

Bernalillo County Behavioral Health Initiative  
Tiny Homes Village Program Evaluation  
2023 Report



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## I. Introduction

### A. The Bernalillo County Behavioral Health Initiative (BHI)

The Bernalillo County Behavioral Health Initiative (BHI) funds the Tiny Home Village facility and services, as well as this Tiny Home Village program evaluation conducted by Pivot Evaluation. The current BHI developed out of the Department of Behavioral Health Services (DBHS) by a negotiated agreement with the City of Albuquerque via their joint strategic plan to address behavioral health in a shared geographic jurisdiction. The County Manager's office administers the BHI directly through strategic funding for several behavioral health service providers in the County, and contracts with external evaluators to conduct process and outcome evaluations regarding service provider metrics, objectives, and goals. This document refers to BHI generically as the staff the County Manager assigns to manage the funding opportunities.

### B. Tiny Homes Village (THV)

From the [County of Bernalillo's website](#): "The Tiny Home Village is a community living space and transitional housing program. Individuals live in one of 30 tiny homes. The homes are 120 sq. ft. and each has heating and cooling, a bed, shelving, and a desk. Villagers have access to communal bathrooms, a kitchen, and indoor/outdoor living space. Additionally, there is a community garden and dog park. The Village is designed to encourage community living. All of the houses face the common spaces. Staff encourage organic and organized activities. While living at the Village, Villagers work with a case management team to set and achieve goals. Case Managers help residents identify resources and continue on the path to long-term housing and self-determination."

### C. Pivot Evaluation (Pivot)

Pivot is an Albuquerque-based organization of four Program Evaluators specializing in local projects related to education, public health, social services, and economic development. BHI contracted with Pivot Evaluation to conduct process and outcome evaluations of three Peer Drop-In Center (PDI) providers: the Albuquerque Center for Hope and Recovery (ACHR), Best Chance (BC), and Crossroads for Women (CRFW).

### D. Program Evaluation

Pivot began conducting process evaluation with THV in April 2022 and continued with outcomes evaluation in 2023. The intention of Pivot's evaluation is not to simply give service providers a report card or give BHI a thumbs up/thumbs down about



continuing their funding. Instead, this report aims to explore the value of THV services in our community, illuminate the challenges of THV service provision, and provide insights regarding future opportunities, understanding, and improvements. Pivot shares findings with the BHI as well as the service providers and service populations involved, to collaborate on complex problems that require everyone's commitment and involvement to improve. For everyone involved in this report, community behavioral health is more than just a job. This is especially true for peer staff and program participants with lived experience but also for BHI, Pivot, and all staff involved. We live here. Our taxes fund BHI. We have known people with behavioral health challenges, have been people with behavioral health concerns, and have seen people struggling with behavioral health in our county and city. Quality program evaluation allows service organizations to improve their processes while recording various community successes.

## II. Program Description

County program planners imagined The Tiny Home Village as an 18–24-month transitional housing program designed to build community and help residents achieve their goals toward more permanent housing. The Tiny Home Village community living space consists of 30 120 sq. ft homes. Each home has its own heating/cooling unit, a queen-size bed, shelving, small refrigerator, and a desk. Villagers share access to communal single stall bathrooms, a kitchen, and indoor/outdoor living space. Villagers may participate in the community garden, use a BBQ grill, and spend time at the dog park.

The Village's designer intended to encourage community living by having all of the houses face the common spaces and main Village house. Program planners developed a split staffing model that requires 24/7 supervision from County staff and UNM Office of Community Health case management provision during normal business hours (weekdays 8 to 4). Bernalillo County staff provides group opportunities in the evenings and on weekends to accommodate to villagers' schedules while UNM OCH provides additional clinically or treatment oriented groups. County staff manage intake, orientation, various activities and manage behavioral expectations. County staff and Villagers work together to organize group activities including Village cleanliness and upkeep. While living in the Tiny Home Village, Villagers are required to work with the Village case management team to set and achieve goals. Case managers help Villagers identify resources and set a path to stable housing and self-determination.



The original selection process limited participation so severely that few participants inhabited the Tiny Home Village. As the County and University Office for Community Health began discussing realistic selection practices and implementing them, the number of participants began to rise. The selection process remains in flux and was not shared with program evaluators for this report. Reasonably so as the process continues to change rapidly. However, this important feature requires future evaluation for two important reasons. First, the County must ensure equitable access, which requires monitoring the selection practices. Second, it may be possible to use the selection process to decrease time to exit (increasing number of people who can be served), or to decrease the number of unknown outcomes.

### III. Goals and Evaluation Questions

Inferred goals appear to be to provide interim housing and services as preparation for stable housing and self-determination.

#### Q1) Are Villagers exiting to stable housing?

Yes, 55% exit to known stable housing according to THV Case Management records and validated by UNM Office of Community Health records. Individuals reassigned to inpatient facilities (e.g. substance use recovery, nursing homes, or behavioral health) were considered success rates because they were simply misassigned to the Tiny Home Village and ended up in stable housing. Since case management is a key feature of Tiny Home Village, the context and services offered help identify a better placement.

#### Q2) Are Villager self-determination skills improved?

This important question adds to what we know about villager experiences. 46% of Villagers accomplished individual service plan (ISP) goals indicating improved self-determination skills. Due to staff transition at both UNM Office of Community Health and Bernalillo County staff, other tools designed to track event and activity participation were not adopted in time for robust statements about participation. However, Villagers report that case managers assisted them in every manner of personal adjustment, and institutional access that they asked for. Villagers discussed needing help navigating various institutional resources. Either institutions must make their services more accessible or develop case managers to facilitate access for the unhoused population at large.

#### Q3) What else did we learn?

This report presents results from data collected between October 1, 2022 and October 31, 2023 dates. Sources of data come from UNM Office of Community Health which manages the case workers responsible for Villager progress and success. UNM Office of



Community Health developed the database during the service period. The UNM Office of Community Health has been upgrading the database to ensure that important questions can be answered. This report mentions minor upgrades toward that end.

Q4) What is the cost of housing Villagers?

The cost range per person to exit given recent Tiny Home Village capacity and exit to stable housing using an average cost per month to exit is between \$14,360 and \$22,570. Average monthly costs per person run \$5,672.44 per month. While the cost may sound expensive to some, the amount likely gets paid back in sales taxes in about 12 years.

Similarly, the County BHI Staff kept records beginning before April 2023 and continue to keep them. These records began on a spreadsheet and evolved over time to include more information. Various formatting practices made the data difficult to use. Other coding practices depended on formatting that could not be converted to data at all. While the County is planning to implement a state-of-the-art data system, its actual adoption and use is likely in excess of two years away. To address County accountability to the public and the population they serve, they must upgrade their current data collection practices in the interim. Pivot offers County Staff consultation as part of this evaluation should they request such consultation.

Villagers spanned the age range. Because of small cell counts the age groups are quite broad to protect Villager identity. As time passes and more Villagers occupy and exit services, reports will include more fine-grained groupings.

Throughout this document, the word “intervention” will mean the combined efforts of County Staff and the UNM Office of Community Health. While their efforts are mostly distinct, it is impossible to assign portions of success to each organization.

IV. What do we know about Villagers’ THV exit & transition to stable housing?

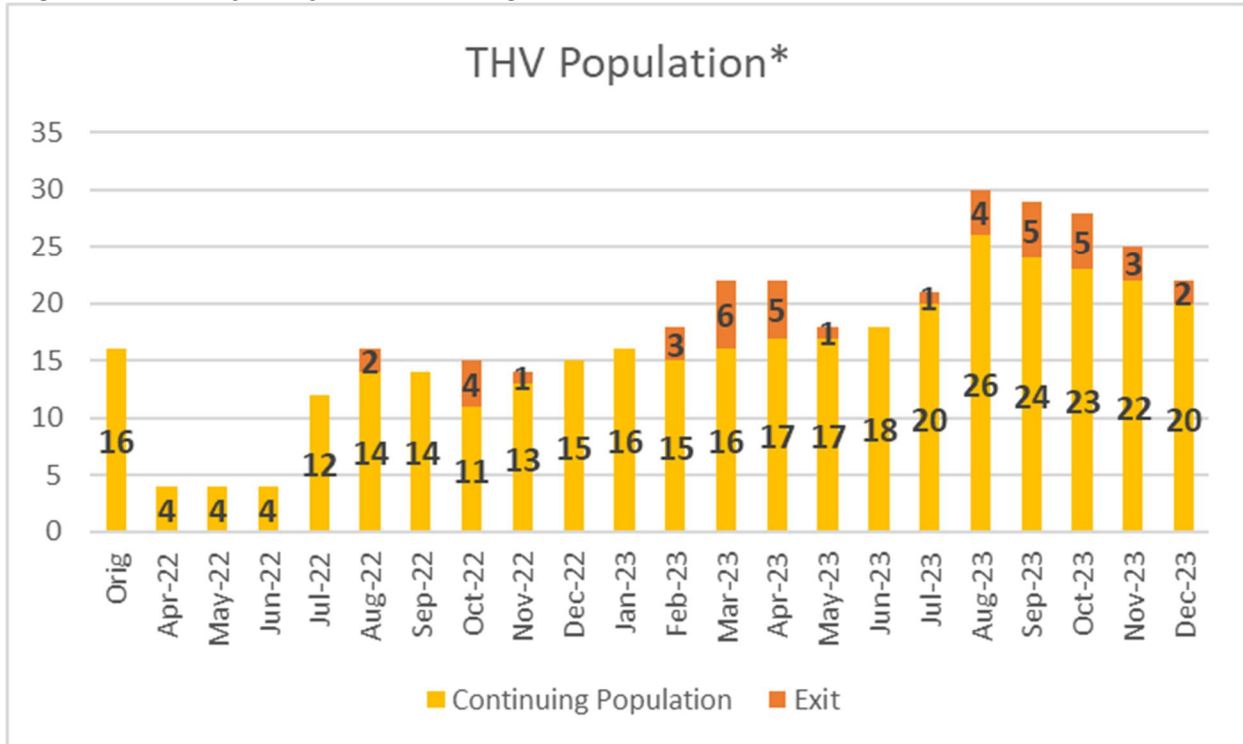
Evaluators used two data sources: the County intake and exit data (April 2022 to Dec 2023), and the UNM Office of Community Health case management data set (Oct 2022 through Oct 2023). Due to the differing lengths of observation periods, different numbers of participants appear in the respective results. Pivot used both data sets as a means to validate results and found the two data sets agree strongly.



A. Village Population Over Time  
County Duration and Discharge Results

Villager population increased over time. At the conclusion of this study vacancy rates appeared to be related to Villagers' swift transition to other settings. Said another way, once Villagers leave the community, it takes time to fill their home due to selection process and facility maintenance.

Figure 1. County Tiny Home Village Census Over Time



\*Total population = Continuing Population + Vacate

Over an approximately 21-month period, the average stay at the Tiny Home Village was 163 days. Due to the small number of participants and to a bimodal distribution the median of 108.5 days is a better measure. This means that half of the participants stay 108.5 or fewer days at the Tiny Home Village. The bimodal distribution means a graph (Figure 2) of the frequency distribution shows two peaks (one short and one longer). Bimodal distributions require additional explanation, in this case, for the short duration peak where an identifiable group leaves around the 18<sup>th</sup> day.



Table 1. County Residence Duration Results

Days at THV	Continuing Resident	Residents Exited
Average	192	163
Median	125	108.5
Mode	50	18a
Standard Deviation	187.5	163.6
Minimum	43	1
Maximum	894	730
Count	25	42

a. Multiple modes exist. The smallest value is shown.

Table 2 shows County results that 55% of participants exit to stable housing.

Table 2. County Discharge Results\*

Discharge Outcome	Attrition (Death)	Satisfactory	Unsatisfactory	Total Exiting
Total	2	22	18	40
Percent	**	55	45	100

\* See uncategorized table in Appendix A

\*\* Attrition is monitored separately. When the attrition percent exceeds the value in the general substance using population, OCH and County staff need to discuss counter measures. Pivot estimates that 2.2% of drug users die from overdose annually. (Calculated as follows: 14.9% of US population uses drugs illicitly (<https://www.cdc.gov/nchs/fastats/drug-use-illicit.htm>). U.S. population in 2021 was 331.9 million. 14.9 % of the U.S. population is 4,945,310. 106,699 individuals died of overdose in 2021.  $106,699/4,945,310 = 0.0215$ . Rounded to 2.2%)

### UNM Office of Community Health Discharge Results

For the 37 Villagers discharged during the study period, the average length of stay was 128 days (Table 3). However, upon graphing the data, a bimodal distribution appears with a peak between 0 and 50 days, and there is a peak between 200 and 250 days (Figure 2). This means that Villagers have at least two patterns of participation. The shorter pattern needs more investigation. The longer pattern follows expected response to intervention.

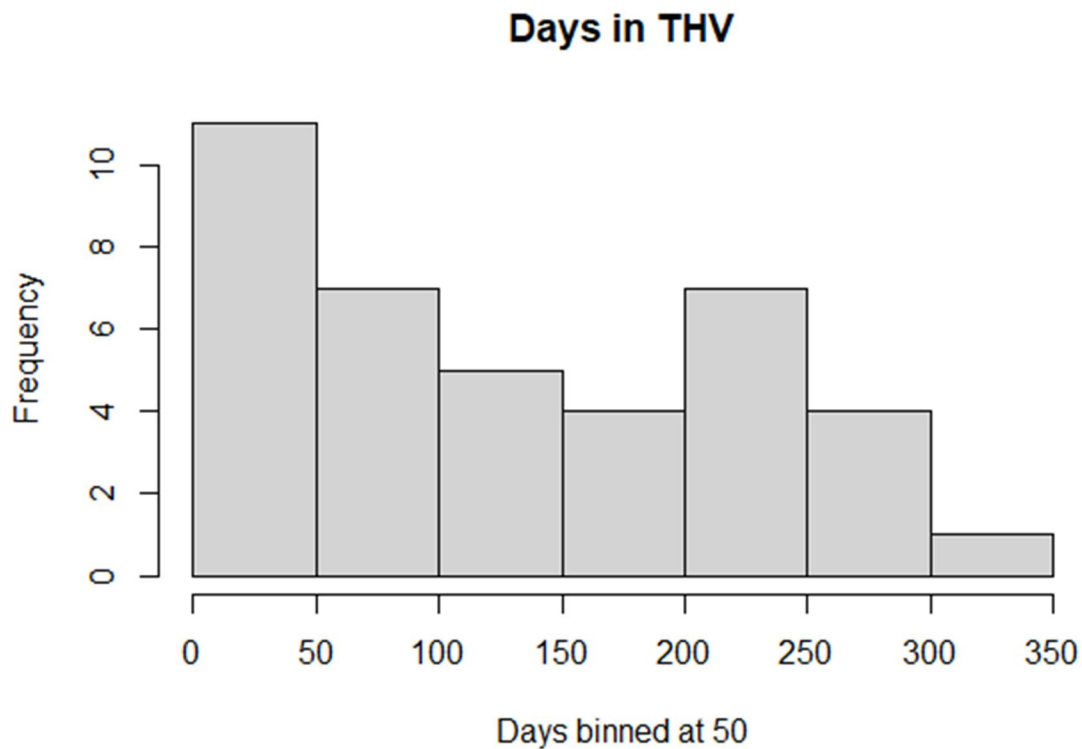




Table 3. Length of Stay for Discharged Villagers

Statistic	Days Resident
Average	128.8
Median	111
Min.	0
Max.	305
SD	96.7
N	37

Figure 2. Length of Stay Distribution for Discharged Villagers



N = 39 due to subsequent data pull with a longer period ending 16 November, 2023

To understand this bimodal distribution further, Pivot used a Phi coefficient to determine if length of stay predicted successful outcomes (Table 4).  $\Phi^2$  equaled .123 ( $p < .05$ ) meaning that only 12% of variability in success could be accounted for by length of stay. That is, Villagers staying less than 104 days also saw successful exits.



Table 4. Phi Contingency Table

Discharge Success	Length of Stay		Total
	less than 104 days	104 or more days	
Not Successful	12	6	18
Successful	6	13	19
Total	18	19	37

Of discharged Villagers, 46% accomplished their individual service plan (ISP) goals. Not only are Villagers moving on to stable housing, they accomplish goals leading to improved self-determination.

The question is, what would be an acceptable success rate? Pivot proposes that the complexity of the problem of unsheltered people should be thought of in terms of the whole population. If County funds reduce the unsheltered population by 50% would that be acceptable? Would 30% be acceptable? While the Tiny Home Village is a part of a larger effort, a 55% success rate (stable housing) rises to the level of an important effect size. If all County and grassroots efforts led to a similar effect, any citizen would see an observable difference in the population of unsheltered people within the County and most citizens would consider that a success.

Table 5. Villager Discharge Reason

Reason	Percent
ISP Goals Accomplished	17
Opted Out	5
Non-compliance w/Village Rules	10
Deceased/Legal Reasons/Safety Concern/Risk	5
Total	37

Perhaps the most important finding is that 8% of participants had unsuccessful discharges but also landed stable housing after discharge. In that sense, the success rate is better characterized as 54%.



Table 6. Villager Discharge Destination

Destination	Value
Stable housing/Living with friends/family	20
Homeless/shelter	6
Hotel/motel	0
Detention facility	0
Transitional program	0
Medical/Psychiatric facility/Unknown/Other	11
Total	37

### Summary of Discharge Results

The County reports that 55.0% of participants exit to stable housing opportunities while the UNM Office of Community Health reports 54.0%. The alignment of these figures across different time periods provides evidence that discharge success estimates are accurate.

Similarly, the County median length of stay (108 days) and the UNM Office of Community Health (111 days) provide very similar results. The average length of stay did differ significantly from 128 days for the UNM Office of Community Health to 168 days for the County records. Pivot attributes this difference to the County's inclusion of original residents participating before clinical staff had well established practices (due to start up implementation). This apparent reduction in length of stay indicates that as interventions ramped up, they reduced the time required for Villagers to transition to stable housing.

What should be the standard for success? Since the Behavioral Health Initiative money was authorized by voters, the standards could be related to voter sentiment. Would they be happy with 50%? Three considerations arise:

First, due to the population size in need of shelter, should the County develop methods that selectively assign the fastest responding participants to the Tiny Home Village?

The vastness of need compared to the 30 tiny home means that more individuals are helped per period of time the better the Tiny Home Village resource is used. The implication is that an empirical study of the selection process and success will improve selection processes and conversion to stable housing.

Second, since the Tiny Home Village is not large enough to manage the volume required, the public may expect an overall success rate of 50% from all programs. The county has not determined a metric for success. Those are usually developed from Mission and vision statement which the County has not developed as pointed out in



previous reports. Other experiments with tiny home villages found a 45% success rate. Pivot found the Bernalillo County Tiny Home Village to exceed 50% while not being fully staffed or implemented optimally. County officials and the public must consider such findings a success and expect improved success likely.

Third, the Public may expect that the remaining population will decrease due to effective preventative measures. A number of causal factors have contributed to the current housing crisis including a redistribution of wealth to a minority of the population over the last 40 years, rising real estate costs, and shedding of jobs due to economic transition from manufacturing to service. Other public health factors also weigh in including lack of affordable behavioral healthcare and an uncontrolled opioid campaign. The opioid epidemic has been uncovered and effectively mitigated on the retail market although the black market has stepped up to fill a void. In as much as the opioid epidemic caught up a portion of the population unwittingly, that portion will eventually seek treatment and exit the homeless ranks. Opioid settlement intervention windfalls, correctly placed, offer an opportunity to recover people from tragic circumstances and outcome. In this sense, the public should expect additional reductions in homeless populations as a result of well spent opioid settlement money.

Both datasets include deaths (2.9%) which slightly exceed national standards (2.2%) calculated from CDC resources. In studies like this, those deaths are considered attrition and must be monitored carefully. It may be that the 2 deaths unfortunately occurred in close proximity (stochastically) and that over time the percentage will fall to a level consistent with national standards. Alternatively, Pivot developed a standard based on National figures. Nevertheless, New Mexico is well known to have been impacted more heavily by the opioid epidemic, meaning a higher standard would be appropriate for New Mexico. Pivot considers the current level of attrition to likely fall into an expected range. Monitoring the circumstances of individuals who die may suggest opportunities to reduce risk of death. Such practices are common in other public health arenas, (e.g. suicide prevention).

#### **B. Effect of Policy on Occupancy and Time to Discharge**

While Figure 1 shows a gradual increase in occupancy over time, Pivot observed similar outcomes related to period of residence (time to discharge) as shown in Table 7. Individuals participating (moving in) before 2023 took an average of 237 days to exit. However, those participating (moving in) during 2023, took 77 days to exit. This shows that new policies likely reduced the time to exit and made the intervention more effective.



Table 7. Time to Discharge (Exit)

DaysTHV	Participating Pre 2023	Participating 2023
Mean	237.52	88.81
Median	231	77
Mode	52.00a	18.00a
Minimum	21	1
Maximum	730	259
Standard Deviation	193.76	75.45
Count	21	21

a. Multiple modes exist. The smallest value is shown.

If we look at success between the Pre 2023 and the 2023 participating groups, we see no impact on success rate (Table 8). Breaking the groups up further shows even more encouraging news. Successful exits under new policy and practice occur on average in 121 days, while unsuccessful exits occur after only 45 days. That is, under the newer policies, successful exits occurred 2.6 times faster. Similarly unsuccessful exits occurred 3.9 times faster. These policies allow more unsheltered people to use the facility for any given time period, saving the County money and allowing for more participants to find stable housing. One note of caution, small cell sizes like these sometimes incorrectly show early findings. Continued monitoring of this data will help build confidence that the successful program findings will hold over time.

Table 8. Time to Discharge (Exit) by Early vs Late Participation (move in).

DaysTHV	Pre 2023 Type of Discharge			Participating 2023 Type of Discharge		
	Death	Satisfactory	Unsatisfactory	Death	Satisfactory	Unsatisfactory
Mean	117	316.2	176.89	.	121.67	45
Median	117	276	52	.	91.5	23
Mode	81.00a	231	52	.	259	18
Minimum	81	191	21	.	11	1
Maximum	153	726	730	.	259	111
Standard Deviation	50.91	154.89	225.91	.	79.08	43.05
Count	2	10	9	0	12	9

a Multiple modes exist. The smallest value is shown.



C. Are Villager self-determination skills improved?

Self-improvement Event Opportunities.

Both BernCo Staff and UNM Office of Community Health offer events to engage Villagers in ways that develop their ability to live independently. Such engagement spans a breadth of topics. County staff provided a recent sample of event types and attendance (Table 9). The UNM Office of Community Health Offered a comprehensive list of events for the period of their data set (Table 10). Combined, these opportunities offer a rich set of experiences to guide self-improvement efforts.

Table 9. Recent County Event Opportunities

Date	County Event Opportunities	Attendees
10/3/2023	Coping Mechanisms Class 1	5 or Fewer
10/8/2023	Bingo Night	5 or Fewer
10/10/2023	Coping Mechanisms Class 2	5 or Fewer
10/15/2023	Bingo Night	5 or Fewer
10/17/2023	Coping Mechanisms Class 3	None
10/24/2023	Coping Mechanisms Class 4	None
10/24/2023	Trivia Night	5 or Fewer
11/5/2023	Bingo Night	8
11/7/2023	Job Development Class 1: Resume Building	None
11/9/2023	Trivia Night	None
11/14/2023	Job Development Class 2: Helpful Applications for Job Searching	None
11/16/2023	Trivia Night	None
11/19/2023	Bingo Night	5 or Fewer
11/21/2023	Job Development Class 3: Applying for a Job	None
12/3/2023	Bingo Night	None
12/7/2023	Trivia Night	None
12/10/2023	Bingo Night	5 or Fewer
12/12/2023	TedTalkTuesday: Topic Resiliency	None
12/14/2023	Trivia Night	None
12/17/2023	Bingo Night	5 or Fewer



Table 10. Office of Community Health Event Opportunities

Office of Community Health Event Opportunities	N Event Dates	Sum Villager Attendance
A Beautiful Life	12	35
AA/NA Meeting	4	8
Art Therapy and Mindfulness Group	2	16
Budgeting	1	5 or Fewer
Community Connections Info & Intake Group	1	9
Coping Skills	2	5 or Fewer
Dinner Convos Mindfulness Group	5	28
God's Warehouse - Monthly Food Box	1	5 or Fewer
Guided Meditation for Healing	1	5 or Fewer
Harm Reduction Personal Values Inventory	2	5 or Fewer
Ideas for Cooking And Nutrition (ICAN)	7	21
IDT Biweekly Meeting	1	0
Job Readiness	7	22
Life Skills	1	5 or Fewer
Mental Health and Mindfulness Group	20	76
Mentality Mindset Through Recovery	4	12
OMI, Grief and Loss Group	7	19
Peer Support Solutions - various	30	132
Self-Care	1	5 or Fewer
Therapeutic group	20	90
THV Group Event	1	8
Transitional Plans/Meet new staff from county	1	5 or Fewer
Villager Discussion	1	13
Villager Meeting	2	18
Vocational	1	5 or Fewer
Total	135	*

\* A total would be meaningless because it would repeatedly count individual attendees.

A keen observer will notice that some topics overlap between organizations. This brings a number of considerations. First, notice that there are some sessions with no participants at all. While program staff at the County and Office of Community Health may wish for better attendance, consider that of the, at most, 30 potential participants, each is at a different stage of reengagement. Individuals recently moving into the Tiny



Home Village will be unable to take advantage large group opportunities when they struggle with culture shock associated with reengagement. Attending meetings in large groups triggers anxiety in many newly reengaged individuals.

Second, in most social work settings, professionals consider an overlap in services as problematic, specifically as a waste of resources. Pivot finds such a position difficult to defend given that capacity rarely matches need and the preference variation of people using the services. Redundant systems are used to great benefit in engineering contexts and when applied to social context offer more customized choices. Said another way, while it may appear that the organizations are competing, they may really be catering to Villager preferences.

Third, alternatively, Villagers may find it confusing when agencies offer the same type of opportunity. In other contexts, covered in this report, role clarity between the agencies caused frustration among Villagers. Until the agencies sort out their role functions and Villagers indicate high satisfaction with roles of each organization, perhaps further differentiation in function would improve Villager satisfaction.

Finally, due to late start-up and staff changes for both organizations, insufficient numbers of participants offered feedback that would describe how these opportunities facilitated behavior change over time. It is reasonable to consider that both organizations remain in this start-up mode until staff have been regularly assigned to the Tiny Home Village for 12 months. By then, collection of satisfaction with event opportunities should be routine and collected systematically.

#### Goal Establishment and Completion

Another way to observe program success is to observe goal establishment and completion. Table 11 shows the three opportunities for the Office of Community Health to establish goals. The column titled, 'Encounter Form,' indicates how many times the indicated number of goals were observed and monitored, while the remaining columns indicate how many people established the number of goals indicated.





Table 11. Goal Development by Context

N of Goals	Encounter Form Goal	Participants with Therapy Goals	Participants with Individual Service Plan Goals
0	557	0	0
1	716	7	2
2	131	10	4
3	52	1	23
4	13	2	17
5	0	0	3
6	0	0	5
7	0	0	4
NA.	0	0	0
Totals	1469	20	58

Not all goals are created equally as some are more difficult to accomplish than others. 46% managed to accomplish their first goal (Table 12).

Table 12. Villager Encounter Form Goal Completion Status

Completion Status	Goal 1	Goal 2	Goal 3	Goal 4
No	11	13	13	6
Yes	17	13	11	10
NA.	9	11	13	21
Total	37	37	37	37

Therapy goals (Table 13) tend to be more complex and require behavior change relative to intake goals which are often more practical in nature. The Office for Community Health has only provided one therapist for a brief period despite attempts to fill the position. Pivot observes that filling any level of behavioral health position in the Bernalillo County area suffers from a lack of qualified individuals available to hire.



Table 13. Villager Therapy Goal Completion Status

N Goals Set	N People Completing
0	7
1	10
2	1
3	2
Total	20

Monitoring progress as well as completion, offers a more sensitive measure of benefits from the intervention that Villagers enjoy (Table 14).

Table 14. Therapy Goal Progress Status

VALUE	Goal 1	Goal 2
Unchecked	11	14
Checked	9	6

Case Managers offered a variety of resources to Villagers. Table 15 shows the breadth of resources Case Managers offered. This breadth indicates case manager knowledge of available community resources.

Table 15. Resources Offered to Villagers by Case Managers.

Resource	N
Housing	135
Health Coverage/Medical	83
Other community referral	80
Employment/Vocational	66
Food	53
Mental Health Community Referral	47
Substance Abuse Community Referral	47
Income	41
Education	18
Life Skills	17
Mobility	16
Legal	16



Resource	N
Community Involvement	6
Family/Social Relations Community Referral	5 or less
Disabilities Community Referral	5 or less
Other internal Referral	5 or less
Safety Community Referral	5 or less
Mental Health THV Counselor (Internal Referral)	10
EITC (Internal Referral)	10
Community Connections (Internal Referral)	10
Substance Abuse THV Counselor (Internal Referral)	6
THV Counselor Other Need (Internal Referral)	5 or less
Life Skills THV Counselor (Internal Referral)	5 or less
ICM (Internal Referral)	5 or less
Disabilities THV Counselor (Internal Referral)	5 or less
Pathways (Internal Referral)	5 or less

D. Villagers Critique Their Experience.

Pivot met with Villagers on 6 Friday evenings between July 7, and September 29, 2023, to discuss their experience. To incentivize participation, Pivot supplied dinner for all Villagers. Villagers were welcome to dinner whether they participated in the feedback session or not. Sessions included between 6 and 14 villagers. The accountability section below discusses participation in this evaluation activity. Pivot recorded anonymized notes on paper and reviewed them with villagers for accuracy at the next meeting. Upon verifying the accuracy of our notes, Pivot sent copies to UNM Office of Community Health and Bernalillo County staff. This practice allowed Bernalillo County staff to make a number of important adjustments and plan for others.

During the entire feedback gathering process, participants commented on the respect and attention they received. Indeed, at every step of the THV experience, being treated with respect is a departure from the experience Villagers had on the street.

Finally, while this section repeats comments and suggestions from Villagers, the County has had opportunity and time to address some of the suggestions. Text in green below indicates items Bernalillo County staff addressed or made plans to address. Pivot found 7 frequently mentioned topics:



- Case Management
- Safety at THV on and off premises
- Communication
- Quality of Life
- Pets
- Transportation
- Accountability

### Case Management

The biggest evidence that Villagers had gained some self-determination and independence was how they described the help offered by the case managers. The Villagers resoundingly reported how helpful the case managers are. Villagers value Case Managers services, efforts, encouragement, behavioral health planning and connections.

All other comments Pivot recorded amounted to suggestions for improvement. Villagers recommended additional training for Case Managers for THV rules, and drug and alcohol awareness. Additionally, they suggested better communication among Case Managers and Security Staff. While Villagers suggested training and improved communication, the discussion made it clear that role clarity issues between County staff and Office for Community health needed discussion and resolution. Pivot is prepared to facilitate such a meeting and discuss examples of conflicts raised by Villagers.

### Safety at THV on and off premises

#### On Campus

- County **Risk Management** needs to address environmental hazards. Villagers have observed needles on THV premises and on sidewalks adjacent to THV premises and have engaged in cleanup efforts without safety equipment. Similarly, air quality from unhoused sidewalk residents' smoking of controlled substances near campus. Both needle and air quality issues produce unnecessary recovery challenges for Villagers.
- Villagers mentioned ADA compliance issues associated with **restrooms/showers needing rails, concrete paths to home where villagers have walkers/wheelchairs. Upon learning of these issues County staff took action.**
- **Villagers also asked for toilet seat barriers and additional cleaning supplies. County staff responded swiftly to these requests as well.**

The green text indicates Bernco staff have addressed or begun the process of addressing due to having seen results from Pivot's recurring session reports.



...and Off Campus

- Many Villagers fear leaving the village due to aggressive unhoused neighbors. Lashing out at unhoused neighbors, local residents have been known to fire weapons at unhoused neighbors to frighten them off. This illegal behavior is a safety issue for Villagers, County and UNM staff, neighbors, housed and unhoused.
- **Risk Management** needs to investigate reports of feces on adjacent sidewalks of the Tiny Home Village as a potential vector for disease.

### Communication

Villagers report that “staff have been inconsistent distributing activity information inhibiting participation.” While they did not specify County or Office for Community Health staff, both organizations appear to suffer the same challenge.

Villagers also suggested a bulletin board where they can share outside resources with other Villagers. While County and Office for Community Health both refer Villagers to services outside the facility, having a resource directory populated by villagers, may fill in referral gaps, add alternatives following for personal preference, and help build Villager agency.

### Quality of Life

Villagers suggested a number of Quality-of-Life issues they felt would improve their experience. These important details likely speed recovery and should be taken seriously. Gardening tools and supplies should be a minor expense and give the villagers a fulfilling task to add to their day and to community life. They also suggested additional activities they would like to see. As suggested elsewhere in this report, role clarity on which organizations provide this training needs further exploration. Villagers suggested they would like to see regular computer training, motivational speakers, plays, bowling, orchestra/concerts, weekend activities for folks with jobs.

### Pets

Pets are a fact of life for many unsheltered people. Pets provide many people with companionship, a purpose for life, and a grounding for practical survival. This behavior is a potential connection back to social integration. However, pets can pose an obstacle to receiving services too. Given the benefits of pets within the unsheltered population, the intervention needs to capitalize on pet ownership as a contributing factor to social reintegration by including pet considerations as essential program elements. As such basic animal husbandry concerns Villagers. Their pet companions need grooming and veterinarian services. The space at the Tiny Home Village needs



regular dog park upkeep including changing the mulch (a potential **Risk Management** issue).

### Transportation

Comments about transportation included missing doctor appointments, better communication about rules, availability, and notification of arrival would help villagers make important appointments outside the Tiny Home Village. Villagers acknowledged that transportation had been hindered by some maintenance issue or other vehicle availability problem. Such downtime likely extends the length of time a Villager spends in the facility to an unknown degree.

### Accountability

Villagers suggested a review of THV rules for better consistency and friendlier enforcement (trauma informed). This is part of a larger issue associated with role clarity between UNM OCH and Bernco staff. Villagers report unnecessary protectionism related to outside case management support. Other comments about clarity of roles between Bernco staff and UNM Office of Community Health staff arose associated with competing activity offerings. Suggested line by line, exhaustive rule review and role clarity would be a joint activity between UNM OCH and Bernco staff. Discussion of how each organization manages each rule will show potential alignment, conflict, or opportunity for clarification. Pivot suggests a face-to face meeting for this and can facilitate the discussion.

Management needs to reconsider mandated meetings due to transition from “street life” (i.e. solo survival mode to group setting) (trauma informed). Villagers reported a sort of culture shock after being on the street and then being “required” to go to meetings with crowds of people and feeling unsettled during the event. While the County has an interest in accountability, they need to consider how previous trauma has affected the functionality of the recently arriving Villagers and adjust policy and practice to accommodate the transition back to social engagement.

Finally, while policy and practice have addressed drug and alcohol use at the Tiny Home Village, the Villagers suggested the problem remained at night when supervision was absent. The Villagers asked to find ways to address drug and alcohol use by Villagers late at night.

#### E. Villager Feedback Conclusions

- Sending feedback notes to UNM and BHI staff has led to quick responses and solutions that concerned Villagers.



- Safety remains an issue BernCo Risk Management should address.
- Numerous accountability issues require attention (e.g. role clarification, rule consistency and enforcement).
- BHI and UNM staff must constantly consider and discuss Trauma Informed practices for the transition period for new villagers.

F. A Potential Outcome Measure

UNM Office of Community Health case managers administer the local Social Determinants of Health (SDOH) measure at intake and at discharge. Only 19 of the 37 Villagers completed both pre and posttests. In this case, and as in every other case, Pivot has studied, the majority of change was negative (Table 16). That is, Villagers appear to report that elements of the SDOH have gotten worse. Pivot concludes that this instrument is not functioning effectively, likely due to changing reference point of the Villagers over time. There are two solutions. First, UNM Office of Community Health may wish to try a retrospective pretest/posttest administration method at discharge. This would eliminate any other administration of the SDOH, simplifying data collection to a small degree. Second, UNM Office of Community Health may wish to find another validated instrument to replace the SDOH. Bernalillo Behavioral Health Initiative staff, must eliminate the current guidance for SDOH use and suggest other options for service providers.

Table 16. Percent of Participants SDOH Change Over Time.

Change	Food Dif	Transportation Dif	Harm Dif	Medical Dif	BH Dif	Substance Dif
-3	10.5	10.5	15.8	0	0	0
-2	10.5	26.3	5.3	5.3	5.3	10.5
-1	21.1	0	5.3	26.3	31.6	21.1
0	42.1	31.6	52.6	57.9	57.9	63.2
1	5.3	15.8	5.3	5.3	5.3	0
2	5.3	5.3	15.8	5.3	0	0
3	5.3	10.5	0	0	0	5.3

N=19



## G. Who Used Tiny Home Village?

### County Participant Demographic Results

While reporting demographics remains standard practice for program evaluation, its value here shows whether participants are equitably distributed across racial and ethnic groups among others. Pivot obtained demographic data from UNM Case Management records.

Tiny Home Village users tend to be a bit older than the general population (Table 17 and Table 18).

Table 17. Villager Age Distribution (County Records)

Age Group	Percent
Below 40 YO	22.2
Below 50 YO	26.7
Below 60 YO	26.7
Below 66 YO	24.4

N = 67

Table 18. Villager Age Descriptive Statistics (County Records)

N	Valid	45
	Missing	22
Average		49.1
Median		50.8
Std. Deviation		11.8
Minimum		26.7
Maximum		66.0

### UNM Office of Community Health

Table 19. Villager Age Range

Age	Percent
18-44	37
45+	63

N= 60





That 63% of Villagers were 45 or older (Table 19), may indicate a labor and retraining need of particular interest to New Mexico Workforce Solutions.

Table 20. Villager Gender

Gender	Percent
Male	62
Female	38

N= 60

Males comprise the majority (62%) of Villagers (Table 20).

Table 21. Language of Villagers

Language	Percent
English	95
Blank	5

N= 60

The majority of Villagers spoke English (Table 21).

Ethnicity and Race reporting possess a number of challenges. First, this report follows U.S. Census conventions for comparability purposes; however, the current version does not resonate with significant portions of the population. Second, because of the small cell size, groups were combined to protect the identity of Villagers. Table 22 shows Villager Ethnicity while Table 23 shows their race. As with age, as time passes, and more participants receive services, more groups will populate this table.

Table 22. Villager Ethnicity

Hispanic	Percent
Yes	47
No	53

N= 60

Nearly half (47%) of Villagers consider Hispanic their ethnicity (Table 22).



Table 23. Villager Race

Race	Percent
White	60
American Indian/Alaska Native/Asian/Black or African American/ Not reported (blank)*	17
More Than One Race	12
Other	11

N= 60

\* Groups combined to protect identity.

The 2023 Bernalillo County Point in Time (PIT) report attempts to count the number of unsheltered individuals. This annual report follows standard practices in attempts to identify needs of the unsheltered and potential shifts in the population. The PIT report uses a non-standard, but perhaps more locally relevant combination of ethnicity and race. It shows 41% calling themselves Hispanic/Latin(a)(o)(x), 30% of respondents report being White, 14% being American Indian or Alaska Native, and 9% African American. The remaining 6% is not reported in the graphic. While no conclusions may be drawn from this comparison, so far, the standard for any equity determination should come from the PIT count results (meta-analysis across multiple years may be appropriate).

Table 24. Prior County of Residence

County of Last Residence	Percent
Bernalillo County	92
Other NM County	8

N= 60

Most Villagers (92%) resided in Bernalillo County prior to their residence in the Tiny Home Village (Table 24).

Table 25 shows various statistics related to income at both intake and discharge. At least two challenges make this information difficult to interpret. First, the intake Max indicates that one Villager earned \$7,000 a month which renders the average (mean) useless. The mean, (in green) represents the best comparative measure. Second, these groups cannot be directly compared effectively. The 18 individuals reporting income at discharge are a subgroup of the 42 at intake. A better measure would indicate income change over time by individual. The database undoubtedly collects the correct



information, Pivot needs to upgrade its data request in the future. The best interpretation of Table 25 is that income appears to remain relatively constant across time, pending better data analysis.

Table 25. Average Villager Monthly Income Over Time

Statistic	Income at Intake	Income at Discharge
Mean	\$771.83	\$522.44
1st Quartile	\$240.00	\$50.00
Median	\$579.00	\$530.50
3rd Quartile	\$983.75	\$930.00
Min.	0	0
Max.	7000	1200
NA's	18	19
N	60	37

Sources: Tanif, SSI, Earned, CS, Other

#### H. What else do we know about Villagers?

While we did not have reliable insurance information, 59% reported having a primary care physician according to UNM OCH records. This has implications for Medicare and doctor funding.

UNM OCH has identified problems with insurance data collection and will be upgrading that process to show changes in insurance coverage over time. This has implications for dispersing funding burden.

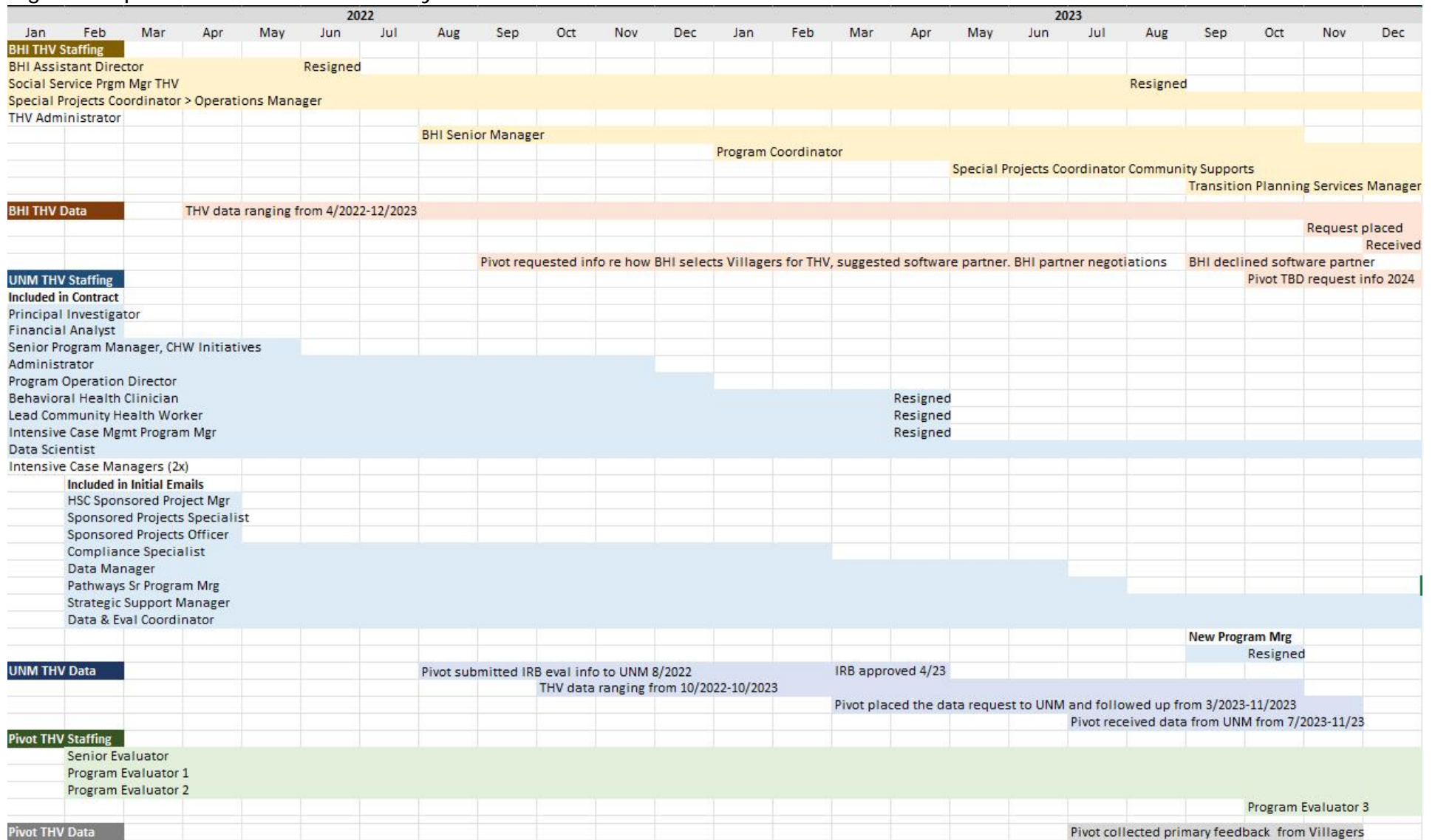
#### I. Operational Effects on the Intervention

Since the Tiny Home Village is relatively new, operational irregularities likely impacted success rates. That is to say, success rates will likely improve in the future. Both the County and Office of Community Health have had staffing challenges. While the Office of Community Health has an excellent database, important improvements are necessary associated with goal measurement and health insurance coverage. The County database requires significant attention for current Villagers. The selection process database has yet to be shared with evaluators. As mentioned previously, the County must assure equitable assignment to vacant homes or risk litigation. The selection database will allow evaluators to determine equitable assignment to vacant positions.

Figure 3 shows a timeline of various program and administrative staff involvement.



Figure 3. Operational Schedule for Study Period



## J. Cost Analysis

Pivot obtained cost data from BHI administrators. A number of observations help set the context for this cost analysis. First, it is based on the most recent 12 months since policy and practice have improved efficiency. Second, it is based on averages. Exits to stable housing averaged 121 days during this period, and those that exited in other conditions took 45, shows that it is possible to exit more than 30 individuals in a year when there are only 30 homes. Third, choosing which average to use to best represent the cost is tricky. Should the value of those with stable housing be used? Those with unsuccessful exits also cost money although much less. An average of the two is fair but hides the actual costs of those who exit. Some may suggest a median is better because of the small sample size. This estimate uses the highest value (121) of the cost of successful outcomes (median 95 days). The average time of both the exit to stable housing and the unknown exit groups is 89 days (median 77 days). Pivot presents the highest and lowest estimates as a range of expected costs per person.

Table 26. Operational Monthly Cost Calculation

	Annual Budget	Average Monthly Cost
UNMOCH Case Management Contract	\$455,000.00	\$37,916.67
PIVOT Evaluation	\$52,119.00	\$4,343.25
Operating Budget	\$642,014.71	\$53,501.23
<b>Total Operating Budget</b>	<b>\$ 1,149,133.71</b>	<b>\$95,761.14</b>

Table 27. Payroll and Benefits Monthly Cost Calculation

	Fully Staffed	Actual Current	Average annual cost	Average Monthly Cost
Building Maintenance Technician	\$64,570.00	\$64,570.00	\$64,570.00	\$5,380.83
Social Services Technicians x 6 \$467,793.00 (Four Vacant Positions)	\$467,793.00	\$155,775.07	\$311,784.03	\$25,982.00
Program Coordinators x 3 \$262,536.00 (Two Vacant Positions)	\$262,536.00	\$87,424.488	\$174,980.24	\$14,581.69
Social Services Program Manager \$111,436.00 (Vacant)	\$111,436.00	0	\$55,718.00	\$4,643.17
<b>Total Payroll with Benefits</b>	<b>\$906,335.00</b>	<b>\$307,769.56</b>	<b>\$607,052.28</b>	<b>\$50,587.69</b>



Table 28. Cost Per Month and Per Person

Total Monthly Cost (Operational plus Average Payroll & Benefits)	\$146,348.83
Average N of Residents last 12 months	22.4
Average Annual Cost per Resident per Month	\$6,533.43
Average N of Residents Trending Full Occupancy (Jul-Dec 2023)	25.8
Average Annual Costs per Resident per Month Trending Full	\$5,672.44
High Estimate Average Cost Per Exiting Resident (@ 121 days)	\$22,565.41
Low Estimate Average Cost Per Exiting Resident (@ 77 days)	\$14,359.81

The cost range per person to exit given recent Tiny Home Village capacity and exit to stable housing using an average cost per month to exit is between \$14,360 and \$22,570. This seems like a small price to house people and reengage them socially to where they begin contributing to sales tax again.



Appendix A  
Discharge Outcome by Type of Discharge

Appendix A shows categorization challenges with current data system. Irregular spelling, capitalization, and punctuation cause categorization challenges.

Discharge Outcome	Type of Discharge		
	Attrition (Death)	Satisfactory	Unsatisfactory
Blank			
Terminated			
Terminated. Illegal drug paraphernalia			
Terminated. Alcohol found in home.			
Terminated. Disorderly conduct. Refusal to detox.			
Terminated. Incoherent/drug paraphernalia found in TH			
Terminated. Intoxicated and Alcohol found in home.			
Terminated. Maximum write-ups. Village Agreement Violation			
Drugs and drug paraphernalia found in home.			
Found drug paraphernalia and alcohol bottles in home			
Unauthorized visitor, Drugs in room			
Exit Noncompliance			
Did not complete detox treatment???			
HUD-VASH voucher/Termination???			
Discharged due to leaving and not returning to THV			
Absconded, Non-compliant			
Exit Self-discharge			
Apartment with Voucher Program			



Discharge Outcome	Type of Discharge		
	Attrition (Death)	Satisfactory	Unsatisfactory
Section 8 housing			
Apartment with Housing Voucher			
Permanent housing/voucher			
Linkages Housing voucher			
Housing with Voucher			
Subsidized Housing			
He found an apartment on his own.			
Moved into apartment without voucher			
Apartment			
Unsubsidized Housing or Unknown			
Discharged due to feeling uncomfortable at the THV and preferring to live with family. Satisfactory due to moving in with family.			
Discharged due to needing to return to his home state. Satisfactory due to moving in with family.			
Joined Family or Friends			
Transferred to Nursing Home.			
Transferred to Inpatient Facility			
Deceased			
Passed away			
Death			





## References

1. New Mexico PIT Count 2023.
2. All studies reviewed agree that homeless people with pets tend to be very emotionally attached to their pets and prioritize the pets' wellbeing. However, while having pets can be emotionally protective, it is a barrier for service access. Essentially, having pets is good while on the street and people take good care of the pets, but potentially at the expense of being able to access services for themselves including resources to get off the street.
  - a) "Quantitative results showed that the medical care sourced for pets exceeded that for the owner's own health, with 86% of participants seeking healthcare for themselves within the past year and 93% of participants seeking veterinary care for their pet within the past year. Results also displayed self-described health of the animal faring better than that of the owner, with 47% of participants reported being "Healthy" or "Very healthy" compared with 90% of pets being reported as the same. Themes emerging from the qualitative research included that persons experiencing homelessness with animals place a high value on the health and welfare of their pets, that the animals can pose a barrier to traditional health services and access to overall services, and that the owner's need for animal companionship and support is high."  
<https://www.tandfonline.com/doi/full/10.1080/08927936.2022.2042082>  
"Among pet owners in 2017, 48% (n = 1,362) reported being turned away from shelter because of pet policies...Pet ownership represents a major obstacle to accessing shelter among unsheltered homeless adults."  
<https://dworakpeck.usc.edu/sites/default/files/2020-10/Henwood%20Dzubur%20Rhoades%20St.%20Clair%20Cox.pdf>  
And, homeless people do sometime struggle to provide veterinary care as well:  
<https://journals.sagepub.com/doi/abs/10.2466/pr0.1994.74.3.715>
  - b) This scoping review included 18 articles to address the question "What are the effects of pet ownership on people experiencing homelessness?...Three domains have been principally examined in relation to pet ownership and homelessness: (1) psychological health and purpose; (2) social support and connection; and (3) access to housing, employment, and service use."  
[https://www.researchgate.net/profile/Nick-Kerman/publication/334944243\\_Pet\\_ownership\\_and\\_homelessness\\_a\\_scoping\\_review/links/5f4920fa458515a88b7d4977/Pet-ownership-and-homelessness-a-scoping-review.pdf](https://www.researchgate.net/profile/Nick-Kerman/publication/334944243_Pet_ownership_and_homelessness_a_scoping_review/links/5f4920fa458515a88b7d4977/Pet-ownership-and-homelessness-a-scoping-review.pdf)
  - c) "This Article...establishes the three main types of pets the homeless population owns: companion animals, service animals, and emotional support animals",



including associated benefits, challenges, and potential solutions.

<https://lawcommons.lclark.edu/cgi/viewcontent.cgi?article=1114&context=alr>

- d) Finally, "this paper examines personal narratives in which homeless and formerly homeless people construct their companion animals as having changed or saved their lives. As dependent others, animals encourage a sense of responsibility. As the providers of unconditional love, they reward the fulfillment of responsibility. And as silent witnesses, they keep the tellers from lapsing into risky behavior. Narratives that describe animals in these ways allow for the construction of a positive moral identity."

<https://journals.sagepub.com/doi/full/10.1177/0891241612456550>

