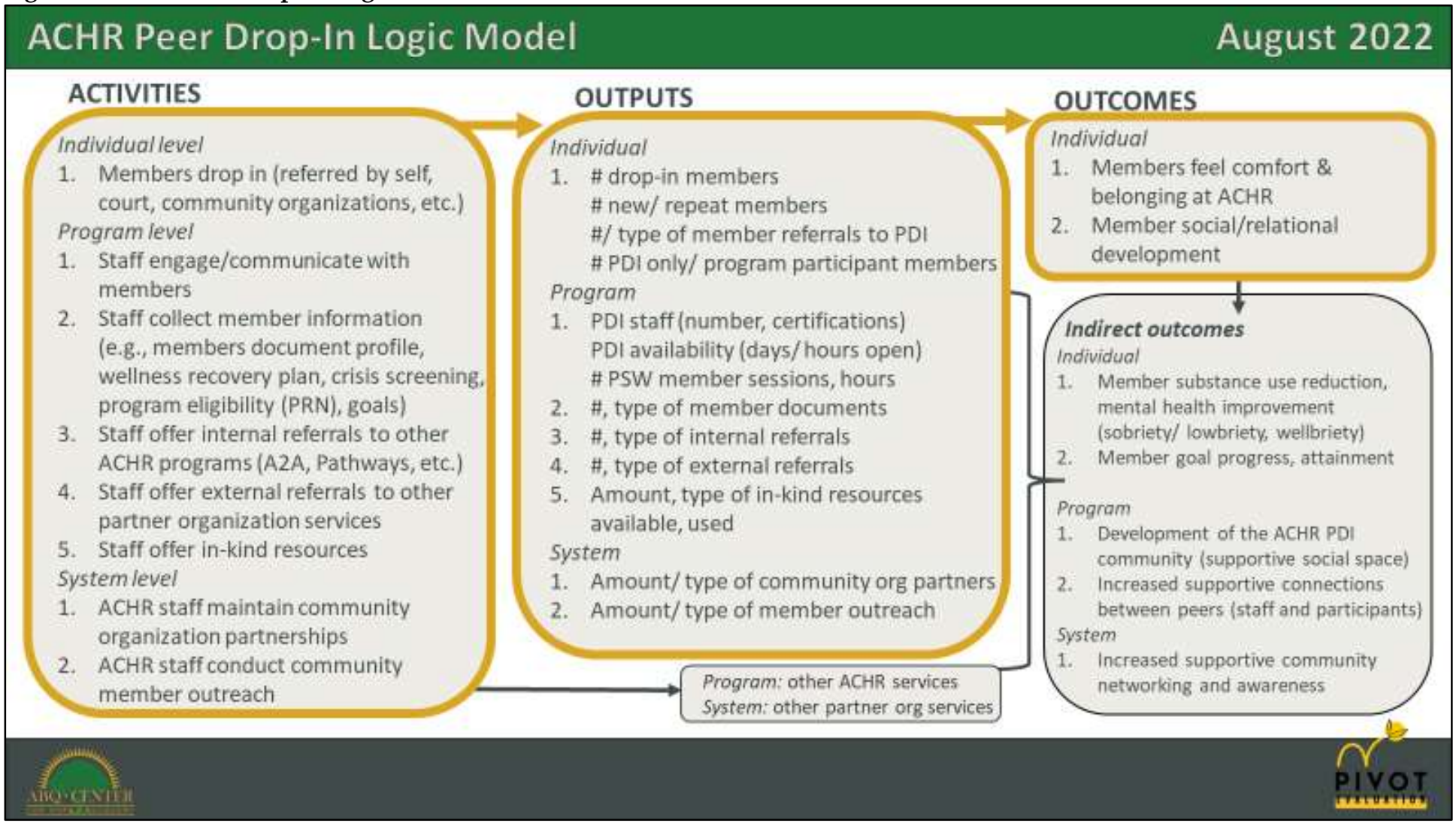
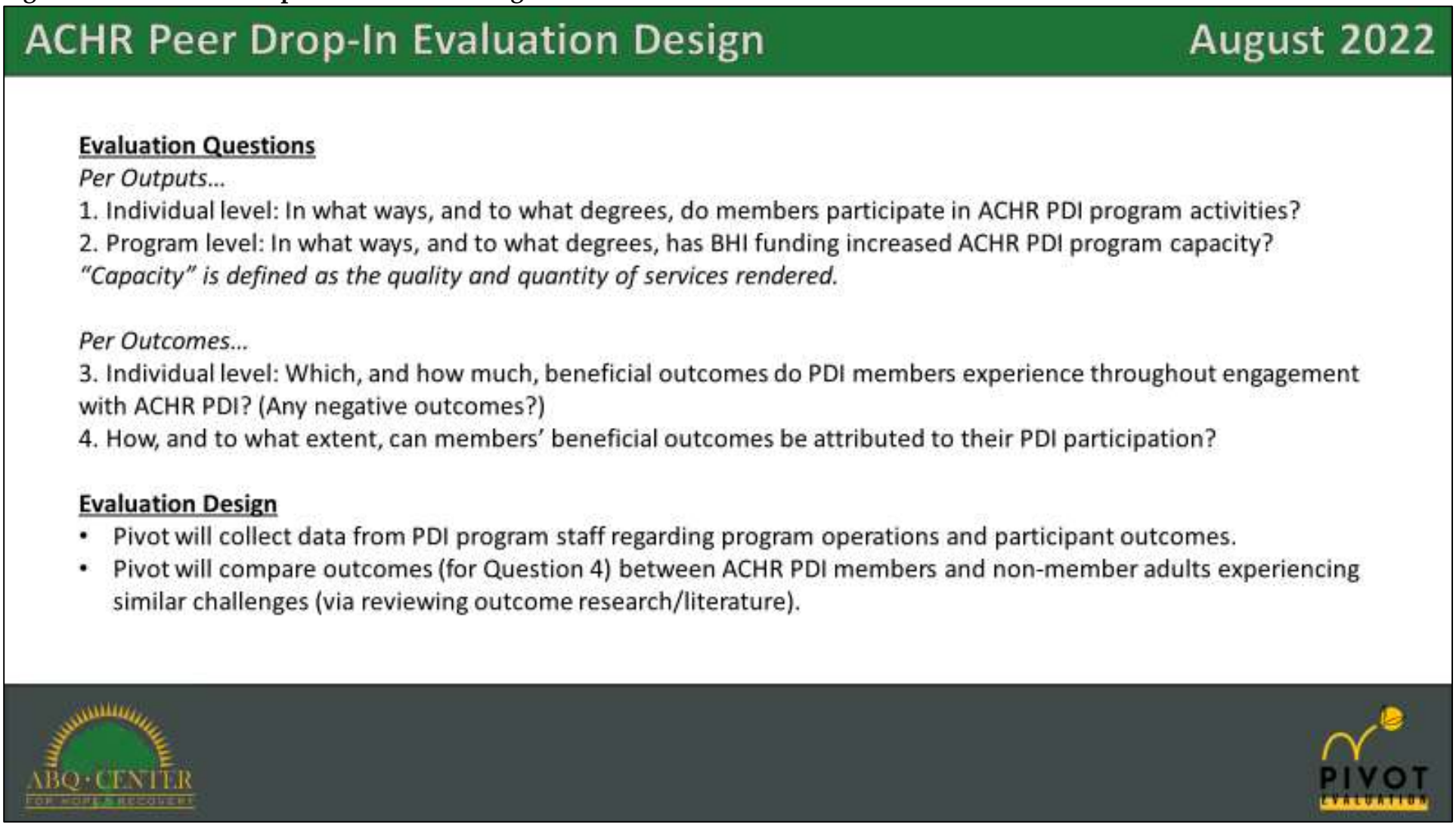


Figure 2. ACHR Peer Drop-In Evaluation Design



Evaluation questions:

1. In what ways, and to what degrees, do members participate in ACHR PDI program activities? (Note that ACHR refers to program participants as "members;" this report refers to members/participants interchangeably.)

Member Capacity

Table 1 shows that more males use ACHR services. Table 2 shows that individuals over age 25 make up 77.8% of those using the ACHR drop-in center. Developing a table in the future that crosses gender by age may inform program staff of trends associated with workforce and child rearing.

Table 1. Gender

Gender	Frequency	Percent
Blank	113	0.0833
Female	500	0.3685
Male	740	0.5453
Non-Binary	4	0.0029
Total	**1357**	**1.0000**

Table 2. Age

Age	Frequency	Percent
Blank	164	12.1
12-18	22	1.6
18-24	113	8.3
18-24|25-44*	1	0.1
25-44	615	45.3
45-64	405	29.8
65+	37	2.7
Total	**1357**	**1.000**

* A data-coding anomaly

Table 3 and Table 4 address race and ethnicity. The conceptualization follows the U.S. Census to a limited degree, but it allowed for open expression of multiple ethnic and racial identities.

Table 3. Ethnicity

Ethnicity	Percent
Blank	15.7
Hispanic/Latino	45.2
Hispanic/Latino|Non-Hispanic/Latino*	0.2
Hispanic/Latino|Refused*	0.1
Non-Hispanic/Latino	38.8
Total	**1357**

* Due to multiple response, a survey design error for this question

Table 4. Race

Race	Frequency	Percent
Blank	254	18.7
African American	86	6.3
African American|Multi Racial	6	0.4
Asian	6	0.4
Multi Racial	52	3.8
Multi Racial|Other	8	0.6
Native American/Alaskan Native	129	9.5
Native Hawaiian/Pacific Islander	4	0.3
Other	269	19.8
White	543	40.0
Total	**1357**	**1.000**

2. In what ways, and to what degrees, has BHI funding increased ACHR PDI program capacity? "Capacity" is defined as the quantity of services rendered.

ACHR saw 1357 individuals in the drop-in center during the four-year funding period. However, participation dropped during 2019, 2020, and 2021 during the pandemic (Table 5 and Table 6). During 2022 participation began to increase. ACHR saw a 62% decrease in participation by August 2021 compared to 2019 August.

Table 5. Number of Participants by month per year

Month	2018	2019	2020	2021	2022
Jan	NA	175	106	47	64
Feb	NA	118	82	45	65
Mar	NA	139	63	52	73
Apr	NA	144	45	40	72
May	NA	122	39	49	83
Jun	NA	81	72	49	64
Jul	NA	157	55	61	82
Aug	NA	126	70	63	96
Sep	NA	130	53	47	NA
Oct	119	125	48	64	NA
Nov	90	116	41	57	NA
Dec	134	106	46	67	NA

NA = Not Available

* Totals can't be performed across months without duplicating individual counts.

Table 6. Number of Visits by month per year

Month	2018	2019	2020	2021	2022
Jan	NA	453	300	148	194
Feb	NA	279	216	133	163
Mar	NA	340	206	151	182
Apr	NA	326	105	136	171
May	NA	320	97	124	175
Jun	NA	232	189	133	143
Jul	NA	324	194	126	216
Aug	NA	298	208	148	213
Sep	NA	316	166	122	NA
Oct	311	308	144	140	NA
Nov	157	272	145	107	NA
Dec	357	228	163	165	NA
Total	825	3696	2133	1633	1457

NA = Not Available

Pivot analyzed data provide from October 2018 through August 2022. During that period 1381 individuals made 9744 visits. However, 78.4% (1069) participants visited only between 1 and 5 times and accounted for only 20% of visits. The evaluators asked

if some members' needs may be easily satisfied or conversely if their needs were not met at all. For example, it may be that only a small amount of help is needed to get a vast swath of individuals in need of recovery services temporary and limited help. Alternatively, it may be those same individuals found the service lacking in some feature(s). It is possible that both are true. Upgrading data collection practices can help answer questions about patterns of participation.

After acquiring and analyzing an additional data set, Pivot conducted additional follow-up with ACHR via a key stakeholder semi-structured interview with ACHR's executive director, to learn more about member engagement patterns and rationales. The director described the following scenario, which could be validated by future evaluation. She explained that members who engage briefly and then disengage typically fall into one of three categories: Either they are doing so well that they don't have time or need to access ACHR (such as getting a job and being busy during the day); they are doing so poorly that they are not able to manage coming to ACHR (such as using substances or experiencing illness); or they have the ability and potential to regularly benefit from ACHR but are lost to follow-up due to ACHR lacking the capacity to reach out and connect with them further.

This last group presents an opportunity for ACHR to increase member engagement and retention, by increasing ACHR's administrative capacity. Currently, ACHR does not have sufficient staff time to pursue the extensive member follow-up required to determine which members belong to the category that could be re-engaged and recover them. Collecting more data on disengagement may increase the efficiency of staff assigned to recovering disengaged participants and help determine required staff capacity. However, ACHR's director also explained the variability, flexibility, and complexity of member engagement. Sometimes people only want to come to one event, or they don't want to sign in for events. Needs, interests, and capacity may vary widely across members—or even across one member over time. People move away, go through life changes, and sadly have sometimes been lost to substance use and overdose. ACHR strives to keep its services low-barrier and low-burden, and rarely "closes" a member file permanently when they disengage, but instead archives it for if and when they return.

Conducting the full follow-up required to contact and re-engage with every member who falls into the third group would take a costly and disproportionate amount of ACHR staff effort. ACHR has not expended extensive resources on this process which may result in only a slight overall change or increase in ACHR's member engagement. Yet, member re-engagement poses a valuable opportunity for those individuals who may just need a little extra encouragement to engage with life-changing support. ACHR

finds itself constantly balancing available resources and comprehensive services while operating on a limited budget. Like many other service organizations, ACHR has a lean budget highly dependent on institutional support (such as BHI funding) that is neither indefinite nor guaranteed, and usually includes allotment and performance stipulations. BHI may consider that while it currently funds the exact amounts needed for organizations to operate at predetermined capacities, more flexible and expansive funding would be required for organizations to incorporate administrative activities that propel program improvement.

Conversely, 80% (7802) of the visits can be attributed to 22% (312) of participants visiting 6 or more times. Five participants attended over 200 times. Pivot points out that wide variation in the amount of time an individual engages and in their pattern of engagement is common in these contexts. People in recovery commonly return to using or other behaviors which is a known regular part of recovery. Therefore, seeing gaps between visits indicates continued engagement in recovery processes. For individuals visiting 6 or more times (N=312), participants visited an average of 25 times with an average of 33 days between visits. However, once again grouped data hide actual participation patterns.

ACHR participants in the 6 or more attendance days during the four-year period displayed 20% less participation decline (during the pandemic) than the full group and showed larger participation increase in the final year. This pattern likely indicates a usage difference between the two groups.

Adults experiencing mental illness and or substance use and homelessness often engage in services at low rates or frequencies. For example, in previous research, only half of adults with serious mental illness had engaged in any services within the past year, and 80% of adults experiencing a first psychotic episode dropped out of care within a year. Peer support, cited as promoting "self-determination, self-awareness, and positive effects on engagement with traditional providers and self-advocacy," has been shown to increase engagement compared with non-peer case management, especially as an initial/introductory service.
https://onlinelibrary.wiley.com/doi/pdfdirect/10.1002/wps.20306

Table 7 shows three additional patterns of ACHR engagement associated with participants who attended 6 or more times.

Table 7. Patterns of Engagement for those attending 6 or more times.

Days between visits	Number of Participants	Percent
6-17 (about 2 times per month)	204	65.4
18-42 (about 1 time per month)	98	21.8
43-278 (less than once per month)	40	12.8

Facility Capacity: Open Hours (PDI availability)

- Prior to 2020, office hours for the main PDI site (913 2nd St.) consisted of an 8 a.m.-4 p.m. workday, Monday-Friday (40 hours/week)
- As of 2020, office hours at the main PDI site (913 2nd St.) are from 8 a.m.-5 p.m., Monday-Friday (45 hours/week)
    - This represents a 12.5% increase from 2020.
- Satellite office operations were a new feature required by the funding opportunity. While these began well operationally for ACHR, host agencies began to enforce requirements unsuitable for effective operations. As a result, both satellites closed.
    - ACHR conducted drop-in time at the Central & Unser Library from 12 p.m.-5 p.m. Monday-Friday (25 hours/week, reduced from 40 hours/week pre-COVID).
    - ACHR previously conducted drop-in time at the West Side Community Center before COVID (40 hours/week) and has not resumed hours at this location.

ACHR met their contractual metric to hire peer workers for BHI-funded satellite locations at the community center and library. Upon ceasing services at these satellites, ACHR staff report that BHI was understanding and supportive of re-routing these staff to work at ACHR's main location.

ACHR periodically closes its offices for members to facilitate staff teambuilding, professional development, and community engagement, such as the Joy Junction Thanksgiving dinner, annual PSRANM Conference, and OPRE Peer Summit.

ACHR aspires to increase its service hours, including during non-traditional hours such as weekday evenings (after 5 p.m.) and weekends. ACHR would facilitate this growth via securing increased/additional funding to accommodate hiring additional staff.

Staff Capacity: PDI Positions
PDI staff in the following positions hold these certifications:

- Lead staff for Addicts to Athletes (A2A)
    - Certified Peer Support Worker (CPSW)
    - Certified Older Adult Peer Specialist (COAPS)
    - Vet Endorsement for CPSW
    - Health Insurance Portability and Accountability Act (HIPAA)
- Tijeras LRM Program Manager
    - CPSW
    - COAPS
    - HIPAA
    - Supportive Housing Specialist
- Senior Peer Case Manager/ Executive Administrator
    - CPSW
    - COAPS
    - SSI/SSDI Outreach, Access, and Recovery (SOAR)
    - HIPAA
- Senior Peer Case Managers (2 staff)
    - HIPAA
- Peer Case Manager
    - CPSW
    - HIPAA

Multiple non-PDI ACHR staff also hold CPSW certifications.

Capacity: staff professional development
ACHR staff adhere to the ACHR Policy and Procedures Handbook for organizational standards to provide supportive services to their members. The 35-page handbook describes ACHR's organizational culture, history, mission, code of conduct, and administration.

3. Which, and how much, beneficial outcomes do PDI members experience throughout engagement with ACHR PDI? (Any negative outcomes?)

PDI members experience support and motivation through their participation in the Peer Drop-In Center and the A2A and arts programs. Table 8 shows the responses to the Likert scale questions, followed below by open-ended comments related to each of the questions or statements in the table. In the comments, participants mentioned receiving specific support in obtaining resources that they need through guidance and assistance making phone call, and resume creation. Respondents mentioned the PDI support

programs support both their physical and mental well-being. The participant survey feedback results are followed by results from an anonymous poster survey, a staff survey, a collaborator survey, and A2A group session feedback. All results lead to a general consensus of the program benefits. Participants feel general moral support from staff and other participants, gain specific support in paperwork to achieve their goals, and generally feel safe and listened to in a welcoming environment.

Note that the Likert scale is problematic in that it does not assign meaning to the scale numbers for participants completing the survey. Pivot provided suggestions to ACHR that they use the following response options for their feedback survey: "strongly agree", "agree", "disagree", and "strongly disagree". This way, respondents know exactly what their response indicates. Pivot also recommended eliminating the middling response because it produces a number of problems especially in small response sets (less than 30).

Overall, response options for any given question should be both mutually exclusive (no duplicates in response meanings) and exhaustive (responses "cover all the bases" of how participants would want to answer). Additional response options to consider are "not applicable" or "I don't know.". Both of these responses give participants a chance to opt out while giving additional information. If participants say, "not applicable," this provides information about which service aspects they do and don't engage in. If participants say, "I don't know," this indicates an opportunity for ACHR to fill knowledge gaps with service members.

Finally, please also note that the following Table 8 regarding ACHR feedback includes a scale of 0-5, whereas the original ACHR feedback instrument that Pivot reviewed included options from 1-5. Pivot conducted the following response analysis using the feedback dataset ACHR provided, which included zeroes. An introduction of zeroes into the dataset may be due to participants' creative instrument use (i.e. respondents manually writing a zero on their feedback form even though it's not a given option); human error (i.e. staff mistyping entries into the dataset); or from using zero as a stand-in value for responses left blank. Pivot cautions against using zero to indicate blank responses, as blanks should be handled separately for meaningful data analysis.

Two things stand out from the feedback responses. The first touches on the topic of space cleanliness. While people responded by indicating the space is clean, some participants mentioned they themselves or other participants took responsibility for cleaning the space themselves. This nuance could indicate an environment that encourages positive behavior, or it could be that those individuals are already inclined

towards tidiness. An additional implication is that staff need to ensure that a cleaning schedule and standards be created and implemented.

The second thing that stands out is that some participants who answered that they would refer ACHR to others added the caveat that they would only refer ACHR for people who are ready to make a change in their lives or whom they know would take the program seriously. These caveats indicate an understanding that ACHR PDI is meant to provide support to those who are ready or actively getting ready to work on changes in their lives.

Table 8. ACHR Feedback questions: Percent responses for each Likert scale categories.*

Survey Item	0	1	2	3	4	5	Number of Respondents
Staff is respectful to clients	0	0	1	1	5	93	168
ACHR staff are helpful	0	0	0	2	6	92	169
ACHR is a safe place focused on recovery	0	1	1	2	8	89	166
ACHR is clean and orderly	1	0	0	1	7	92	168
ACHR groups are helpful in my recovery	1	1	0	2	10	86	160
ACHR services are helpful in meeting my needs	1	1	1	3	7	86	162
I would refer others to ACHR	1	1	1	1	6	91	168
ACHR has helped me feel more connected to...	0	0	0	0	13	88	8
ACHR has helped me gain new strengths and...	0	0	0	0	11	89	9
CHR has helped me have a more positive...	0	0	0	0	11	89	9

*The dataset did not include the meaning of the Likert scale classifications. This instrument will be revised for future evaluation.

Participants who completed the feedback forms provided comments as well. Pivot included responses that stood out or added details describing their responses in the table above. All comments were positive, with the exception of comments about dissatisfaction with staff treatment (see hollow dots at the bottom of "Staff is respectful to clients" and "ACHR staff are helpful").

Staff is respectful to clients

In general respondents feel welcome, respected, and listened to. Some negative feedback include a description of some staff being rude or showing an attitude.

ACHR staff are helpful

Respondents mention staff being helpful with the intake process and physical exercise. Additionally, staff are resourceful in helping with jobs, creating resumes, and important documentation. Staff guide participants to stay focused and provide advice to move forward. One respondent reported a staff member singles them out for poor treatment and appears to make incorrect assumptions about the respondent.

ACHR is a safe place focused on recovery

Respondents mention ACHR feeling like home, or even safer than their own home. There is a feeling of friendliness, respectfulness, and encouragement among the participants and the staff. Participants feel safe because they can be themselves without being judged.

ACHR is clean and orderly

While ACHR is clean and organized, participants do feel they work towards keeping it that way as well. The office does need to be a bit larger.

ACHR groups are helpful in my recovery

Overall, groups are helpful because there is a sense of being together with other people who want to be in that same group or space and who actively participate. The workout sessions help with stress relief. Respondents look forward to the group sessions. The group sessions help with mental health and addressing personal issues.

ACHR services are helpful in meeting my needs

ACHR services are helpful because they cover the topics that are relevant to the participants. Participants did express that they may know all the services available or may not necessarily know how to ask for their specific needs.

I would refer others to ACHR

Many respondents have already referred people to the program. Respondents did mention that they understand that it is up to the person to approach the program once they are ready and serious about changing their lives.

Additional Feedback

Programs, Classes

ACHR programs are a good alternative AA meetings, and people look forward to the classes. People enjoy the combination of physical exercise with group meetings, it is a

wholesome approach. Participants enjoy the virtual meetings and requested they continue beyond the end of the pandemic restrictions.

Environment
The ACHR environment is comfortable, the staff polite and supportive. The staff contribute to the creation of good vibes and energy.

Staff
Staff treat participants like family and support participants through their hard times. At the same time, they are understanding and flexible, with rescheduling, for example. Staff play an important role of listening and demonstrating compassion, encouragement, and sharing their knowledge.

Improvement Suggestions
The "Self-Pay" may need some improvement to ease of use.

Self-Improvement, reflection, and positive outcomes
Respondents have made progress not only in their professions, but in gaining an understanding of themselves and their own needs, and reflect upon their futures. Participants mentioned wanting to volunteer with ACHR once they reach their own goals.

Poster Anonymous Feedback Survey
Pivot received a small number of anonymous responses (N = fewer than 5 responses) to each question on the member feedback poster. Response themes included the following:

- Needing technical resources such as computer access, working on job applications, and getting mail, as well as social-emotional needs such as patience and opportunities to contribute
- Feeling support from ACHR as a place of respite from stresses on the streets, where members gain knowledge and hope, and have the opportunity to provide their own input regarding recovery
- Feeling positive about visiting ACHR, and that it is safe and accessible
- Making positive interpersonal connections, especially with ACHR staff
- Recognizing strengths in themselves since engaging with ACHR, including productivity, motivation, self-regulation, and contributing a unique perspective to the recovery support process

Across multiple question responses, members noted the opportunity to give back at ACHR as well as to receive services. Members recognized their unique perspectives and participation, a two-way street facilitated by peer recovery spaces such as ACHR.

ACHR Staff Survey

Themes included the following:

- Overall success meeting members' needs, but desire to provide more housing resources (housing vouchers/ emergency hotel vouchers) and employment support (connections with organizations currently hiring)
- Valuing one's identity as a peer and the qualities of thinking outside the box, speaking up, and being committed to the ACHR team
- Wishing for more flexible (non-restrictive) funding including funding new/pilot projects, and more flexible community-defined evidence instead of only relying on formal "evidence-based practices"

ACHR community partner survey

Themes included the following:

- Success in coordinating services with ACHR
- Challenges in finding qualified peers with lived experience to fill full-time peer support employment positions
- Desire for more mental health psychiatric service availability

ACHR "Addicts to Athletes" Open-ended Feedback

Participants spoke to the benefits of the following themes in their open-ended answers:

- Development of new skills and knowledge, including increased awareness of non-substance-related activities, how to do new exercises and use exercise equipment, etc.
- Teamwork and meeting new peers who are currently proactive in leading healthy and sober lives (relationship development)
- Accountability to show up to A2A sessions and take responsibility for one's health
- Increased self-esteem and decreased shame; feeling better about oneself.
- Increased positive life outlook, including feeling inspired and increased self-efficacy
- Feeling that facilitators/peers in A2A really care about each other and recovery.
- Feeling that A2A is different/better than other recovery programs (may indicate that A2A complements other programs by meeting a unique need/filling a gap in services)

4. How, and to what extent, can members' beneficial outcomes be attributed to their PDI participation?

Due to a lack of available comparison groups, Pivot conducted a review of research pertaining to adults experiencing substance (mis)use/recovery and co-occurring challenges including homelessness and mental health issues, to facilitate a comparison between research outcomes and the outcomes measured in ACHR's PDI evaluation. This comparison helps validate the benefit members experience from ACHR PDI participation, since it demonstrates that people who are not engaged in this kind of supportive service do not experience the same beneficial outcomes. It is likely that participating in PDI plus other programs produces a synergistic effect in which participants receive improved benefits overall from their network of support. The limitation of this comparison is that it does not facilitate differentiation between the beneficial outcomes ACHR members experience solely due to PDI participation, versus beneficial outcomes they may experience as a result of other programs they participate in. Further data collection and evaluation could address more specifically which benefits participants assign to different services, and quantify the relationship between PDI engagement and those benefits.

ACHR Literature Review: Comparison Group Outcomes

Pivot collected literature on the following outcomes regarding adults experiencing substance use/misuse and co-occurring mental health challenges and/or homelessness, contrasting the research outcomes with ACHR's outcomes of interest for their participants in this evaluation. Outcomes 1 and 2 are bolded below to indicate that ACHR has more direct influence over these outcomes than the others (see "Logic Model and Evaluation Plan" for details).

1. **Members feel comfort & belonging at ACHR**
   Evaluation findings of ACHR members reported in the previous section indicate a level of comfort and belonging that comparable populations identified in literature review do not feel.

LITERATURE EVIDENCE INDICATES THAT PEOPLE USING SUBSTANCES, OR IN RECOVERY FROM SUBSTANCE USE, FACE SIGNIFICANT SOCIAL STIGMA AND BARRIERS TO FEELINGS OF BELONGING AND BEING WELCOME.

Literature evidence indicates that people using substances, or in recovery from substance use, face significant social stigma and barriers to feelings of belonging and being welcome. People experiencing co-occurring challenges such as mental

illness and housing insecurity face additional barriers to comfort and belonging. For example, substance use and mental health issues may complicate social engagement and adhering to social "norms." People experiencing homelessness often lack comforts that people with stable housing take for granted, such as undisturbed rest and protection from rough weather, noise, and pollution. Understandably, people going through substance use or recovery and/or co-occurring issues may prioritize necessities and coping over comfort and recreation. Clinical services may likewise focus on utility (including cost utility) over being inviting or relaxing.

Research regarding community belonging and mental health:
https://pubmed.ncbi.nlm.nih.gov/29431529/
Research regarding displacement and belonging:
https://www.sciencedirect.com/science/article/abs/pii/S0883941707001355
Research regarding social implications of hostile architecture:
https://pdxscholar.library.pdx.edu/cgi/viewcontent.cgi?article=2071&context=honorstheses
Research regarding substance recovery stigma and outcomes:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6311321/
https://substanceabusepolicy.biomedcentral.com/articles/10.1186/s13011-020-00288-0

2. **Member social/relational development**

Evaluation findings that ACHR members report feelings of belonging contrasts with research evidence regarding comparison groups of adults in recovery who lack similar support systems.

Literature evidence indicates that people experiencing substance use/recovery often experience isolation and loneliness. People in the process of transitioning from an unhealthy social network to recovery-oriented relationships may experience a gap while working to change their social circles. Relationships among people in recovery and/or experiencing mental health or housing challenges may also be complicated by the volatility of survival and daily coping. Loneliness is correlated with negative physical and mental health outcomes and may slip through the cracks of services oriented towards material life improvements.

Research regarding social identity transition in substance recovery:
http://shura.shu.ac.uk/10842/1/Best%20-%20Social%20Identity%20Model%20of%20Recovery_main%20doc%20ART_final%20revision.pdf
Research regarding social vulnerability and substance use:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5912983/
Research regarding social factors, stigma, and substance use:
https://www.sciencedirect.com/science/article/pii/S2352853218302268
Research regarding loneliness and substance use:

https://ro.uow.edu.au/cgi/viewcontent.cgi?article=5859&context=sspapers
Research regarding isolation among people experiencing homelessness:
https://research.tilburguniversity.edu/en/publications/social-participation-of-homeless-people-evaluation-of-the-interve

3. Member substance use reduction, mental health improvement (sobriety/ lowbriety, wellbriety)
   Drop-in services alone do not necessarily result in changes in substance use and mental health conditions. Since substance use reduction and mental health improvements are not direct PDI outcomes, Pivot did not report on these metrics. However, ACHR uses the Arizona Self-Sufficiency Matrix (ASSM), which includes incremental, defined measurements regarding substance use and mental health progress, which would facilitate outcome reporting on these metrics for programs that do directly affect substance use and mental wellness. Experiences of sobriety/ lowbriety/ wellbriety among BHI-funded service participants may be an outcome of interest for BHI across multiple providers. Using a standard instrument such as the ASSM across organizations would facilitate overall outcome measurement and comparison. The ASSM's graduated model is an improvement on binary concepts of sobriety vs. use. ACHR staff and members described the importance of considering a flexible spectrum of recovery (which includes harm reduction and lowbriety) as opposed to a binary measure of sobriety. A flexible spectrum approach is both more accurate to recovery experiences and more compassionate to the humanity of people struggling with substance use, and celebrating progress in all forms.

   Literature evidence indicates that substance use disorders often co-occur with mental illness or homelessness, compounding these behavioral health challenges. Research indicates that a minority of homeless adults in these circumstances successfully seek and receive services for recovery. When unaddressed, mental illness and drug use can lead to further co-morbidities including increased suicide ideation and attempts. However, at times harm reduction, sometimes called lowbriety (as opposed to complete sobriety) is a more attainable goal for individuals in recovery and can contribute to overall progress in wellbeing. Therefore, reconceptualizing outcomes from complete sobriety to some other state that is an improvement over current regular substance use, may be an important upgrade to existing outcomes.
   "Only 10% of the approximately 20.4 million individuals in the U.S. with a substance use disorder (SUD) receive treatment annually (Substance Abuse and Mental Health Services Administration, 2020)."
   https://www.sciencedirect.com/science/article/abs/pii/S0740547220305055

People recovering from substance use face gaps in service provision and low service utilization, even when treatments are available.
https://www.frontiersin.org/articles/10.3389/fpsyg.2019.01052/full
https://onlinelibrary.wiley.com/doi/pdfdirect/10.1002/mpr.1782
Research regarding mental health/substance use and suicide:
https://www.tandfonline.com/doi/abs/10.1080/23761407.2017.1316221?journalCode=webs21
Research regarding harm reduction:
https://depts.washington.edu/harrtlab/wordpress/wp-content/uploads/2021/08/Fentress-et-al-2021.pdf

4. Member goal progress, attainment
Drop-in services alone do not necessarily result in participant goal attainment; since goal progress is not a direct PDI outcome, Pivot did not report on this metric. Throughout the evaluation, ACHR members nevertheless spoke to the influence of PDI participation and ACHR engagement in general on their progress with person goals (see "Evaluation questions:").
Literature evidence indicates that treatment programs usually set personal goals, prioritizing sobriety and housing security, but also consider careers, relationships, and personal fulfillment. While these foundational goals are significant to recovery, they do not encompass the full breadth of people's dreams or plans for their lives. Furthermore, the goals of people in recovery change over time and across context, like any other people's goals. Having goals and believing in oneself to achieve them is also positively correlated with a better quality of life. This indicates that service providers can help support people in recovery reaching individually determined goals to promote their personal agency, respecting the differences among individuals' needs, and promoting overall well-being.
Research regarding the challenges of goal attainment during recovery:
The Importance of Self-Narration in Recovery from Addiction
Research regarding leadership traits of people in recovery:
https://www.addictiontherjournal.com/articles/jatr-aid1022.pdf
Research regarding multifaceted aspects of recovery and goals:
https://www.virgoeval.org/wp-content/uploads/2020/10/How-to-Measure-Treatment-Recovery.pdf
Research regarding life goals over time:
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6217826/

ACHR Contracting Conclusions

ACHR served 1371 individuals during the period studied Oct. 2019-June 2022, through the pandemic. ACHR appears to have met service features of the contract. They also met other features such as staffing goals. Remarkably, ACHR's frontline workers

managed to continue services during the general slowdown associated with social isolation practices during the pandemic. Pivot witnessed a number of such agencies sit down at the beginning of the pandemic and methodically sketch plans to consider service to the populations while carefully reducing virus transmission risk as much as possible. Such behavior is a testament to the commitment, professionalism, and skill of these often-underappreciated services. ACHR is one shining example of this commitment.

ACHR Methods

To answer the above evaluation questions, Pivot collected data from ACHR staff and participants using the following methods.

Pivot requested the following data from ACHR in August 2022. Note that ACHR refers to people who use the drop-in center as members.

1. ACHR drop-in hours (days and times open for members to drop in) before your current BHI funding contract and now (current schedule). Include any main changes in schedule since your current BHI funding.
    a. Please also include if there are times that the drop-in center is intentionally closed for members due to using it for staff professional development (training, teambuilding, etc.) or community outreach etc.
    b. Do you desire or plan to expand ACHR member drop-in hours in the future, via increased funding or staff capacity?
2. All titles and certifications of drop-in center staff, specifying which positions are funded by your current BHI contract
3. Any records of ACHR (specifically drop-in center, if applicable) policies/instruments/training (including which trainings, which staff attendance--send documentation such as completion certificates if possible)
4. Count of number of peer drop-in service hours (time spent between members and peer staff) for each PDI staff person, for each month of the past (most recent) year of data
5. Count of number of members that drop in each month who are new to ACHR for each month since your current BHI funding
6. Count of how many members dropped in 1 time/2 times/3 times/ etc. over the course of your current BHI funding period as a whole, AND by month for the past (most recent) year
    a. Please make sure there are no duplicates in these counts (each member should only be tallied once).
7. All member feedback forms with dates since your current BHI contract
    a. Date can be the date that the form was entered into Apricot

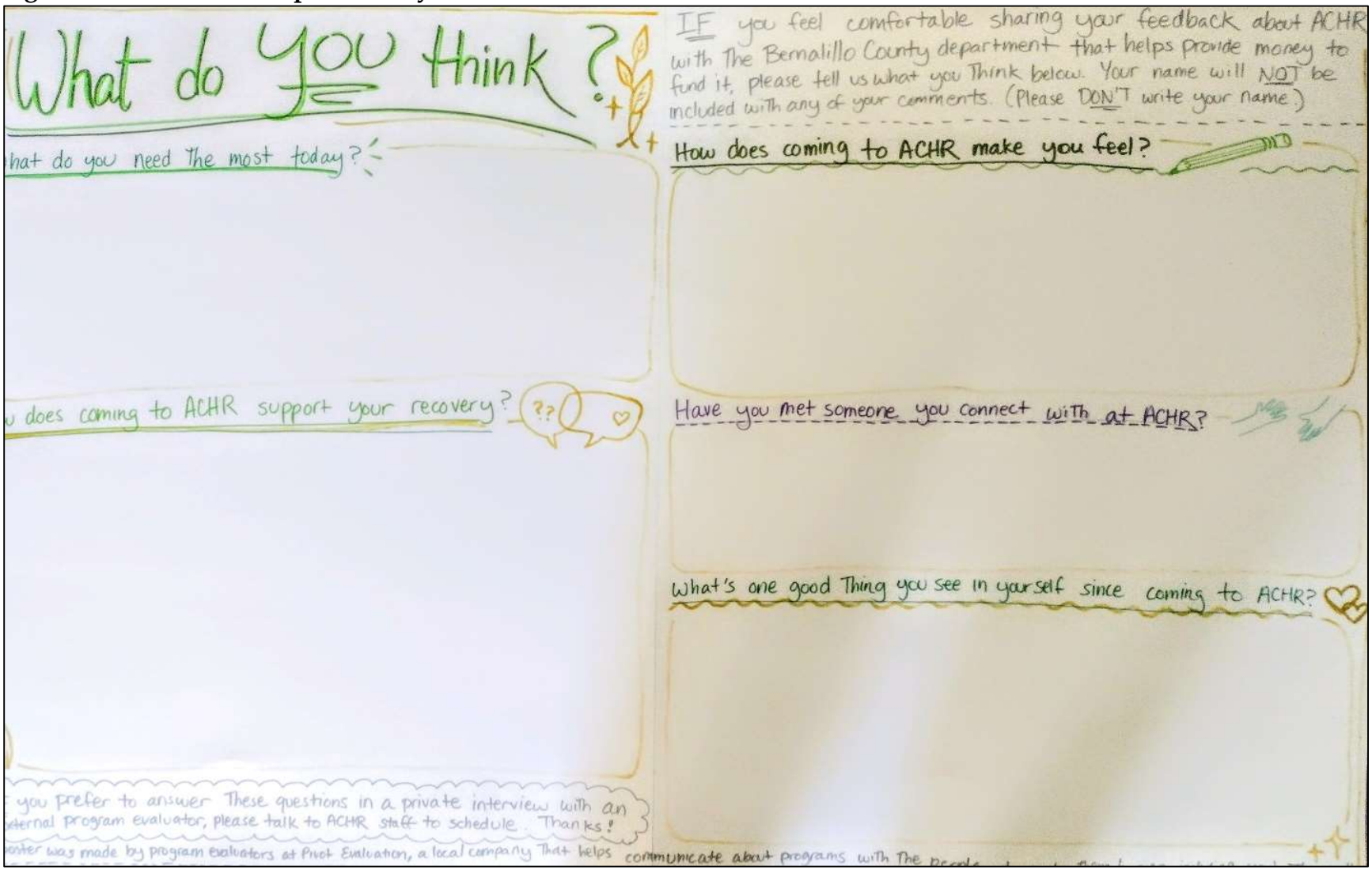
    b. If possible, please define which feedback forms are for members who use the drop-in center vs members who just go to other ACHR activities
8. Demographic breakdown of members active during your BHI funding, by tallying number of members in each of the following categories:
    a. Gender
    b. Age
    c. Ethnicity
    d. Race
    e. Please make sure these counts are unduplicated (members should only be tallied once within each category)
    f. Please use the demographic options/ranges already defined in your BHI Performance Report spreadsheets.
9. If possible, please tell us how many ACHR members over the course of your BHI funding participated in ONLY peer drop in vs. PDI AND other ACHR activities vs ONLY non-drop in ACHR activities.
10. Given point 9 above, can you tell us tallies (over the course of current BHI funding) of how many members initiated engagement with ACHR via each different activity?

Pivot also developed the following interactive poster to collect direct member feedback (Figure 3).
Poster title: What do you think?
Poster subtitle: If you feel comfortable sharing your feedback about ACHR with the Bernalillo County department that helps provide money to fund it, please tell us what you think below. Your name will NOT be included with any of your comments. (Please DON'T write your name.)
Poster questions:

1. What do you need the most today?
2. How does ACHR support your recovery?
3. How does coming to ACHR make you feel?
4. Have you met someone you connect with at ACHR?
5. What's one good thing you see in yourself since coming to ACHR?

Poster subtext partially visible at bottom of page: This poster was made by Program Evaluators at Pivot Evaluation, a local company that helps communicate about programs with the people who make them happen (that includes you!) Thank you.
If you prefer to answer these questions in a private interview with an external program evaluator, please talk to ACHR staff to schedule. Thanks!

Figure 3. ACHR Peer Drop-In Survey Poster Model



Pivot additionally conducted two brief, anonymous online surveys to request feedback from ACHR staff and community partners about their experience with ACHR. ACHR leadership requested this additional data collection and approved Pivot's method.

ACHR staff survey questions:

1. Do you work directly with ACHR members in the drop-in center?
2. Do members ask for services or resources that ACHR does not provide and cannot find community referrals for? If yes, please describe.
3. Are there services or resources that ACHR does not currently offer, but you wish it did? If yes, please describe.
4. What do you feel are the most important skills or qualities that you bring to your work at ACHR?
5. Are there any resources that you feel would help you better serve the ACHR members you work with? If yes, please describe.

ACHR community partner survey questions:

1. Name of your organization
2. Please describe your organization's connection with ACHR.
3. Do you have any success stories regarding your organization's communication or service coordination with ACHR? If yes, please describe.
4. Do you know of any challenges that your organization has experienced regarding communication or service coordination with ACHR? If yes, please describe.
5. Please describe any services that you wish were available to the population you serve, but are currently unavailable or have limited availability.

A2A open-ended feedback surveys:
Participants in ACHR's drop-in center exercise program called "Addicts to Athletes" or "A2A" provided open-ended feedback previously during A2A administration throughout the BHI funding period. Evaluators conducted qualitative analysis for themes present in the participant feedback. Evaluators reviewed 6 entries of open-ended feedback, all of which were strongly positive towards the A2A program.

Data Analysis
Pivot requested aggregate results and analyzed data as it was received. Some data was provided in individual de-identified form. In these cases, Pivot developed tables producing the aggregate results originally requested. For open-ended feedback and individual survey and poster responses, evaluators reviewed qualitative themes for anonymous reporting.

Future Directions

Pivot initially planned to conduct evaluation with ACHR over the course of two years. However, in August 2022 BHI staff clarified that Pivot's current evaluation of ACHR ended with the end of ACHR'S contract with BHI. Pivot, BHI, and ACHR collaborated to revise the evaluation plan given this timeframe. The shorter timeframe did not affect most of Pivot's data collection plans. However, Pivot administered the above interactive poster instead of conducting one-on-one ACHR member interviews due to the abbreviated timing. Pivot still offered the option of in-person interviews upon ACHR member request (if the member was uncomfortable writing openly on the poster), but no members requested interviews. Pivot is prepared to improve outcome data collection and reporting with ACHR in the event that BHI renews their funding going forward.

Detailed Findings: New Day Youth and Family Services (NDYFS)

Note that these findings pertain to NDYFS and should not be used in comparison to ACHR due to the significant differences in their programs and services.

Program Description (from NDYFS's 2018 BHI RFP response)

New Day's proposed low-to-no barrier drop-in center serves disconnected, homeless and marginalized young people ages 16-22. The high need populations New Day serves are LGBTQ runaway and homeless youth, youth aging out of foster care after age 18, and sexually trafficked youth. Our target population has expressed a preference for a "one-stop shop" drop-in center model to increase service coordination and overcome barriers related to transportation and accessibility. New Day proposes establishing a peer-driven, community collaborative drop-in center that partners with other youth serving agencies to create a safe place for young people to develop positive connections, express themselves, learn, grow, and more easily access medical and behavioral healthcare, employment services, educational support services, etc. The selected space must have the capacity to offer these basic recommended services: bathrooms with showers, laundry services, a commercial kitchen (for large food distribution); activity rooms; multiple office space to house community partner services onsite, and quiet space to support positive emotion regulation.

New Day's theory of change is comprised of three elements: belonging, positive connection, and competency. Through engagement we can achieve our goal of providing a safe, supportive and engaging environment for young people to begin exploring their experiences and increasing their knowledge and skills around emotional intelligence, mental health, functional skills, and self-sufficiency. First contact will occur in one of two settings. The first is through street outreach. Initial contact also may occur at the drop-in center. Our proposed center will have an informal, welcoming environment and use a low-to-no-barrier approach, which tends to increase utilization and reinforce messages of self-determination and empowerment. A culture of acceptance and support will come directly from having a peer lead and peer mentors to help create a multicultural, inclusive and youth-centric space, with peer-to-peer guidance and linkages to onsite peer support groups, activities and services. Formal services offered will be counterbalanced by fun and developmentally appropriate avenues for socialization, self-expression, and opportunities for positive connection with

peers. Partnering agencies will provide opportunities for youth to engage in the following domains: Self-expression and the arts; behavioral health services; legal support; life skills; positive peer engagement and socialization, housing stabilization, specialized adolescent medical services; traditional healing modalities; youth leadership opportunities; educational liaisons, career exploration and job training. These domains are aligned with a positive youth development approach to engaging youth and recommended as evidence-based best practices for running a drop-in center geared to the target population.

Logic Model and Evaluation Plan

Pivot Evaluation conducted extensive materials review and communications between ACHR and BHI to develop the following model (Figure 4) and evaluation plan Figure 5. Pivot also submitted an IRB determination for this project, which was determined to not be human subjects research, as Pivot did not collect individually identifiable participant information. Note that New Day calls their PDI "*The Space*."

Figure 4. New Day Peer Drop-In Center Logic Model

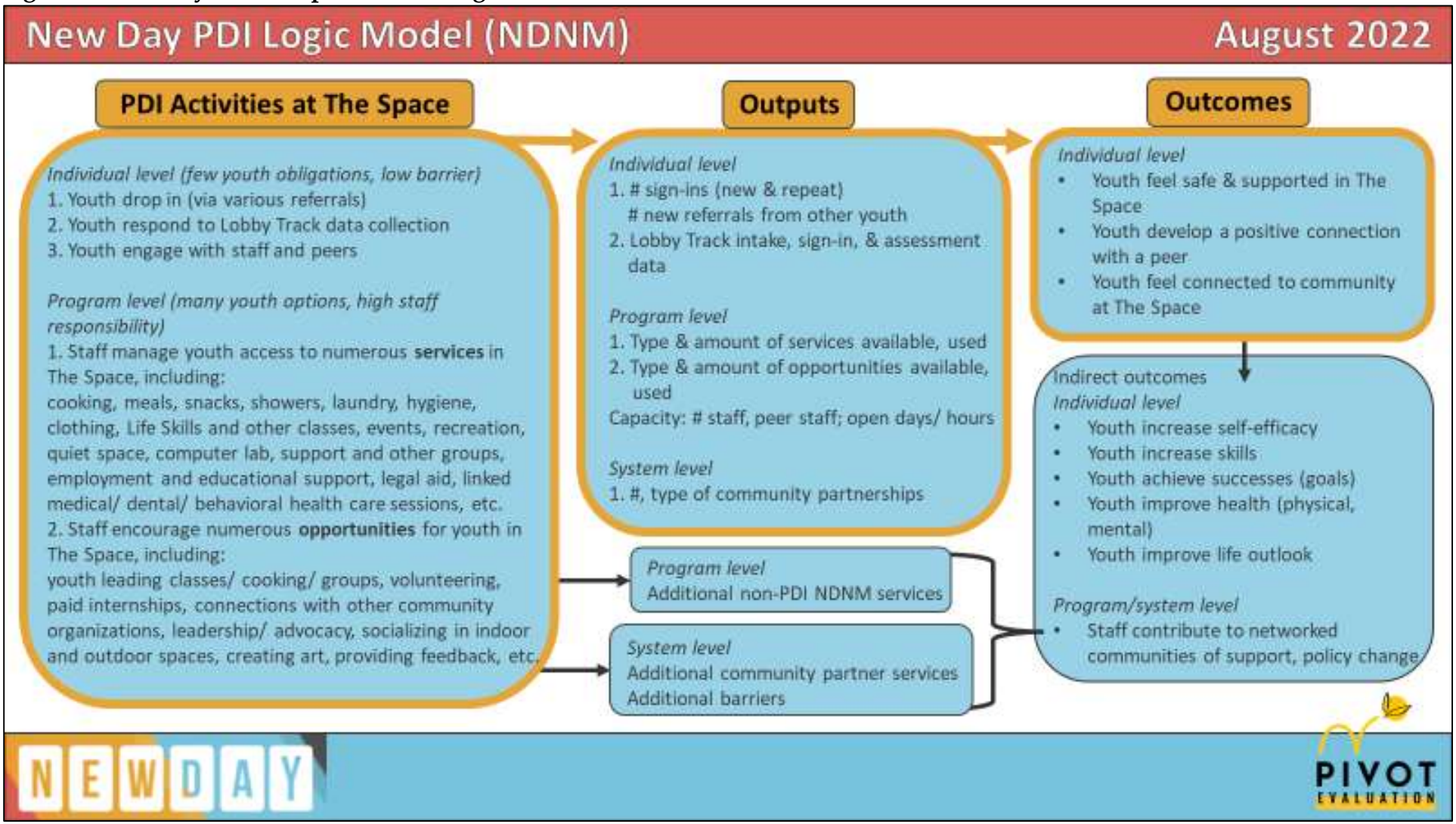
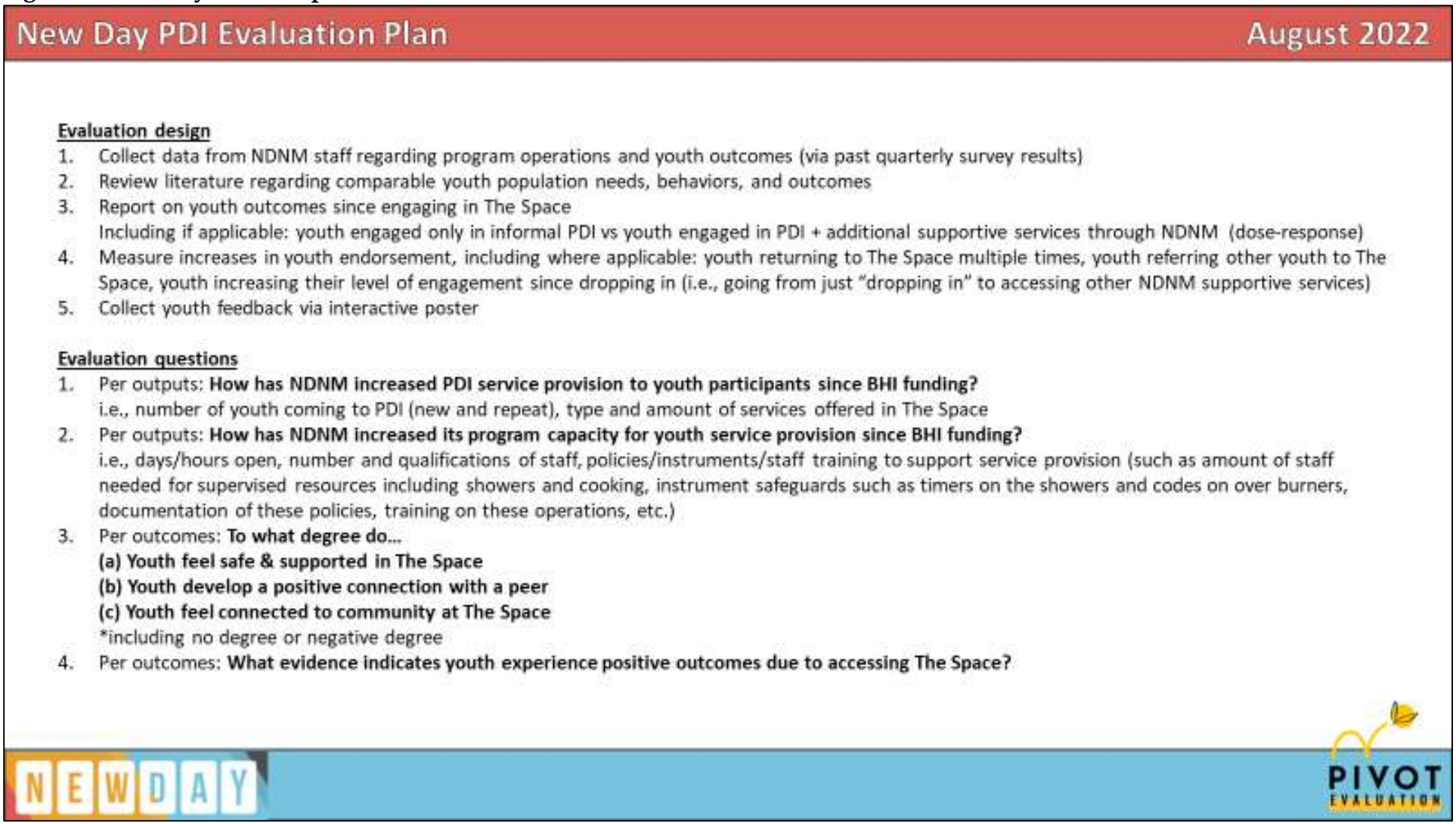


Figure 5. New Day Peer Drop-In Center Evaluation Plan



Evaluation questions:

1. How has NDYFS increased PDI service provision to youth participants since BHI funding?

To meet changing reporting conditions, Pivot and NDYFS collaborated to gather data quickly for this report. As such, data sets below represent different periods of time. At times Pivot could compare results among comparable data sets and found similar results. Tables below represent most accurate estimates from data available.

Demographic

Table 9– Table 12 represent the most recent one-year period.

Table 9. Gender

Gender	Percent
Not Reported	0.5
Transgender/ Nonbinary	13.7
Female	40.6
Male	45.3
Grand Total	**212**

Table 10. Age

Age	Percent
16-17 Years	33.0
18-24 Years	67.0
Grand Total	**212**

Table 11. Ethnicity

Ethnicity	Percent
Hispanic/Latino	57.5
Non-Hispanic/Non-Latino	37.7
Not Reported	4.7
Grand Total	**212**

Table 12. Race

Race	Percent
American Indian or Alaska Native	11.3
Asian	1.9
Black or African American	6.1
Multiracial	8.5
Native Hawaiian or Other Pacific Islander	0.9
White	56.1
Not Reported	15.1
Grand Total	**212**

NDYFS records show 607 participants making 4595 visits during the four-year period of the funding opportunity. Both the number of participants and the number of visits declined in 2020, likely due to the pandemic. However, the number of participants and visit began to increase in 2021 and continue to increase more than doubling first year figures. Observing 212 participants in the last year represents a significant 40% (61 divided by 151) participation increase relative to the 151 expected (607divided by 4 years). The sum of participants in the last two years of the project is more than twice that of those participating during the first two pandemic years.

Attendance data supports the idea that PDI participants use other services. PDI does serve as a bridge to other New Day services. Future work may determine whether these services additional to PDI are sufficient to meet client needs.

Attendance Frequency	% of Participants
PDI ONLY	41%
PDI (1-2 visits) & then other programs	23%
PDI (3-5 visits) & other programs	13%
PDI (6+ visits)	23%
SUM	100%

Table 13 shows the distribution of participation across the funding period. The lowest participation rates occurred during the pandemic year 2020. *The Space* opened for youth access in January 2021; there is a noticeable increase in participants and in visits in January 2021 and onward, especially as average participants and visits per year.

Table 13. New Day Youth and Family Services participation pattern over time and by month.*

	N Participants 2018	N Participants 2019	N Participants 2020	N Participants 2021	N Participants 2022
Jan	NA	9	23	37	41
Feb	NA	14	20	29	42
Mar	NA	40	20	34	51
Apr	NA	56	1	76	56
May	NA	34	7	67	47
Jun	NA	29	NA	81	51
Jul	NA	20	32	91	36
Aug	NA	52	20	44	NA
Sep	NA	35	27	55	NA
Oct	NA	38	30	44	NA
Nov	NA	17	28	52	NA
Dec	19	17	53	40	NA

NA = Not Available

* Totals can't be performed by month without duplicating individual counts.

WHILE PARTICIPATION RATES SLOWLY DROPPED AND THEN SLOWLY RECOVERED DURING THE PANDEMIC, VISITS FOLLOWED A DIFFERENT PATTERN. VISITS ACTUALLY PICKED UP BEGINNING MARCH 2019 AND STAYED FLAT UNTIL JANUARY 2021 WHEN VISITS NEARLY DOUBLED AND CONTINUED TO INCREASE THROUGHOUT THE REMAINING FUNDING OPPORTUNITY PERIOD.

COMBINING THE FINDINGS OF A DIP IN PARTICIPATION IN 2020 AND INCREASING NUMBER OF VISITS THROUGHOUT THE PROJECT, A REASONABLE CONCLUSION IS THAT THE PANDEMIC EXACERBATED YOUTH NEEDS THAT CONTINUE TODAY (TABLE 14). THE INCREASE IN SERVICE PROVISION ALSO COINCIDED WITH NDYFS OPENING ITS NEW DEDICATED BUILDING, GREATLY INCREASING SERVICE POTENTIAL.

While participation rates slowly dropped and then slowly recovered during the pandemic, visits followed a different pattern. Visits actually picked up beginning March 2019 and stayed flat until January 2021 when visits nearly doubled and continued to increase throughout the remaining funding opportunity period.

Combining the findings of a dip in participation in 2020 and increasing number of visits throughout the project, a reasonable conclusion is that the pandemic exacerbated youth needs that continue today (Table 14). The increase in service provision also coincided with NDYFS opening its new dedicated building, greatly increasing service potential.

Table 14. New Day Youth and Family Services visit pattern over time and by month.

	N Visits 2018	N Visits 2019	N Visits 2020	N Visits 2021	N Visits 2022
Jan	NA	19	62	133	131
Feb	NA	20	42	172	147
Mar	NA	56	29	152	167
Apr	NA	91	1	213	211
May	NA	58	9	230	216
Jun	NA	65	NA	247	175
Jul	NA	64	71	313	147
Aug	NA	88	45	164	NA
Sep	NA	55	52	189	NA
Oct	NA	64	47	157	NA
Nov	NA	30	47	163	NA
Dec	20	35	75	123	NA
Total	20	645	480	2256	1194

NA = Not Available

The two tables above allude to the commitment NDYFS staff had to their study population to structure opportunities carefully and safely during pandemic conditions. While many of us heard of frontline workers courageously working through pandemic conditions, NDYFS staff represent some of the many heroes committed to the populations they serve.

Pivot analyzed data provide from December 2018 through July 2022. During that period, 607 individuals made 4595 visits. However, 77.3% (469) participants visited only between 1 and 5 times and accounted for only 18.3% of visits. For some reason a large portion of participants arrive and disengage after only a few visits. It may be that their needs are easily satisfied or that their needs were not met at all. Future evaluation

activities should help clarify the meaning this finding. For example, it may be that only a small amount of help is needed to get a vast swath of transition age youth temporary and limited services. Alternatively, it may be those same individuals found the service lacking in some feature(s). It is possible that both are true. Upgrading data collection practices can help answer questions about patterns of participation.

Conversely, 78.7% of the visits can be attributed to 22.7% of participants visiting 6 or more times. Seven participants attended over 100 times. Wide variation in the amount of time an individual engages and in their pattern of engagement is common in these contexts. Further research is required to understand the engagement patterns observed at this drop-in center. For individuals visiting 6 or more times (N=138), participants visited an average of 26 times.

Research indicates that youth experiencing homelessness or housing insecurity often underuse available shelter and therapeutic resources, despite demonstrated need. Rationales for underuse includes the volatility of homelessness and perceived discrimination and discomfort, further reinforcing NDYFS' priorities of flexibility and youth feeling comfort and belonging in *The Space* (https://blogs.uww.edu/crossman/files/2020/11/2020-Prock-Kennedy_Characteristics-Experiences-and-Service-Utilization.pdf). Homeless youth may also use mobility as a coping mechanism—in this case, low service engagement is an unintended result of youth moving locations to stay safe or pursue opportunities (https://www.sciencedirect.com/science/article/abs/pii/S0190740917307533).

While data above comes from a 4-year period, data in the next four tables comes from a four-month period associated with the opening of the new drop-in center. Often but not always peer activities consisted of a fun activity with an important activity. Two examples are cleaning and a dance party (classified here as music), and a movie and password security. Note that April records indicate youth used the laundry resource but there are 0 loads of laundry recorded—this is due to an omission in NDYFS record keeping as they began to implement this service and associated data collection.

Regarding these services offered in *The Space*, NDYFS staff commented how "just someone being able to take a shower—they can come out a completely different person." Staff also noted the significance of equity regarding the quiet spaces they provide to youth (in addition to social activities), i.e. that having safe and undisturbed space to relax and reflect is a privilege that people with more resources may take for granted. NDYFS offers a "soft room" in *The Space* that youth can reserve to unwind by themselves for a while away from other activities, and staff are in the process of setting up data collection regarding the use of this resource.

Table 15. Peer activities by Month in 2022*

2022 Month	Showers	Meals	Youth using laundry	Loads of laundry
April	9	NA	9	NA
May	30	2	19	11
June	36	34	21	26
July	23	80	20	23
	116	**69**	**60**	**98**

* Staff continue to develop practices to accurately report the occurrences, therefore these values may underrepresent the actual usage of resources.
NA results from a data collection omission.

Part of the funding opportunity required peer support workers to initiate youth activities along with maintaining a presence at the drop-in center (*The Space*). The following youth-led activities in Table 16 occurred in the last four-month period of the funding opportunity (corresponding with the reopening of the expanded facility). These activities often, but not always, followed a pattern of some fun activity with a learning opportunity.

Table 16. Peer Activities on Record

Activity Type(s)	Number
Bikes	1
Cooking	9
Cooking and something else	7
Games	6
Games and something else not cooking	2
Laundry	1
Movie	1
Movie, safety discussion	1
Music	2
Music and something else not cooking or games	3
Sidewalk chalk,	1
Soft room	1
Tech/computer troubleshooting	3
Youth led support group	1
Youth led voting registration	1
Youth suggestions for space; youth to serenity mesa	1
None	14
Total	**55**

Table 17 shows the variety of adult led activities offered to youth during the most recent four-month period. These activities also followed the same pattern as peer context pairing fun activities with other learning and problem-solving activities.

Table 17. Adult Led Activities

Adult Led Activities	Total
Affirmation	1
Art	10
Boxing	11
Community Involvement	9
Meals	11
Education	6
Employment	12
Health	13
Legal	3
Life skills	17
Listening Session	6
Music	12
Movies	1
Total	**112**

While the purpose of the drop-in center is to offer a place for youth to find respite and address personal needs, NDYFS also offers other services such as referral to additional services. Table 18 shows those referrals grouped for the last four-month period.

Table 18. Referrals

	Jobs/ Employment	Admin Infrastructure	Health	Justice	Life Skills	Survival
Total	**7**	**13**	**23**	**0**	**5**	**14**

Table 19 shows various participation pathways. Linking this distinction to outcomes would improve conclusions about our ability to attribute outcomes to this intervention. An additional improvement to attribute outcomes to the drop-in center intervention would find a comparison group that had no or little intervention. Such a group would be hard to find and raise ethical questions to carry out research with. Therefore, this study uses a comparison from the literature about what is known about unhoused transition age youth.

Table 19. Youth engage in various NDYFS pathways

	Number of Youth
The Space and other ND Programs	126
Only at *The Space*	86
Total Youth Engaged at *The Space*	***212****
Other programs not at *The Space*	115
Total engaged in the last 12 months	**327**

* Various data sets allowed comparison of values among the data sets. Another data set offered a slightly different value of 215 for the last 12 months. This difference represents a 1.4% error rate. Pivot considers this error rate trivial as other organizations often have higher error rates in excess of 5%. Further, it may not be a true error rate and result from differences in the dates included in the data set production. Pivot expects to work with NDYFS to clarify differences in various findings for the final version of this report.

2. How has NDYFS increased its program capacity for youth service provision since BHI funding?

Facility Capacity: Open Hours (PDI availability)

- As of opening *The Space* in 2019: Wednesday-Friday 12 p.m.-6 p.m. (18 hours/week)
- As of September 2022: Tuesday-Friday 12 p.m.-7 p.m. (28 hours/week)
    - This represents an increase in hourly availability of over 50% from 2019
- Planned for October 2022: Tuesday-Friday 12 p.m.-7 p.m. and Saturday 10 a.m.-3 p.m. (32 open hours)
    - This will represent an increase in hourly availability capacity of **over 77% overall since 2019**.

NDYFS also intentionally reserves hours that are closed to youth for staff development and teambuilding, as well as community networking (tours, meetings, etc.).

Staff Capacity: PDI Positions

BHI funding supports two positions at NDYFS that are exclusively or almost exclusively (80%) dedicated to working in *The Space* (Drop-In Center Coordinator, and Program Manager). BHI funding also supported one Drop-In Center Specialist (of three total at NDYFS) until 8/2022 and the Youth Advisory Council (which restarted in July 2022). NDYFS hired two certified peers (youth/adult) over the course of current BHI funding, but those positions are currently vacant.

NDYFS utilizes multiple sources of funding to support other positions that contribute to *The Space*, such as Chief Program Officer, Community Connections Director, Resilience Coordinator, and Juvenile Justice Intervention Coordinator. NDYFS writes (August 2022): "Additionally, the Life Skills Academy Coordinator provides support in

scheduling and monitoring Life Skills classes, groups and activities that take place at the drop-in center. The Prevention Education Coordinator provides substance abuse prevention, healthy relationship, communication, and suicide prevention classes within the drop-in center. The Resource Navigator works out of the drop-in center and provides resource connection to young people connected to the drop-in, transitional housing and street outreach. The Clinical Director and another New Day therapists provide 'assessment clinics' at the drop-in center and are funded through Medicaid."

Capacity: Staff professional development

NDYFS staff participate in orientation and various ongoing trainings and certifications to provide relevant supportive services using current standards to the youth they serve. Drop-in center staff participate/comply with the following:

- Staff orientation to NDYFS and their service population, service methods, and organizational culture (34-slide PowerPoint)
- NDYFS Culture & Values including operationalizations of core NDYFS principles such as giving grace, focusing on strengths, and centering relationships (3-page document)
- Drop-In Center Policies and Procedures regarding the purpose of *The Space*, Rights & Responsibilities, and Code of Ethics (9-page document)
- Certifications and training (72 certificates sent to Pivot 8/2022) on topics including:
    - The Nurtured Heart Approach
    - Trauma-informed care
    - Mental Health First Aid, Youth Mental Health First Aid
    - Adolescent Development
    - Harassment prevention, Suicide prevention
    - Social-emotional skills and regulation
    - Sensory support services
    - Narcan
    - HIPAA
    - CPR/ AED/ First Aid, fire safety, driving safety
    - Clinical Social Worker Licensure (for applicable staff)

NDYFS staff emphasized throughout the evaluation collaboration how much work staff do "behind the scenes" to facilitate services at *The Space*. Many amenities at *The Space* that may appear "passive" for staff (such as youth accessing showers, doing their own laundry, or making a snack) actually require significant staff engagement before, during, and after youth access. Regarding the above examples, staff train in safety procedures to ensure youth physical and emotional safety, monitor and supervise resource access, orient youth to services, schedule youth for services, enact policies such

as locking knives and activating access codes on stovetops, and keep multiple staff onsite. Staff members are acutely aware of the logistical, emotional, and physical labor involved in maintaining all services in *The Space*, even ones that appear less involved.

3. To what degree do youth experience the following:
    (a) Youth feel safe & supported in *The Space*

Youth feel safe in *The Space*; youth reported feeling able to explore their identity and feel safe in showing up as they are without fear of judgement. Youth feel listened to and understood.

(b) Youth develop a positive connection with a peer

While youth feedback indicates that youth feel connected and supported, their feedback does not specify whether these connections are with NDYFS staff or other participants. NDYFS considers both participant-to-participant and participant-to-staff engagement as peer engagement, but may do well to measure the differences in how many youths report positive connections with staff versus with other youth at *The Space*. Evaluators suggest updating the feedback forms to ask participants about specific connections with these types of peers.

(c) Youth feel connected to community at *The Space*

Youth report feeling a connection to *The Space's* community. Furthermore, the community encourages them to think positively about themselves and their future, and welcomes them to bring themselves as they are and participate as they feel comfortable.

Youth Open-Ended Feedback

New Day offers a myriad of services that coordinate with the Peer drop-In Center, a safe, open, and flexible space for youth. Youth feedback is an indicator of the value New Day holds for its participants. New Day staff implemented feedback forms over the course of BHI funding. For this evaluation, the staff provided three versions of their feedback forms, starting with the Drop-In Feedback form in March 2020, followed by the "Quarterly Survey for *The Space*" and "Space Quarterly Survey."

The forms include scale choice questions and open-ended questions. Semantic difference scales report satisfaction with the staff and the available resources (Table 27, Table 28, and Table 29). Open-ended comments respond to questions about favorite and most useful services or activities, and suggestions for additional resources and improvements.

Of those who gave a statement about what they enjoyed most, 78% mentioned the welcoming community, including staff and other participants (

Table 20). Youth found in New Day a place to connect with understanding, positive staff. This point is crucial, as trained staff are a critical component of a Peer Drop-In

Center, and they work to create the type of space their participants need. The other 22% of participant comments mentioned the safe, fun environment. These two factors combined make up the main components of this successful Peer Drop-In Center.

Table 20. What have you enjoyed the most about *The Space* since you've been coming?

Category	Individual Comments
Positive, supporting staff and peers	I feel safe and relaxed and I have people to talk to
	The interaction
	All the positivity and staff
	The people
	The connections with people and the positive interactions
	That nobody judges me
	Seeing people that are positive and uplifting and to get to socialize
	The welcoming community, and ability to meet all different kinds of people. I also enjoy the classes and resources
	Nice, understanding staff who take interest in everyone's well-being.
	Being able to meet other youth, as well as staff
	Being with people who understand me
Safe Environment	The safe environment
	Easy space to clear my head
	The Wii, watching videos, and having fun

New Day supplemental services include scheduled activities and classes. Of those offered in the past four years, art therapy was the most frequently mentioned activity in the feedback from March 2020 to the current date. Two reasons given include fun time with family members and a peaceful distraction. Youth mention music (Music and Beats 101 in Table 21) and boxing as their next most favorite activities.

Table 21. What has been your favorite class or activity at *The Space*? Why is it your favorite?

Favorite class or Activity	Reason	Times Mentioned
Art therapy	Because me and my daughter have a great time, Because it distracts me and makes me become very peaceful	7
Boxing & Stamina	Because I get to see <Dre?>	4
Deep Dive	Because I got to contribute	1
Just being able to hangout and be chill af	a cookout at *The Space*	1
Community Involvement - youth led Financial Lit.	Good conversation important	1
All of them (all I've taken so far) yoga / boxing		1
Beats 101		4
Bike Shop Class 101		1
I enjoyed the Zine workshop and discuss and dine		1
Music		4
Philosophy 101		1
The support from folks		1
TLP (Transitional Living Program)		1
IDK ("I don't know")		1
N/A		1

In addition to enjoyment, participants stated what issues *The Space* helped them with the most. 18% of respondents indicated support with self-identity and acceptance of oneself (Table 22). The same percent mentioned support with relationship-building skills and ability to be a part of a community. One fourth of respondents mentioned improved mental wellbeing and emotional control, particularly anger management. Youth also mentioned having the safe space to just "be," interact with others, and display emotions. These mentioned categories are all components that make up the description and purpose of a Peer Drop-In Center. The PDI provides a space for people to just be, to work on themselves, and to create or become part of a community in a positive space that promotes physical and socio-emotional wellbeing.

Table 22. What has *The Space* helped you most with?

Category	Individual Comments
Self-identity and worth	Finding myself
	being more of myself :)
	I has helped me with figuring out who I truly am
	Accepting my identity
	Find myself
Community and relationships	*The space* has helped me connect with peers my age
	Being able to come with my own ideas and sharing with everyone
	Being able to express myself in a positive manner
	Building community
	Feeling a part of community and made excellent friends
Safe space	A safe space, resources, productive adults to talk to, needs
	The ability to cry / scream and cope in this safe space
	Giving me a place to chill
Mental well-being and emotional management	Learning it's okay to be scared. But there are people who care and love you to be able to help you through anything
	Anger management
	Helps me cope living on the streets
	The space helped me think more positive about my life.
	Anger
	What they've helped me most on was teaching me that there is a life worth living
	Staying sane
Living, Skill-building	Homelessness
	Staying in the lines
	Growing to living on my own
	Life skills
Resources	Food
	Time to fix my bike
	IDK ("I don't know")
Unknown	Outside

The responding youth offered a varied list of classes and topics of interest for potential future programming and resources in Table 23 and Table 24.

Table 23. What resources/classes would be helpful?

Suggestions for further resources	**Number of Responses**
Mechanic construction	1
Financial Lit. or future after high school kinda stuff	1
Budgeting, buying/renting apartments	1
Rest assistance	1
Individual groups and support (life skills)	1
Parenting classes	1
Boxing / music	1
Cooking and preparing food and food safety	1
Life skills classes	1
Creative classes, art	2
Don't know/ anything/ Won't need	4

Table 24. What activities or resources would you like to see next time?

Activities/Resources would like to see next time	Number of Responses
Self Defense Class	1
Music!	1
Sports	1
Therapist, someone to consistently talk to	1
Wifi	1
Board Game, Monopoly, Clue	1

The youth who provided improvement suggestions most often mentioned improving *The Space* environment, including the following: Consistent maintenance of a positive environment, temper control, communication, and improved focus on acceptance of gender identity (Table 25).

Table 25. What would you suggest for improvement?

Category	Comments
Funny Comment	Remind me not to burn my popcorn :P
Resources	I think having scheduled classes/events is a good idea and I'd like to see more of that
Environment	Keep a positive environment consistently :)
	Temper Control
	Communication
	Centering importance around gender identity and acceptance
Physical	Fix clock?
	Nothing just keep expanding *The Space*
No improvement	Nothing
	Nothing
	Nothing

Table 26. Got any questions/comment/concerns? Write them down here

Category	Comment
Thankfulness	Thank you for being so kind!
	Thank you :)
Additional requests	You should buy an oil diffuser with essential oils
	Diffuser - oil Aroma Therapy
	Will there be chocolate milk next time?
No additional comments	No
	N/A

Youth also responded to an interactive poster designed by Pivot that asked about their experiences in *The Space* (for poster details see "NDYFS Methods").
Question response themes included the following:

- Feeling calm, comfortable, and content at *The Space*
- Meeting someone they connect with, and getting something they needed at *The Space*
- Needing material resources such as laundry and food, as well as social-emotional capacities including community, learning opportunities, and peace of mind
- Recommending others to *The Space* as a relaxing place to hang out, meet new people, or get referrals and resources

    - Most responses on this topic focused on the interpersonal and recreational benefits of *The Space*, including having space to think, and be yourself
- Recognizing positive qualities in themselves, and how these qualities are encouraged by *The Space* 's sense of community
- Associating *The Space* with safety, support, and being kind/accepting

Youth Participant Feedback Forms – Survey Results

New Day staff implemented variations of the same self-designed form throughout the last three years. These variations proved informative in relation to the effects of wording. The form titled "Quarterly Survey for *The Space*" asked questions in the third person. All youth responses fell within the range from "Neither Agree or Agree" to "Strongly Agree" (Table 27). Table 28 shows a second version of the survey, this one titled "SPACE Quarterly Survey." The statements in this second version make the reader the subject, rather than writing in third person, resulting in a wider variation in answers. This difference suggests that *The Space* Quarterly Survey wording is more sensitive. Future Feedback forms should follow the Space Quarterly Survey.

Table 27. Quarterly Survey for *The Space* (version 1)

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Number of Responses
Youth feels a connection to their community	0%	0%	7%	57%	36%	28
Youth has added new strengths and successes	0%	0%	14%	50%	36%	26
Youth has a connection to a positive person, adult or peer	0%	0%	0%	23%	77%	26
Youth has a positive outlook towards their future	0%	0%	29%	29%	43%	28

Table 28. SPACE Quarterly Survey (version 2)

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	Number of Responses
You feel a connection to your community	21%	0%	14%	21%	43%	28
You have added new strengths and successes	4%	12%	12%	31%	42%	26
You have a new connection to a positive person, adult, or peer	4%	4%	12%	8%	73%	26
You have a positive outlook towards your future	4%	0%	14%	25%	57%	28
You have grown because of the classes/activities at *The Space*	7%	18%	11%	18%	46%	28
You feel more equipped to handle situations because of *The Space*	4%	0%	19%	30%	48%	27

The New Day staff also implemented their own satisfaction survey for the drop-in center. The respondents all answered giving positive responses (Table 29). This pattern can indicate that the participants are really satisfied with the various aspects of the program, or that the survey instrument is not sensitive to the full range of respondents' attitudes. Various factors can affect how respondents answer a satisfaction survey, including the types of questions, how they are asked, if staff are present while they complete the survey, how comfortable they feel, etc.

Pivot suggests changing the satisfaction survey, or removing it altogether, as the data it has produced may not be adequately informative. If staff members update the survey, the data provided could be cross-tabulated with the data in Table 30 to provide an understanding of the satisfaction differences between newcomers and continuing participants, for example.

Table 29. Did you feel Welcome while you were here today?

Survey Question	Answer options					N
Did you feel Welcome while you were here today?	1- Unwelcome	2	3	4	5-Welcome	
	0%	0%	0%	0%	100%	12

How happy are you with the information and resources we have available here?	1- Disappointing	2	3	4	5- Exceptional	
		0%	0%	0%	100%	12

How were the snacks/food?	1- Disappointing	2	3	4	5- Exceptional	
	0%	0%	8%	42%	50%	12

How safe did you feel while here today?	1- Unsafe	2	3	4	5- Safe	
	0%	0%	0%	0%	100%	12

How helpful were the staff today?	1- Not very helpful	2	3	4	5- Very Helpful	
	0%	0%	0%	0%	100%	12

Table 30. Was this your first time to the drop-in center?

	Percent
No	83.3
Yes	16.7
Total	100

N=12

4. What evidence indicates youth experience positive outcomes due to accessing *The Space*?

Because direct outcomes are not appropriate for this evaluation, Pivot conducted a review of research pertaining to youth experiencing homelessness/housing insecurity, to facilitate a comparison between research outcomes and the outcomes measured in NDYFS's PDI evaluation. This comparison helps validate the benefit youth experience from NDYFS PDI participation, since it demonstrates that people who are not engaged in this kind of supportive service do not experience the same beneficial outcomes. The limitation of this comparison is that it does not facilitate differentiation between the beneficial outcomes NDYFS youth experience solely due to PDI participation, versus beneficial outcomes they may experience as a result of other programs they participate in. However, it is likely that participating in PDI plus other programs produces a synergistic effect in which participants benefit overall from their network of support, making it challenging to assign specific benefits to individual services. Further data collection and evaluation could address more specifically which benefits participants assign to different services, by collecting information about positive outcomes via participant self-reports, self-efficacy scale measurements, etc. Evaluators could then conduct analysis to quantify the relationship between PDI engagement and those benefits. NDYFS could conduct data collection events several times a year, even making them fun b including socializing and snacks to increase participation.

NDYFS Literature Review: Comparison Group Outcomes

Evaluators collected information on the following outcomes regarding youth experiencing homelessness and housing insecurity, contrasting the research outcomes with NDYFS's outcomes of interest for their participants in this evaluation. Outcomes 1-3 are bolded below to indicate that NDYFS has more direct influence over these outcomes than 4 through 8 (see "Logic Model and Evaluation Plan" for details).

1. **Youth feel safe & supported in** *The Space***.**
   Throughout Pivot's evaluation as described in the previous results, NDYFS youth reported feeling safe in *The Space*. Youth reported feeling able to explore their identity and feel safe in showing up as they are without fear of judgement. Youth feel listened to and understood. (See NDYFS sections "Youth Open-Ended Feedback" and "Youth Participant Feedback Forms – Survey Results" for details.) This finding contrasts with typical experiences of homeless youth as described in research literature, indicating the significance of NDYFS engagement.
   Literature review:
   a. Homeless youth experience exacerbated safety concerns including abuse, physical violence, crime, substance use, and illness (physical and mental). https://link.springer.com/article/10.1007/s10964-010-9522-9
   b. In general, homeless youth report psychological distress and safety concerns, which are exacerbated by substance use.
      Substance Use and Health and Safety among Homeless Youth
   c. Illness increases the vulnerability of homeless youth to psychological distress, assault including sexual assault, and engagement in unhealthy relationships out of necessity.
      Illness Experiences of Homeless Youth
   d. Supportive services can increase youths' awareness and use of resources. https://link.springer.com/article/10.1007/s10964-010-9522-9
   e. In general, connection to services is positively correlated with homeless youths' perceived safety. Sexual and gender minority youth still report less perceived safety in service settings. For these youth, perceived safety is strongly modified by staffs' positive relational capacity, the look and feel of a space, and being around peers similar in age or orientation. https://onlinelibrary.wiley.com/doi/pdf/10.1002/ajcp.12606

   Note that these results inform the following practices at NDYFS:
   - In-depth orientation for new staff regarding organizational values and practices (including relational skills and youth emotional safety)
   - Ongoing staff professional development and teambuilding, facilitated during hours that *The Space* is closed to youth

- Attractive interior design and decorating at *The Space* (high ceilings, lots of natural light, colorfully painted walls, new light fixtures, outdoor areas, etc.)
- Youth peer-to-peer participant engagement (in addition to youth engaging with staff)

2. **Youth develop a positive connection with a peer.**
NDYFS youth feedback indicates that youth feel connected and supported among their peers (NDYFS considers both participant-to-participant and participant-to-staff engagement as peer engagement). See NDYFS sections "Youth Open-Ended Feedback" and "Youth Participant Feedback Forms – Survey Results" for details. While comparative research populations of youth experiencing homelessness also tend to prioritize relationships, their peer dynamics risk being tenuous, volatile, or even exploitative, highlighting the significance of healthy peer relationships development supported at NDYFS. Literature review:
    a. Homeless youth often have diverse social networks including connections from before their housing insecurity, and may be more likely to consider these peers "from home" to be friends than peers met while on the street. https://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1156&context=sociologyfacpub
    "Support providers were likely to be family members, sex partners, or non–street-based contacts" (i.e., not peers).
    https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1532-7795.2012.00806.x
    b. Romantic relationships among homeless youth can mirror the volatility of their housing insecurity, either providing a source of vital support or posing a further threat to physical and mental safety. Relationships that form and function in the context of street living lack the social boundaries and expectations of typical teen dating such as adult supervision and designated activities (in spaces which often come with their own codes of conduct).
    https://www.sciencedirect.com/science/article/abs/pii/S0140197118301970
    This relational volatility can be true of platonic friendships as well. "Homeless youth in the U.S. report few significant and trusting relationships."
    https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2777737/
    c. "High rates of sexual abuse, lack of connectedness, and loneliness may help to explain poor perceived well-being in homeless youth."
    https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1744-6155.2002.tb00151.x
    d. Supportive relationships significantly contribute to homeless youths' perceptions of wellbeing. "Health and social service providers must

understand the importance of implementing interventions that foster supportive relationships and networks of support in the homeless youth population."
https://ir.lib.uwo.ca/cgi/viewcontent.cgi?article=4784&context=etd

e. *The Space* is mostly unstructured in terms of programming, but highly structured and supportive in terms of relationship development. Staff and youth agree to conduct guidelines, emotional literacy information is posted in *The Space* (ex: a poster sorting different moods and emotional descriptors for youth to use in communication). *The space* offers self-regulatory services (such as the quiet room youth can reserve for alone time), etc. This aligns with staffs' comments that *The Space* is about building relationships first, skills second. Arguably, social-emotional and relational capacities *are* essential skills, especially for a population as isolated and disenfranchised as homeless youth.
https://repository.ubn.ru.nl/bitstream/handle/2066/203564/203564.pdf?sequence=1#page=97

3. **Youth feel connected to community at *The Space***
Youth report feeling a connection to *The Space's* community. Furthermore, the community encourages them to think positively about themselves and their future, and welcomes them to bring themselves as they are and participate as they feel comfortable. (See NDYFS sections "Youth Open-Ended Feedback" and "Youth Participant Feedback Forms – Survey Results" for details.) Research echoes the significance of community for youth experiencing homelessness and acknowledges the vulnerability or even violence involved in some negative communities, affirming the value of supportive community development for homeless youth at NDYFS.
Literature review:
   a. Many homeless youths identify community as important to their wellbeing, and describe themes of community including "commonality, membership-acceptance, social support, and collaboration".
https://onlinelibrary.wiley.com/doi/abs/10.1002/jcop.22319
However, youth also describe the risks of negative communities (i.e., social groups that condone violence, bigotry, substance use, etc.) and cite this as a barrier to community engagement.
https://onlinelibrary.wiley.com/doi/full/10.1002/jcop.22152
   b. Safe, supportive environments that engage youth in partnership (collaboration) and foster a sense of belonging are a powerful force in homeless youth wellbeing.
https://onlinelibrary.wiley.com/doi/abs/10.1002/jcop.22319
https://onlinelibrary.wiley.com/doi/full/10.1002/jcop.22152

c. A mapping study indicated that youth who frequented social service activities experienced a greater sense of community and wellbeing. https://onlinelibrary.wiley.com/doi/abs/10.1002/ajcp.12060

4. Youth increase self-efficacy
   Since self-efficacy is not a direct outcome of NDYFS drop-in services (see "Logic Model and Evaluation Plan"), Pivot did not specifically measure and report on this metric. However, some youth feedback speaks to the significance of self-efficacy (see NDYFS sections "Youth Open-Ended Feedback" and "Youth Participant Feedback Forms – Survey Results" for details). Pivot compiled the following literature evidence regarding self-efficacy as a concept meaningful but supplemental to NDYFS drop-in services.
   a. The stigma associated with homelessness often affects youths' self-esteem and self-efficacy (i.e., feeling hopeless/helpless). https://link.springer.com/article/10.1007/s10560-011-0249-6
      However, opportunities for youth to tell their own story can help them recontextualize challenges with greater self-esteem and self-efficacy. https://www.researchgate.net/profile/Erin-Toolis/publication/273515672_The_lived_experience_of_homeless_youth_A_narrative_approach/links/56046ac508ae5e8e3f30e6af/The-lived-experience-of-homeless-youth-A-narrative-approach.pdf
   b. Self-efficacy can help mitigate negative health outcomes for homeless youth (though social connection may be more protective for mental health). https://journals.sagepub.com/doi/abs/10.1177/0044118X16650459

5. Youth increase skills
   Since skill acquisition/development is not a direct outcome of NDYFS drop-in services (see "Logic Model and Evaluation Plan"), Pivot did not specifically measure and report on this metric. However, some youth feedback speaks to the learning or practicing skills (see NDYFS sections "Youth Open-Ended Feedback" and "Youth Participant Feedback Forms – Survey Results" for details). Pivot compiled the following literature evidence regarding skill development as a concept meaningful but supplemental to NDYFS drop-in services.
   a. Homeless youth are likely to be at a deficit of skill acquisition due to their limited resources and support services (however, they may exhibit many resourceful life skills learned out of necessity or that they gained prior to homelessness). https://www.researchgate.net/profile/Ann-M-Aviles/publication/226451780_Life_Skill_Service_Needs_Perspectives_of_Homeless_Youth/links/5e65904f299bf1744f6b9465/Life-Skill-Service-Needs-Perspectives-of-Homeless-Youth.pdf

DAY-TO-DAY CAPACITIES SUCH AS PERSONAL HYGIENE, SCHEDULING, COOKING, CLEANING, USING TRANSPORTATION, SOCIAL INTERACTIONS, ETC., ARE VITAL AND FOUNDATIONAL LIFE SKILLS FOR HOMELESS YOUTH DEVELOPMENT.

Day-to-day capacities such as personal hygiene, scheduling, cooking, cleaning, using transportation, social interactions, etc., are vital and foundational life skills for homeless youth development. Service providers, funders, and even youth themselves may discount the skills involved in these activities, mistakenly assuming that everyone has opportunities to master these "simple" tasks. However, youth experiencing homelessness may never have had an opportunity to practice these skills, or may have had to adapt them significantly for survival. Intentionally valuing and supporting the development of everyday skills supports youths' engagement (or re-engagement) in social settings, employment, housing, etc.
https://www.researchgate.net/profile/Ann-M-Aviles/publication/255713301_Life_Skill_Interventions_with_Homeless_Youth_Domestic_Violence_Victims_and_Adults_with_Mental_Illness/links/5a560c450f7e9bf2a53600ef/Life-Skill-Interventions-with-Homeless-Youth-Domestic-Violence-Victims-and-Adults-with-Mental-Illness.pdf

b. Examples of life skills set by service providers can also contribute to youth skill acquisition. Life skills include planning and time management, emotional regulation and appropriate expression, healthy communication, office skills, etc.
https://www.researchgate.net/profile/Ann-M-Aviles/publication/255713301_Life_Skill_Interventions_with_Homeless_Youth_Domestic_Violence_Victims_and_Adults_with_Mental_Illness/links/5a560c450f7e9bf2a53600ef/Life-Skill-Interventions-with-Homeless-Youth-Domestic-Violence-Victims-and-Adults-with-Mental-Illness.pdf

These skills emphasizes the significance of the drop-in center environment and staff capacity overall, to create a learning environment and arena for youth to safely practice new skills. In addition to specific life skills lessons, the supportive space and staff embodiment of skills functions as a drop-in center "service."
Social Cognitive Theory: An Agentic Perspective.

6. Youth achieve successes (goals)
   Since goal achievement is not a direct outcome of NDYFS drop-in services (see "Logic Model and Evaluation Plan"), Pivot did not specifically measure and report on this metric. However, some youth feedback speaks to goal progress (see NDYFS sections "Youth Open-Ended Feedback" and "Youth Participant Feedback Forms – Survey Results" for details). Pivot compiled the following literature evidence regarding goal achievement as a concept meaningful but supplemental to NDYFS drop-in services.
   a. Evidence indicates that homeless youth experience challenges in goal attainment (as compared with housed youth) in areas such as health (physical and mental wellbeing), education, employment, relationships, and of course shelter. Homeless youth are likely to experience increased physical and mental illness and decreased healthcare access, increased school drop-out rates and decreased education attainment, high unemployment, and interpersonal challenges such as difficulty establishing and maintaining healthy and trusting relationships.
      Regarding illness: Illness Experiences of Homeless Youth
      Regarding healthcare access:
      https://www.sciencedirect.com/science/article/pii/S0277953698002731
      Regarding education: https://link.springer.com/article/10.1007/s10560-022-00826-8
      Regarding employment: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6231983/
      Regarding relationships: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2777737/

7. Youth improve health (physical, mental)
   Since health improvement is not a direct outcome of NDYFS drop-in services (see "Logic Model and Evaluation Plan"), Pivot did not specifically measure and report on this metric. However, some youth feedback speaks to feeling better physically/mentally through NDYFS drop-in engagement (see NDYFS sections "Youth Open-Ended Feedback" and "Youth Participant Feedback Forms – Survey Results" for details). Pivot compiled the following literature evidence regarding health improvement as a concept meaningful but supplemental to NDYFS drop-in services.
   a. Homeless youth typically experience elevated rates of disease/illness, increased emergency service utilization, and lack of health insurance.
      Regarding illness: Illness Experiences of Homeless Youth
      Regarding healthcare access:
      https://www.sciencedirect.com/science/article/pii/S0277953698002731
   b. For homeless youth, being engaged in a supportive health service (such as a free clinic) is positively correlated with increased healthcare, increased participation in other supportive services, decreased duration of

homelessness, decreased emergency services, and decreased substance or injury health concerns.
Illness Experiences of Homeless Youth

8. Youth improve life outlook
   Since positive outlook is not a direct outcome of NDYFS drop-in services (see "Logic Model and Evaluation Plan"), Pivot did not specifically measure and report on this metric. However, some youth feedback speaks to improvements in positive life outlooks (see NDYFS sections "Youth Open-Ended Feedback" and "Youth Participant Feedback Forms – Survey Results" for details). Pivot compiled the following literature evidence regarding life outlook as a concept meaningful but supplemental to NDYFS drop-in services.
   a. Homeless youth experience high rates of depression among other physical/mental health challenges, and report elevated negative life outlook ("subjective quality of life") due to material hardships, social isolation, and lack of goal attainment.
      Regarding physical and mental health: Illness Experiences of Homeless Youth
      Regarding goals:
      https://www.emerald.com/insight/content/doi/10.1108/S1537-4661(2010)0000013008/full/html
      Regarding quality of life: https://link.springer.com/article/10.1023/A:1021340020431
      Regarding quality-of-life perspectives depending on timing:
      https://eprints.whiterose.ac.uk/10335/1/WRRO_10335.pdf
   b. However, factors mitigating negative subjective quality of life in homeless youth include a sense of meaning, hope, and gratitude.
      Regarding life purpose: https://link.springer.com/article/10.1023/A:1021340020431
      Regarding hope and gratitude:
      https://www.sciencedirect.com/science/article/abs/pii/S0190740918310430
   c. Indeed, homeless people in general tend to feel more negatively about their past and present subjective quality of life, and more positively about the future (on a level comparable with non-homeless people). Homeless youth cite many goals and dreams for the future, though few may have actionable plans towards achievable goals (i.e., completing secondary education and learning a trade versus becoming a millionaire music star).
      Regarding perspectives relative to past and future:
      https://eprints.whiterose.ac.uk/10335/1/WRRO_10335.pdf
      Regarding goals/dreams:
      https://scholarworks.gsu.edu/cgi/viewcontent.cgi?article=1073&context=sociology_theses

The above findings suggests applications for service providers, such as helping youth focus on meaning and gratitude in their daily lives, and directing positive energy about the future toward actionable ways to improve their lives.

NDYFS Contracting Conclusions

NDYFS appears to have met its PDI contractual obligation to develop youth skills, build relationships, and generally offer youth respite from stressors. NDYFS has utilized BHI funding to expanded services and areas (such as showers, laundry, kitchen, and outdoor access), hire PDI staff, increase service hours, and increase/improve data collection metrics and practices. Ultimately, NDYFS appears to have struggled to meet some of its contractual metrics (such as peer support, described below) while overperforming in other areas (such as improvements to data collection and the physical *space*, currently in process and also described below).

NDYFS attempted to meet its contractual obligation to hire peers as PDI staff by implementing a youth advisory board and hiring two peer workers over the course of BHI funding. The youth advisory board was inactive for a period (mostly during COVID) and has been reinstated as of this year. The two peer staff positions are currently vacant, pointing to the challenge of hiring peers with lived experience of homelessness from NDYFS's youth population. The current peer staff vacancies raise the question of the applicability of peer staff given this context. It seems like an unrealistic expectation for youth to remain in these positions long. They likely have few periods of time that remain constant more than a six-month period, so the position may feel uncomfortable at the 8-month period (for example) just because it is so unusually stable. Furthermore, NDYFS's organizational practice is to prioritize hiring people who have lived experience among several potential domains that relate to their service population. NDYFS staff also expressed considering participant-to-participant interactions as peer engagement as an alternative. Research literature supports the peer-to-peer interaction model of social support networks for homeless youth.

In addition to using BHI funding to establish *The Space* over the last four years (including initial staff, policies, data collection, services, etc.), NDYFS has taken strides to expand many of *The Space's* capacities since. NDYFS is currently in the process of expanding the accessible areas on *The Space* property by developing the outdoor areas for recreation/exercise/socializing, and expanding *The Space*'s open hours for youth. They are also in the process of improving and expanding their data collection methods by implementing a digital check-in for youth to use upon entering *The Space*, which could facilitate collection of metrics including:

- Youth checking in (identifying themselves), which would facilitate engagement records as well as current building attendance in case of an emergency

- Youth assessing current mood/wellbeing
- Youth identifying current needs
    - Potentially, youth needs identification directing them to the sign-ups for individual services. For example, selecting "need a shower" would forward youth to the digital shower schedule to book a spot. This method could both streamline service data collection and promote youth skills regarding digital technology, scheduling and time management, and personal agency/self-efficacy
- NDYFS could adopt a phased data collection system where data is gathered progressively as youth continue to engage. NDYFS could pose specific brief question sets to youth depending on their engagement level as of that visit; for example, asking youth different items on their first, second, tenth, visit as applicable.
    - This could greatly increase the response rate and ease of data access for youth engagement questions (feedback, outcomes, etc.)

These activities represent a significant effort and commitment from NDYFS to serve their population of focus. This evaluation considers on one hand the specifications of NDYFS's BHI contract, some points of which they were able to adhere to with more fidelity than others. It also accounts for the context of NDYFS's work, which involves engaging a notoriously difficult-to-engage population in an intentionally low-barrier, low-structure service. Therefore, future County contracting may benefit from considering that:

1. Meeting the BHI contract requirements as currently written would be challenging for any provider working within this service/population context.
2. Funding a new provider to initiate these services would present an additional administrative set-up cost as opposed to providing capacity-increasing funding to a provider who has already established services (including physical location, procedures, being known in the community and social capital and partner networking, etc.)
3. Few agencies are currently operating (or have the capacity to operate) at NDYFS's current level of service provision for this population.

Overall, NDYFS employs a systemic approach in addressing the concerns and growth of its focus population, incorporating PDI as a component of its overall service offerings, which range from low-barrier drop-in, to skills classes, to youth shelter. Additionally, NDYFS maintained and adapted services throughout the COVID pandemic, a remarkable accomplishment especially considering the heightened vulnerability of their focus population regarding disease exposure and barriers to medical care. Future evaluation and data collaboration with NDYFS could further

discern and explore the unique youth engagement and outcomes facilitated by PDI at *The Space*.

NDYFS Methods

To answer the above evaluation questions, Pivot collected data from NDYFS staff and participants using the following methods.

Pivot requested the following data from NDYFS in August 2022. Note that while data points were requested in aggregate (e.g., sum of youth participants per month), NDYFS provided de-identified individual-level frequencies. Pivot was able to use this more detailed data set to develop better informed data groups and cutoffs (for example, regarding the division between "frequent" and "infrequent" youth participants).

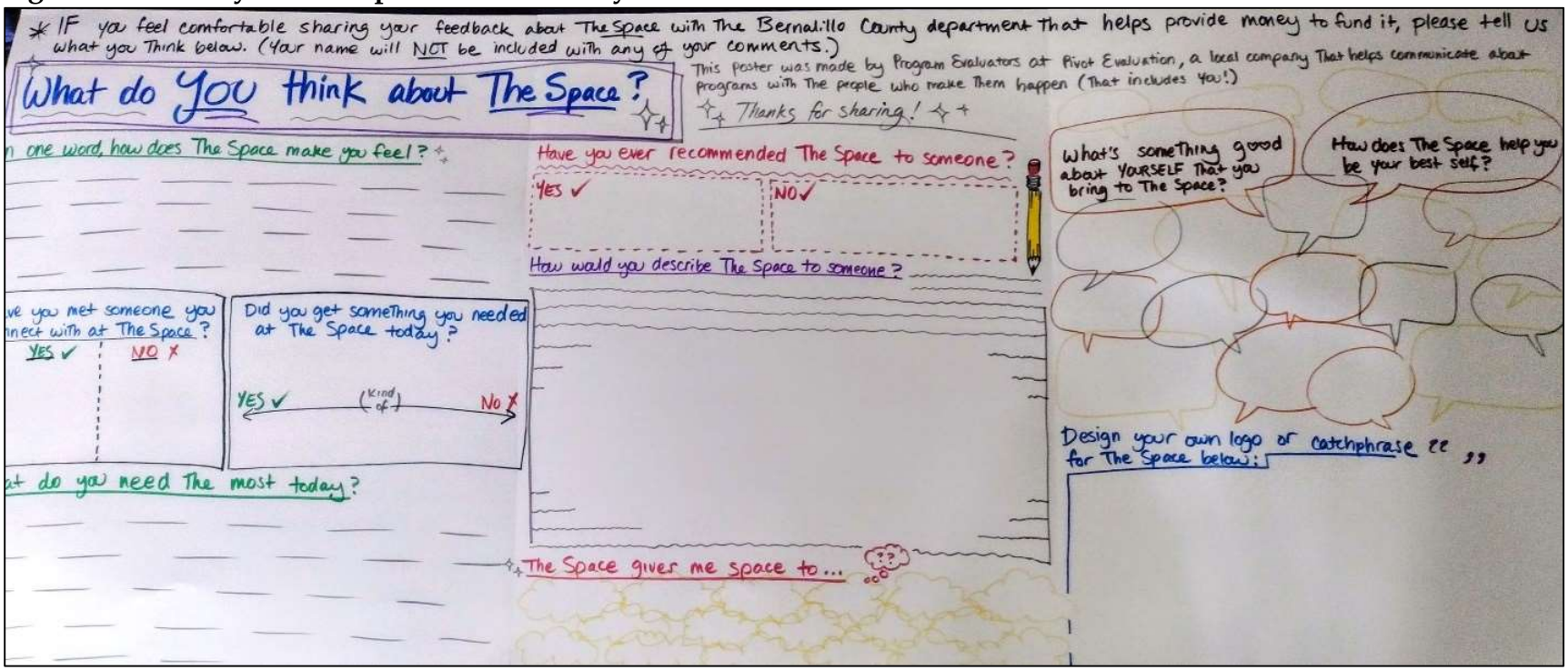
1. New Day drop-in schedule/hours from before BHI funding, and currently
    a. Please also let us know the current schedule that *The Space* is closed to youth access due to using it for staff capacity development (training, teambuilding, etc.) and community engagement (tours, etc.)
2. All titles and certifications of drop-in center staff, specifying which positions are funded by BHI
3. Any records of staff policies/instruments/training that New Day uses to provide safe and supportive youth services/resources in *The Space* (including which trainings, which staff attendance--send documentation such as completion certificates if possible)
4. Any records of youth using services/resources in *The Space* including service date, since 4/2022 when *The Space* fully opened (i.e., anything listed under Activities in the logic model such as meals, showers, etc.)
5. Tallies (counts) by month since the beginning of the BHI contract of number of youths who dropped in that month (total visits and unduplicated individuals)
    a. Also, number of youth new to NDYFS who drop in each month, for the most recent year of data
6. Tallies (counts) by year since the beginning of the BHI contract of number of youths who dropped in 1-2 times vs 3+ times (to distinguish infrequent versus frequent visitors)
7. Average number of youth visits by year since the beginning of the BHI contract
8. Overall count since the beginning of the BHI contract of number of youths per each referral source (i.e., who referred youth to *The Space*)
9. Overall counts for the past year of which youth engage only in New Day's drop-in center vs who engage in the drop-in center PLUS other NDYFS programs
10. All available youth Quarterly Survey results since the beginning of your current BHI contract with dates

11. Demographic breakdown of members active during your BHI funding, by tallying number of members in each of the following categories:
    a. Gender
    b. Age
    c. Ethnicity
    d. Race
    e. Please make sure these counts are unduplicated (members should only be tallied once within each category)
    f. Please use the demographic options/ranges already defined in your BHI Performance Report spreadsheets.

Pivot also developed the following interactive poster to collect direct member feedback (Figure 6).
Poster title: What do you think about *The Space*?
Poster subtitle: If you feel comfortable sharing your feedback about ACHR with the Bernalillo County department that helps provide money to fund it, please tell us what you think below. Your name will NOT be included with any of your comments.
This poster was made by Program Evaluators at Pivot Evaluation, a local company that helps communicate about programs with the people who make them happen (that includes you!) Thanks for sharing!
Poster questions:

1. In one word, how does *The Space* make you feel?
2. Have you met someone you connect with at *The Space*?
3. Did you get something you needed at *The Space* today?
4. What do you need the most today?
5. Have you ever recommended *The Space* to someone?
6. How would you describe *The Space* to someone?
7. *The space* gives me space to…
8. What's something good about yourself that you bring to *The Space*?
9. How does *The Space* help you be your best self?
10. Design your own logo or catchphrase for *The Space* below:

Figure 6. New Day Peer Drop-In Center Survey Poster Model



Pivot received between 2 and 8 responses per poster question, with an average of 5.3 and mode of 7 responses per question.

Data Analysis

Pivot requested aggregate results and submitted it as it was received. Some data was provided in individual de-identified form. In these cases, Pivot developed tables producing the aggregate results originally requested. For open-ended feedback and individual poster responses, evaluators reviewed qualitative themes for anonymous reporting.

Future Directions

Pivot initially planned to conduct evaluation with NDYFS over the course of two years. However, in August 2022 BHI clarified that Pivot's current evaluation of NDYFS ended with the end of NDYFS's contract with BHI. Pivot, BHI, and NDYFS collaborated to revise the evaluation plan given this timeframe. The shorter timeframe did not affect most of Pivot's data collection plans. However, Pivot administered the above interactive poster instead of conducting one-on-one NDYFS member interviews due to the abbreviated timing. Note that Pivot did not conduct NDYFS staff and community partner surveys (as with ACHR) due to having already received extensive staff feedback about NDYFS and the evaluation process, as well as materials pertaining to NDYFS organizational culture and community partnerships. NDYFS approved this modification in the evaluation plan. Pivot is prepared to improve outcome data collection and reporting with NDYFS in the event that BHI renews their funding going forward.

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APPENDIX A: Full ACHR data collection responses.

The following are verbatim records of ACHR member feedback reported in this evaluation.

Staff is respectful to clients

- All staff is very nice, as well as fair to everyone.
- Always feel welcome.
- doing my best to be here every day
- Since the day I walked through the door I have been respected by everyone like family
- staff is very relatable and very easy to talk to
- They don't cut you off.
- So thoughtful, really puts people at ease with humor, listening ear. Just have a hard time with the cussing, my trigger.

  - Rudeness
  - Yes. Staff was having attitude with me. She is mean.
  - sure. why complain...

ACHR staff are helpful

- With my workout
- They are very resourceful and help more than I expected entering the program.
- Stays on the subject
- Staff is very informative during the intake process and knowledgeable about the gym.
- Help with getting a job, filling out my resume, and getting important papers back
- Everyone has been very helpful with me and listens as well as give advice
- Could not have accomplished moving forward.

  - One respondent reported a staff member singles them out for poor treatment and appears to make incorrect assumptions about the respondent.

ACHR is a safe place focused on recovery

- Yes, I feel safer here than my house
- When I leave, I might be tempted
- Thank you cuz everyone here has been there and done that
- It's like home away from home
- I met some other clients who were very friendly and encouraging"

- I feel safe sharing whatever it is I have on my mind w/o judgment.
- I always feel safe when coming to ACHR. It's a sanctuary.
- every participant is very open and respectful to everyone
- Always discover new ways to move forward.

ACHR is clean and orderly

- They keep it clean and organized.
- I try to keep it that way!
- Everyone keeps cleaned up after themselves.
- Needs bigger office

ACHR groups are helpful in my recovery

- Yes, mental health recovery
- Yes, the feedback is very comforting cuz I'm not alone
- Working out definitely helps out a lot to relieve some stress.
- Very helpful with continued support
- This is what I've been looking for.
- They have helped me every step of the way with all my issues
- Look forward to my class.
- Life skills, AA, parenting, etc. I accept
- I find the groups helpful and everyone shares. People come because they WANT to!

ACHR services are helpful in meeting my needs

- Yes, I just don't know how to ask right
- They have went above and beyond the call of duty
- They always talk about a subject that definitely I could relate to.
- so far, so good. How do we find out what those are?
- She got me stamps and Medicaid the day i arrived
- ACHR is helpful in meeting my needs always. They bring my spirits up.

I would refer others to ACHR

- Yes, I would. but only to the ones that are serious about their life
- I referred my cousin, it's up to him to call.
- I have referred people to the program, but they are in denial.
- I did refer a friend and he got assistance and a case manager.

Additional Feedback

Programs, Classes

- Just working on starting using ACHR as a work finding source

- We are going to miss Wesley very much. I enjoyed the creative writing class for it was therapy for me. Very opened and a way to express things. If it weren't for Wesley I probably would still be at the shelter and he was a God send and I appreciate everything he has helped me with. Thank you very much.
- This program was a great alternative to AA meetings.
- This class has been something I look forward to every week. The exercises help a person think outside the box and inward reflection. I just want to thank [staff A] who gave his time and direction for the class. I look forward to future classes [with staff B].
- The virtual meetings should continue even after restrictions have been lifted. Very beneficial
- I love the virtual Coffee sessions. Recommend ACHR continue this service in the future. No success stories at this time
- I like that this program combines physical exercise with group work. It doesn't just focus on physical but emotional and spiritual as well. Focuses on body and spirit. I believe both are equally important and need to be balanced for healing and recovery to process triggers.

Environment

- This program seems to help a lot of people and keeps us in a nice safe environment where everyone can feel comfortable. The staff is always polite and makes you feel as if you belong. would enjoy seeing this program expand. Thank you for your support.
- It's an awesome group of people who support one another. We, share stories and laughter together. The vibe and energy is great to be around! Keep up the amazing support and thank you for being a part of my recovery!

Staff

- Staff has been extremely kind in rescheduling appts. to fit "life happens".
- I want to thank everyone on the ACHR staff for being like family to me and giving me the support I need to get through hard times
- I feel they are very helpful and doing phone calls I have a hard time because I clam up and don't know what to say. They are helping me to get over the fear of talking to authority figures on the phone.
- Everyone who works there is kind, genuine, and knowledgeable. Keep up the good work. You are making a difference!
- Everyone that works for this organization is kind, hardworking and compassionate. I appreciate everything that I have learned from the A2A program.
- Can't say enough of the help and support from the staff. They have me feel that I can accomplish anything. I thank them from the bottom of my heart.

- Been missing attending meetings for the past month. Was going well till I relapsed and trying to keep up with the meetings. Thank you for your concern and your assistance
- I love the fact that they explain everything to me where I understand.

Improvement Suggestions

- The only suggestion is make the "Self-Pay" a little easier to keep track of and handle. Thanks for all the support and positive feedback.
- I hope someone came here from the state and mess up the program they got going here, like they do at other programs.

Self-Improvement, reflection, and positive outcomes

- Landed a job within a few weeks. Resume looked professional. Staff was very helpful and courteous.
- If I recover & start working again as a nurse, I would like to volunteer at ACHR.
- I have been realizing more about myself, my needs vs my wants volunteer opportunities keep me focused on where I was vs where I am now, I have taken responsibility for my actions Thanks!
- Doing my best to be me every day and stay busy with life
- Think about what I have left.

APPENDIX B: Observed Differences from Previous Reports.

Pivot would like to emphasize that the differences from IRS methods may be entirely appropriate relative to ISR's own contractual obligations.

While ISR acknowledges that PDI is interwoven with other additional services; nevertheless, they include many if not all features of each organization outside PDI opportunity. Pivot limited its work to PDI opportunity only as that is the contract BHI funded and requested the evaluation in this case.

ISR spent a considerable time documenting processes for the entirety of both organizations. Pivot's evaluation focused solely on the PDI opportunity. A drop in opportunity with requirements over and above signing in, begins to lose its status as a drop-in center the more "process" is required before participation.

Pivot elected to forgo direct interaction with participants out of respect for their vulnerable nature and the insufficient time to develop suitable methods. Pivot does plan to develop those methods in the future. Evaluators observed that few individuals in the general public would reveal the level of detail requested of these individuals, and that disparity seemed like an equity issue that should be managed carefully.

ISR and Pivot logic models differ significantly. Pivot used multiple sources (e.g. ISR logic model, RFP response proposals, additional program documents) to develop draft logic models, then Pivot asked program staff to review and critique the draft. As a result, Pivot developed a document that could accurately guide data requests and analysis, interview subjects and content, along with what features were the responsibility of other entities (e.g. staff training and quality, evidence based practices). This method led both organizations to sign off on both logic models as representative at that point in time. As Pivot developed updated logic models, both organizations acknowledged regularly changing processes to better serve their populations. Regularly changing processes likely explains a significant amount of the differences observed in the two logic models.

Without describing methods, ISR attempted to "confirm" the number of unique ACHR clients "received" in two time periods. Some text indicated they may have compared sign-in sheets with the data set. While a potentially interesting way to "validate" actual participation, Pivot would have suggested that a dual participation sign-in would be too much of a burden for drop-in center users. Pivot's method only considered participants included in the data system.

While Pivot asked for aggregated data, both organizations offered de identified data (requiring IRB oversight). Pivot asked for a relatively restricted data set relative to ISR's data request. Both program organizations found it difficult or impossible to link various important data elements that answer PDI participation relative to other participation. Both organizations currently have begun updating systems to solve those challenges.

In summary, ISR and Pivot used very different methods to answer different evaluation questions. Pivot's work continues and will expand the questions necessary to understand the benefits of these programs.