

Bernalillo County Behavioral Health Initiative

Tiny Home Village Program Evaluation

2024 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 Home 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 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 THV.

D. Program Evaluation

Pivot began conducting process evaluation with THV in April 2022 and continued with outcomes evaluation in 2023. The Evaluation was extended to cover the period of the University of New Mexico Office of Community Health (UNM OCH). Contract that ended June 2024. 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 BHI processes while recording various community successes.

II. Program Description

County program planners imagined The Tiny Home Village as an 18- to 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 homes of 120 sq. ft each. 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 encouraged community living by having all 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, while UNM Office of Community Health case management provides services during normal business hours (weekdays 8am to 4pm). Bernalillo County staff provides group opportunities in the evenings and on weekends to accommodate villagers' schedules while UNM OCH provides additional clinical and/or treatment-oriented groups. County staff manage Villager intakes, orientation, and various activities, as well as expectations for participants' behavior. 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

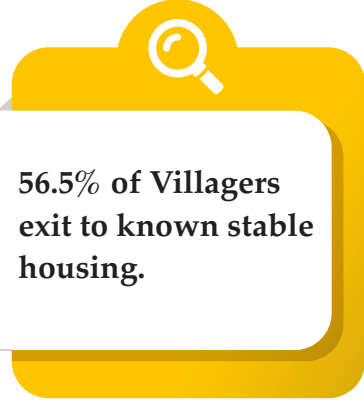
important reasons. First, the County must ensure equitable access, which requires monitoring the selection practices. Second, it may be possible to use the selection process to decrease time to exit (increasing number of people who can be served), or to decrease the number of unknown outcomes.

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, 56.5% 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 helped identify a better placement.



56.5% of Villagers exit to known stable housing.

Q2) Are Villager self-determination skills improved?

This important question adds to what we know about villager experiences. Villagers accomplished individual service plan (ISP) goals, therapy goals, and discharge 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 BHI must develop case managers to facilitate service access for the unhoused population at large.



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Q3) What else did we learn?

This report presents results from data collected between October 1, 2022, and May 31, 2024, dates. Sources of data come from UNM Office of Community Health which manages the caseworkers responsible for supporting 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 average cost per month per person to exit to stable housing given recent Tiny Home Village capacity is \$2,717 per month. Average total costs per person run \$8,286 at an average of 183 days to exit.

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 more than 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 collaboration.

Villagers spanned the age range. Because of small participant 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 program outcome 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 June 2024), and the UNM Office of Community Health case management data set (Oct 2022 through May 2024). Due to the differing lengths of observation periods, different num-

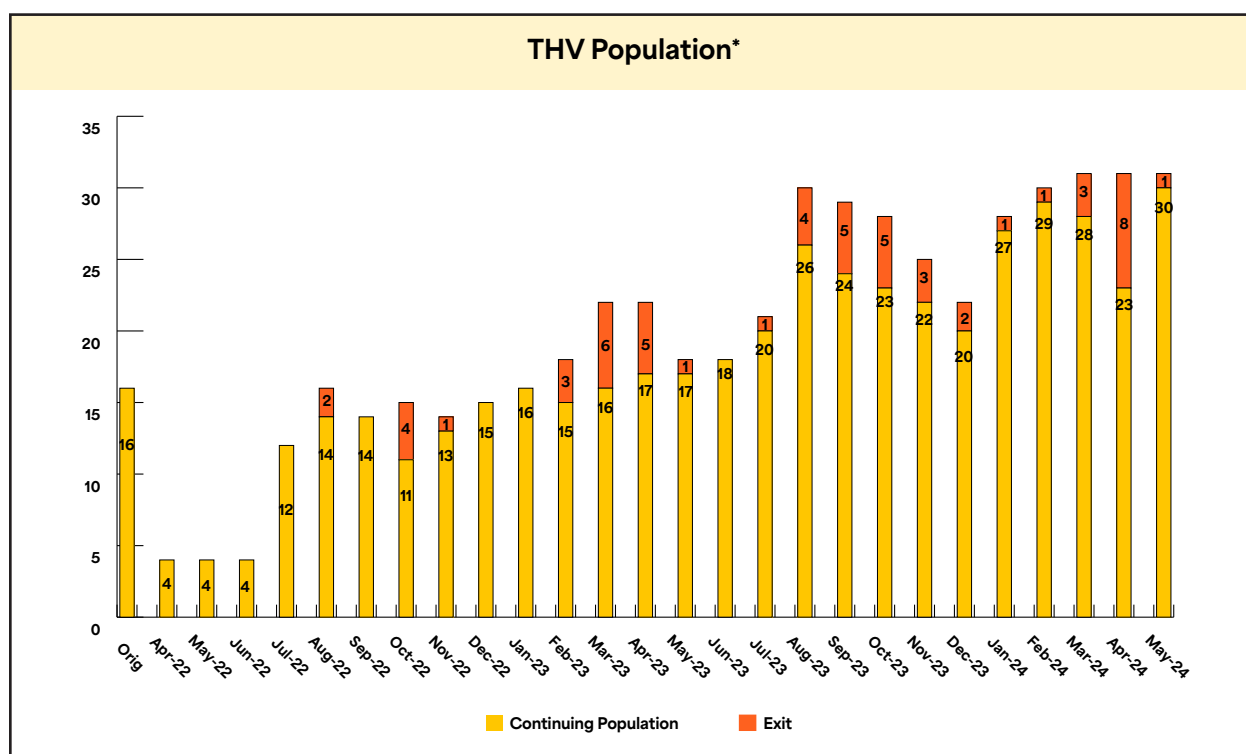
bers of participants appear in the respective results. Pivot used both data sets as a means to validate results and found the two data sets agree strongly.

A. Village Population Over Time

County Duration and Discharge Results

Villager population increased over time ([Figure 1](#)). 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. This time shrank considerably over the last few months making it appear that more than 30 residents occupied 30 homes. This apparent impossibility is due to transitions taking less than 30 days.

Figure 1. County Tiny Home Village Census Over Time



*Total population = Continuing Population + Exiting Population

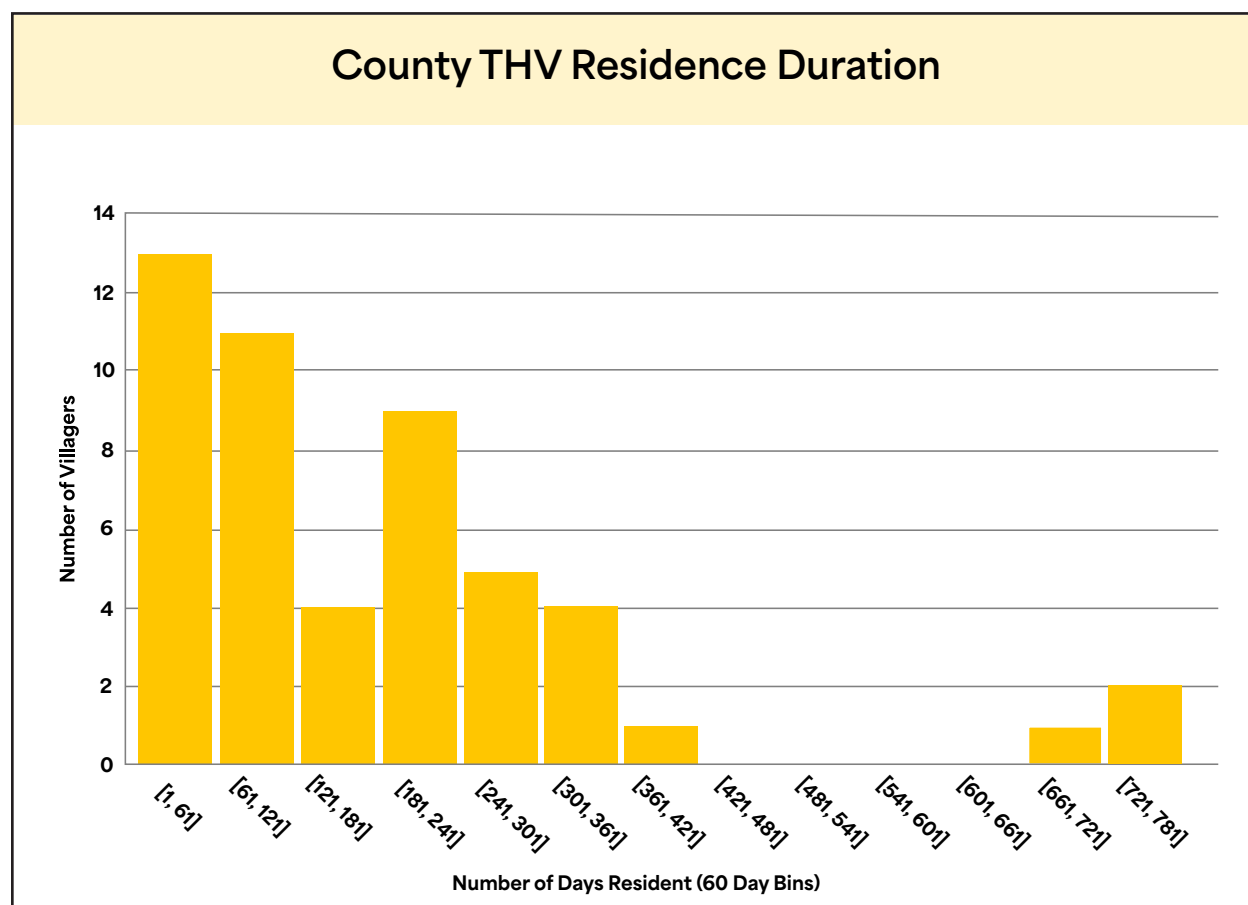
**Some months add to more than 30 indicating vacancies are filled in less than 30 days.

Over an approximately 27-month period, the average stay at the Tiny Home Village was 168 days. Due to the small number of participants and to a bimodal distribution the median of 108 days is a better measure ([Table 1](#)). This means that half of the participants stay 108 or fewer days at the Tiny Home Village.

Table 1. Length of Stay for Discharged Villagers (BernCo Records)

Statistic	Days Resident
Average	169.74
Median	108.5
SD	58
N	166.7

Figure 2. Distribution of THV Residence Duration



Upon closer inspection, **Figure 2** shows a multimodal distribution. Generally, each mode will be showing an unaccounted-for variable. The mode to the far right occurred during the early study period with low program services. The remaining modes require further investigation. In this case, the short duration peak (on the left) where an iden-

tifiable group leaves within the first 60 days. The next mode occurs around the 6-to-8-month period. A test of the hypothesis that the short duration folks are being dropped due to poor fit, and the longer duration mode are receiving services follows. **Table 2** does show a distinction between the two groups; however, the periods don't align well with the graph. We re-ran the same analysis (**Table 3**) for just the last 12 months and saw averages for both discharge outcomes decline, yet the periods still don't match that shown in the graph of discharge duration. Pivot performed additional correlational analyses to determine if the pattern was due to outcome related processes. Correlations of days to outcome showed no reliable patterns nor did a crude Phi coefficient with those below the mean of stay and those above the mean by outcome.

The only interpretation we have is that there is a small group of short duration participants that quickly transition due to needing very little help to achieve stable housing or due to quickly determining a poor fit for the program. These two groups are approximately the same size.

Table 2. County Residence Duration Results

Discharge	Average Days At THV	N Villagers	Median	Standard Deviation
Unsatisfactory	123.07	29	63	152.8
Satisfactory	216.41	29	210	169.44

Table 3. County Residence Duration Results – Last 12 months ONLY

Discharge	Average Days At THV	N Villagers	Median	Standard Deviation
Unsatisfactory	127.47	17 (45%)	86	106.6
Satisfactory	179.0	21 (56%)	107	153.91

Table 4 shows success results for the duration of the project; however, 56% of participants exit to stable housing during the last 12 months of the study.



Table 4. County Discharge Results*

Discharge \ Outcome	Attrition (Death)	Satisfactory	Unsatisfactory	Total Exiting
Total	3	29	29	61
Percent	**	50	50	100

* See uncategorized table in Appendix A

** Attrition is monitored separately. When the attrition percentage 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%). No new deaths were reported in this updated period.

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 5). 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. This means that Villagers have at least two patterns of participation. The shorter pattern needs more investigation. The longer pattern follows the expected response to intervention.

Table 5. Length of Stay for Discharged Villagers (OCH Records)

Statistic	Days Resident
Average	136.4
Median	104
Min.	7
Max.	337
SD	99.9
N	57

To understand this bimodal distribution further, Pivot used a Phi coefficient to determine if length of stay predicted successful outcomes (Table 6). Φ^2 equaled .44 ($p < .05$) meaning that only 19% 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 6. Phi Contingency Table

	Length of Stay		
Discharge Success	less than 104 days	104 or more days	Total
Not Successful	20	8	28
Successful	7	19	26
Total	27	27	54

Therefore, discussing two different participation patterns helps program staff understand the importance of selecting likely successful candidates. Unsuccessful villagers generally have a shorter stay than successful candidates by about 30 days ([Table 6](#)). However, UNM OCH service improvement through more complete staffing over the last 12 months led to decreased stays in both successful and unsuccessful transitions ([Table 3](#)). This means the intervention more quickly prepared successful villagers to transition to stable housing and more quickly identified unsuccessful candidates.

A reasonable question would be, why does this OCH finding show something the County analysis does not? Both analyses depend on small sample sizes. There are only 2 data points different in the data sets, and those made the difference. For these analyses to predict the size of effect of length of stay on outcome, the analysis will need approximately 100 participants.

Complete staffing over the last 12 months led to decreased stays for both successful and unsuccessful transitions.

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 7. Villager Discharge Reason

Reason	Percent
ISP Goals Accomplished	41.1
Opted Out	25.0
Non-compliance w/ Village Rules	26.8
Other	7.1

* N=5

Of discharged Villagers, 41% accomplished their individual service plan (ISP) goals (Table 7). Not only are Villagers moving on to stable housing, they accomplish goals leading to improved self-determination. It also means that some villagers obtain stable housing before attaining their ISP goals.

Table 8. Villager Discharge Destination

Destination	Value
Stable housing	40.7
Living with friends/ family	14.8
Medical/ Psychiatric facility	9.3
Unknown	25.9
Homeless/ shelter	9.3
Total N*	56

*2 deceased eliminated from analysis.

Because of better record keeping, OCH shows a success rate of 64.8% (Table 8). Medical and psychiatric facilities are included as a success because it is an appropriate placement that is not unhoused. Similarly, living with family and friends is often considered unsustainable; however, they are included here because it is a step up from being unsheltered they were not previously using.

Summary of Discharge Results

The County reports that 50% of participants exit to stable housing opportunities while the UNM Office of Community Health reports 62.5%. The alignment of these figures across different time periods provides evidence that discharge success estimates are accurate.

Similarly, the County median length of stay (107 days) and the UNM Office of Community Health (104 days) provide very similar results. The average length of stay did differ significantly from 136 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 (i.e. case managers began working), they reduced the time required for Villagers to transition to stable housing. The implication is that effective case management saves money by more quickly preparing villagers for the transition to stable housing.

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What should be the standard for success? Since the BHI 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 vast need compared to the availability of just 30 tiny homes means that helping more individuals over time maximizes the effectiveness of the Tiny Home Village resource. The implication is that an empirical study of the selection process and success will improve selection processes and conversion to stable housing.

Second, BernCo has not determined a metric for success. Those are usually developed from mission and vision statements which the County has not developed for the THV as pointed out in previous reports. Other states' 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 as the program matures and becomes fully staffed.

County officials and the public must consider any finding in excess of 50% success and expect improved success likely as the program matures and becomes fully staffed.

Third, the Public may expect that the remaining population will decrease due to effective preventative measures and interventions. 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 presuming other economic conditions remain stable or improve.

Both datasets include deaths (4.9%) which exceeds 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 three 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). No new deaths occurred in the last 12 months of the program.

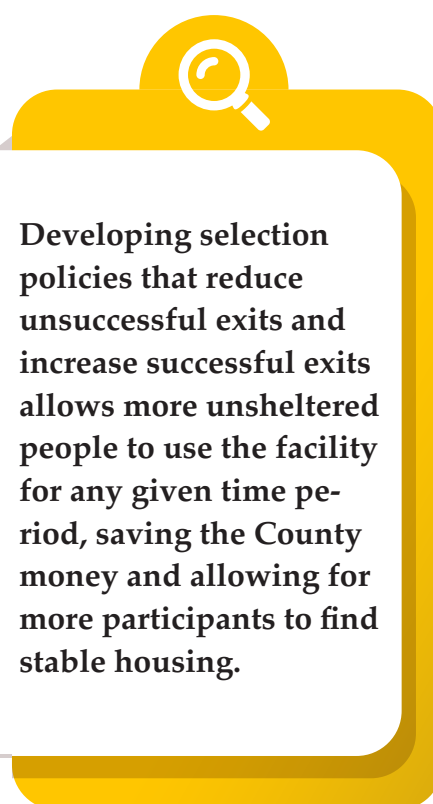
B. Effect of Policy on Occupancy and Time to Discharge

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 9](#). Individuals participating (moving in) before June 2023 took longer to exit than those participating (moving in) after June 2023. The duration of satisfactory (exit to stable housing) exits declined during the last 12 months of the study. Satisfactory exits declined by 135 days on average while unsatisfactory exits increased by about 11 days. This shows that new policies and staffing likely reduced the time to successful exit making the intervention more effective. It may be that lengthening the time to unsuccessful exit means that longer stay increase the likelihood of success or may mean that there is just a delay in identifying unsuccessful participants. Understanding patterns of unsuccessful participants would require further study.

Table 9. Time to Discharge (Exit) – County Data

Discharge	Unsatisfactory			Satisfactory			Total
	Pre-June 2023	June 2023 to May 2024	Total	Pre-June 2023	June 2023 to May 2024	Total	
Average Days	116.83	127.47	123.07	314.63	179.0	216.41	169.74
Median	35	86	63	235	107	210	108.5
N	12	17	29	8	21	29	58
Std Deviation	206.95	106.6	152.8	178.71	153.91	169.44	166.7

Breaking the groups up further shows even more encouraging news. Successful exits under new policy and practice occur on average in 183 days, while unsuccessful exits occur after only 127 days. Developing selection policies that reduce unsuccessful exits and increase successful exits allows 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. These current findings have shifted slightly to be less dramatic than earlier versions of this report. Nevertheless, the general direction holds, and the findings continue to support full staffing and process. Continued monitoring of this data will help build confidence that the successful program findings will hold over time.



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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 10**). The UNM Office of Community Health Offered a comprehensive list of

events for the period of their data set ([Table 11](#)). Combined, these opportunities offer a rich set of experiences to guide self-improvement efforts.

Table 10. 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	TedTalk Tuesday: Topic Resiliency	None
12/14/2023	Trivia Night	None
12/17/2023	Bingo Night	5 or Fewer

Table 11. Office of Community Health Event Opportunities

Office of Community Health Event Opportunities	N Event Dates	Total Attendance Over Time*
Self-Care	18	100
Behavioral Health (TG)	17	104
Coping Skills	13	73
Skills Group	8	62
Villager Meeting	5	40
Therapeutic Group	4	30
Coping Skills - Organization	3	18
Tax Advocate	3	9
Community Integration	2	19
Boundaries	1	6
Process Group	1	7
Skill Building	1	8
Thanksgiving Potluck	1	13
Total	77	**

* Likely duplicate counts due to repeated attendance.

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

A keen observer will notice that some topics overlap between County and OPCH 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 of 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 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,

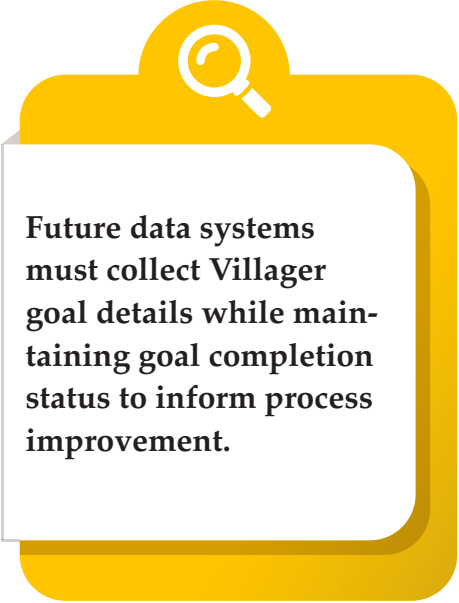
while it may appear that the organizations are competing, they may really be catering to Villager preferences.

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 systematic.

Goal Establishment and Completion

A previous version of this report discussed goal establishment and completion. While the data reported is accurate relative to the data system, a number of questions arose which make interpretation difficult. First, there are three sets of goals: intake service plan goals (ISP), therapeutic goals (TG), and discharge goals (DG). The distinction between these became unclear upon interpretation. Second, as reported for this study, content of goals were not available, only how many were established and if they had been completed. Pivot wondered about goal content relative to nested versus simple goals. A nested goal would be a mother saying she wanted to “get clean” so she could get her children back. A simple goal would be getting an ID card. Finally, the intersection of these two observations causes more confusion. Why would there be different goals for each ISP, TP, and DG? Perhaps TP goals would be different, but shouldn't they be related somehow to the other goals? Due to lack of clarity about the goal development, content and relationship to one another, we have omitted an update of these results. This study concludes that the data system managed to track that progress did occur but lacked specificity to inform process improvement. Future data systems must solve this problem of lack of goal specificity while maintaining goal completion status.



Future data systems must collect Villager goal details while maintaining goal completion status to inform process improvement.

Case Managers offered a variety of resources to Villagers. **Table 12** shows the breadth of resources Case Managers offered. This breadth indicates case manager knowledge of available community resources.

Table 12. Resources Offered to Villagers by Case Managers.

(Italics indicate internal referrals)

Housing	166
Other community	146
Health Coverage/Medical	117
Employment/Vocational	103
Food	74
Mental Health Community	72
Substance Abuse Community	58
Income	45
Life Skills	30
Education	24
Legal	24
Mobility	18
Community Involvement	6
Disabilities Community	5 or less
Family/Social Relations Community	5 or less
Safety Community	5 or less
<i>Mental Health THV Counselor</i>	11
<i>Community Connections</i>	10
<i>EITC</i>	10
<i>Substance Abuse THV Counselor</i>	8
<i>Other internal Referral</i>	5 or less
<i>THV Counselor Other Need</i>	5 or less
<i>ICM</i>	5 or less
<i>Life Skills THV Counselor</i>	5 or less
<i>Disabilities THV Counselor</i>	5 or less

<i>Pathways</i>	5 or less
<i>Safety THV Counselor</i>	5 or less
<i>CLARO</i>	5 or less
<i>Family/Social Relations THV Counselor</i>	5 or less
<i>Health Vax Equity</i>	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 experiences. 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 the 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.

At every step of the THV experience, being treated with respect is a departure from the experience Villagers had on the street.

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 between 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.

Lack of role clarity among case managers, facility managers and security staff caused unnecessary problems for villagers and sometimes traumatized them.

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.



Villagers suggested they would like to see regular computer training, motivational speakers, plays, bowling, orchestra/concerts, and weekend activities for folks with jobs.

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.



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.

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, and 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.

In this case, and as in every other case Pivot has studied, Villagers appear to report that elements of the SDOH have gotten worse. Pivot concludes that this instrument is not functioning effectively.

Bernalillo Behavioral Health Initiative staff, must eliminate the current guidance for SDOH use and suggest other options for service providers.

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 post tests. In this case, and as in every other case Pivot has studied, the majority of change was negative (Table 13). 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 13. Percent of Participants SDOH Change Over Time.

Change	Food Dif	Transportation Dif	Harm Dif	Medical Dif	BH Dif	Substance Dif
-3	11.1	11.1	11.1	0	0	0
-2	7.4	22.2	3.7	7.4	3.7	7.4
-1	22.2	11.1	11.1	22.2	25.9	14.8
0	44.4	33.3	59.3	59.3	66.7	70.4
1	7.4	11.1	3.7	3.7	3.7	3.7
2	3.7	3.7	11.1	7.4		0.0
3	3.7	7.4	0	0	0.0	3.7

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 14](#) and [Table 15](#)).

Table 14. Villager Age Distribution (County Records)

Age Group	Percent
Below 40 YO	27.2
Below 50 YO	21.6
Below 60 YO	30.0
Below 66 YO	19.2

N = 67

Table 15. Villager Age Descriptive Statistics (County Records)

N	81
Missing	7
Mean	47.3
Median	50.5
Std. Deviation	13.8

UNM Office of Community Health

Table 16. Villager Age Range

Age	Percent
18-44	35.4
45-65+	64.6

N= 82

That 63% of Villagers were 45 or older (**Table 16**), may indicate a labor and retraining need of particular interest to New Mexico Workforce Solutions.

Table 17. Villager Gender

Gender	Percent
Male	61.0
Female	39.0

N = 82

Males comprise the majority (62%) of Villagers (**Table 17**).

Table 18. Language of Villagers

Language	Percent
English	96.3
Blank	3.7

N = 82

The majority of Villagers spoke English ([Table 18](#)).

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 19](#) shows Villager Ethnicity while [Table 20](#) shows their race. As with age, as time passes, and more participants receive services, more groups will populate this table.

Table 19. Villager Ethnicity

Hispanic	Percent
Yes	48.8
No	51.2

N = 82

Nearly half (47%) of Villagers consider Hispanic their ethnicity ([Table 19](#)).

Table 20. Villager Race

Race	Percent
White	59.8
Other	11.0
More Than One Race	9.8
American Indian/ Alaska Native	7.3
Black or African American	7.3
Asian, Native Hawaiian, Not reported*	4.9

N = 82

* 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 the 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 21. Prior County of Residence

County of Last Residence	Percent
Bernalillo County	91.5
Other County	7.5

N = 82

Most Villagers (92%) resided in Bernalillo County prior to their residence in the Tiny Home Village (**Table 21**).

Table 22 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, which is likely an input error. There was no way to check the value, so the study retained it. The median represents the best comparative measure in this case. Second, the intake and discharge 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 may collect the correct information (albeit with accuracy challenges), and future analyses need to include income change over time. The best interpretation of **Table 22** is that income appears to remain relatively constant across time, pending better data analysis.

Table 22. Average Villager Monthly Income Over Time

Statistic	Income at Intake	Income at Discharge
Mean	\$783.83	\$997.1
Median	\$561	\$853.5
NA's	19	31
N	82	57

Sources: Tanif, SSI, Earned, CS, Other

H. What else do we know about Villagers?

While we did not have reliable insurance information, 56% 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 ([Table 23](#)). This has implications for dispersing funding burden.

Table 23. Payment Source

Insurance	Percent
Blue Cross Blue Shield (Medicaid)	41.5
Western Skies (Medicaid)	9.8
Presbyterian (Medicaid)	36.6
Medicare/Medicaid (Traditional)/Uninsured/Other	12.2

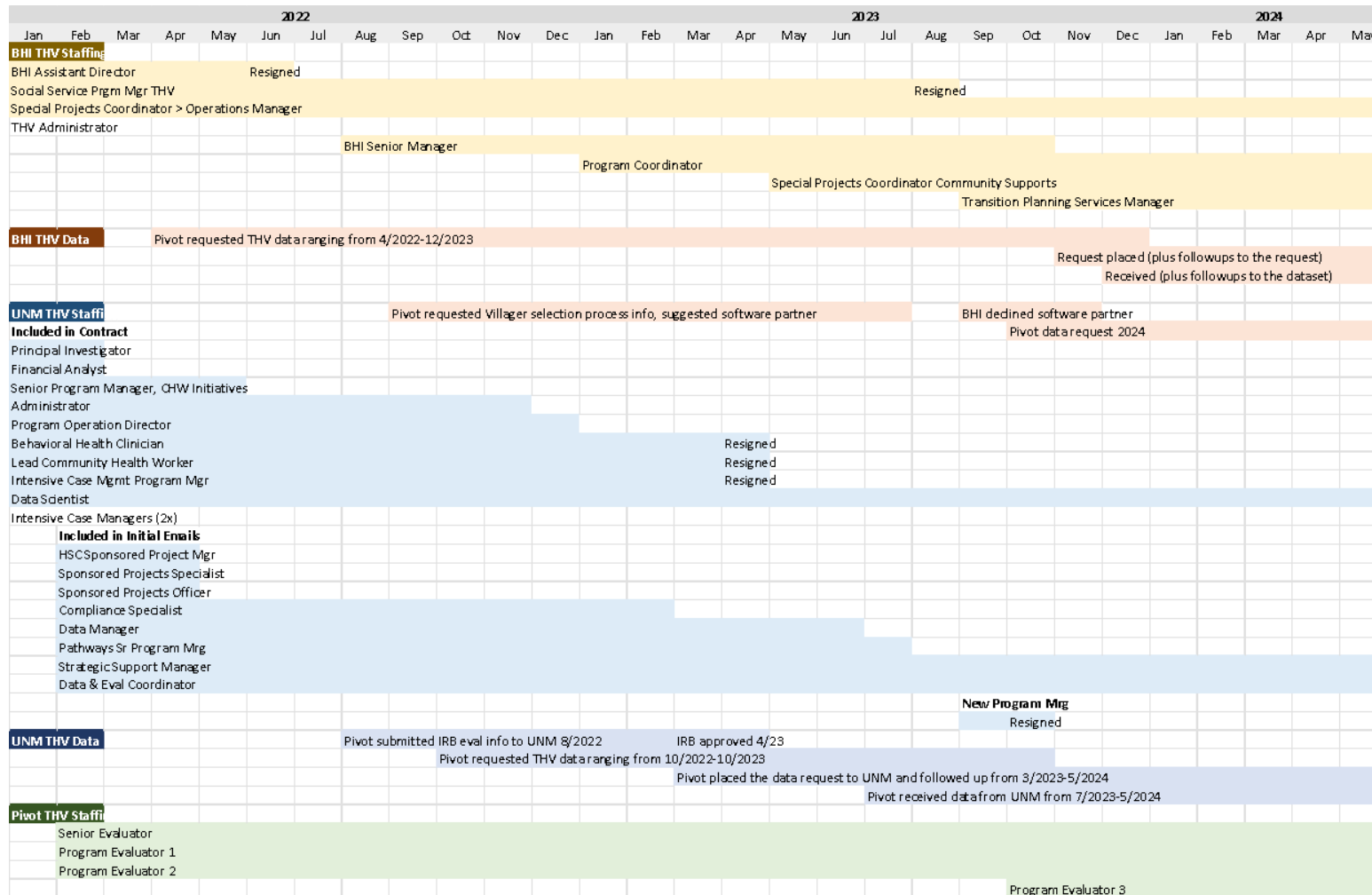
N = 82

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 ensure 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. Selection Procedure Analysis

Between January 27, 2023, and December 4, 2024, a total of 153 individuals applied for the THV opportunity. Data is not available before then due to staff changes. During that period 37.9% were accepted; however, a portion (58.3%) declined once an acceptance determination was made. That left 41.7.% to use the facility (41 in addition to those already there). 33 applicants had blank determination designations and 91 had N/A designations.

The questions of equity of acceptance require attention. Any reasonable sceptic would wonder if the resource is being allocated fairly. The key questions are: Are males and females treated fairly, and are individuals from various ethnic backgrounds treated equitably? Both analyses present challenges.

Gender

The matter of gender is easy statistically except the current data set shows only male and female options. We know that the transgender community is highly at risk for homelessness, yet either none have applied, or there is no option for them to indicate their gender, or the ones who have applied indicate their preferred gender. That is to say we don't know if an option for X is available. Furthermore, if it were, the number would likely be initially too small to guide us with confidence statistically. However, over time as the numbers increase, this will be an informative opportunity to discuss equity for all populations. County staff must improve the gender selection option in the application.

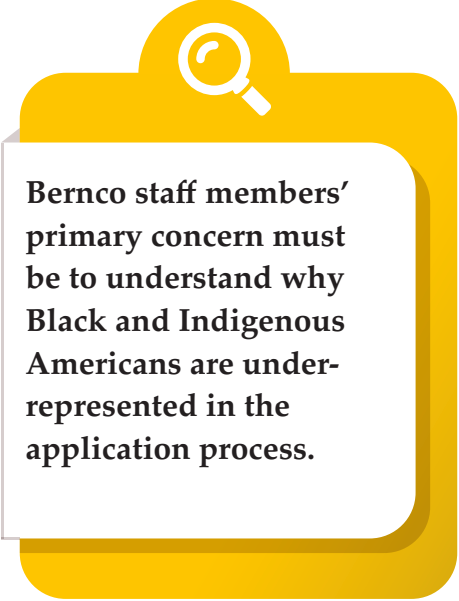
County staff must improve the gender selection option in the application.

With just a binary gender, statistical analysis shows that resources are distributed equitably. This is determined by comparing the proportion of those applying to the proportion selected. 38% of applicants were females, while 62% were males. The program accepted 32.8% of females and 66.1% males which falls within a range of accepted values compared to those applying. The difference between number males and female applicants follows the pattern in the population as estimated in the Annual PIT count where the number of males is about 2 times that of females.

The selection Procedure appears equitable relative to a binary gender description.

Ethnicity

Respondents included 18 distinct responses for race/ethnicity. Most of the variation had to do with multiple identities, so Pivot merged those into a single group. Interestingly, all of the individuals that identified as African American/Black/African also identified with other race/ethnicities. There were fewer than 5 Asian American/Pacific Islanders and Middle Eastern/Northern African applicants.



Bernco staff members' primary concern must be to understand why Black and Indigenous Americans are under-represented in the application process.

New Mexicans, and many others, feel the Census race/ethnicity categories don't apply to them. The variation in options the County allowed in the application helps people respond more comfortably. This variation in race/ethnicity responses poses analytic challenges. Pivot analyzed the data two ways: with maximal race/ethnicity groupings and with combined groupings. Both analyses showed equitable distribution of resources. However, when compared to the 2024 PIT count, African American/Black/African and American Indian/Alaska Natives are under-represented.

Determining why has not been undertaken; however, two obvious considerations include outreach (marketing) and access. Outreach would entail making efforts to inform people where they are located physically. This would be called a "go -to" model. All other models assume that there is equal access to the outreach efforts. We know that racism based on skin color will limit access to some people. Therefore, outreach based on access to indoor resources may be a limiting factor depending on where those resources are located. Access challenges can take many forms including knowledge of where resources are, transportation to those resources, and ability to gain entrance, among other challenges. Training case managers in differential interactive style of populations may lead to more successful applications from these populations.

Understanding why these two groups, African American/Black/African and American Indian/Alaska Natives, are underrepresented in the application process needs to be a primary concern of BernCo staff moving forward to ensure equity of inclusion in this vital THV resource.

K. Cost Analysis

Taxpayers and County personnel are concerned with THV program costs relative to its effectiveness. Every dollar spent on THV does two things that taxpayers care about: gets people off the streets and creates local jobs (including skilled jobs). Every dollar does double duty in the community. While many of the jobs require training, they are often low barrier to entry peer jobs requiring less than a year's training.

Pivot obtained cost data from BHI administrators ([Table 24](#) and [Table 25](#)). A number of observations help set the context for this cost analysis. First, it is based on the most recent 18 months since policy and practice have improved efficiency. Second, it is based on averages. Exits to stable housing averaged 183 days during this period, and those that exited in other conditions took 127, show that it is possible to exit more than 30 individuals in a year when there are only 30 homes. Third, choosing which value 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. An average of the two is fair but hides the actual costs of those who exit successfully. Some may suggest a median is better because of the small sample size. This estimate shows average costs associated with successful vs unsuccessful exits. County attention to selecting likely successful candidates will improve outcomes such as increasing percent exiting to stable housing and lowering costs per villager.

Every dollar spent on THV does TWO things that taxpayers care about: gets people off the streets AND creates local jobs (including skilled jobs). Every dollar does DOUBLE DUTY in the community!

Table 24. Operational Monthly Cost Calculation

	Budget (Final 18 Months)	Average Monthly Cost
UNMOCH Case Management Contract	\$682,500.00	\$37,916.67
PIVOT Evaluation	\$78,178.50	\$4,343.25
Operating Budget	\$963,022.07	\$53,501.23
Total Operating Budget	\$1,723,700.57	\$95,761.14

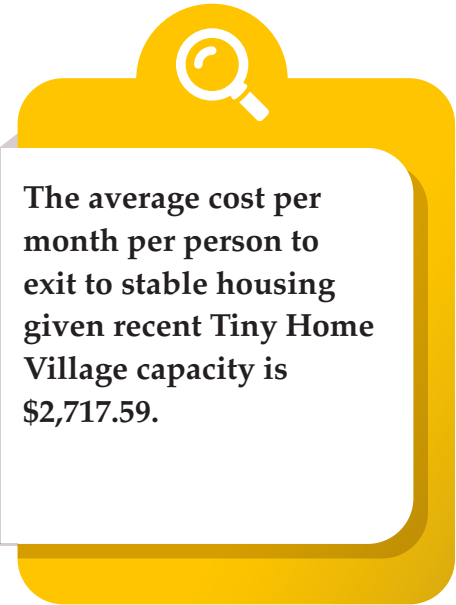
Table 25. Payroll and Benefits Monthly Cost Calculation

	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
Total Payroll with Benefits	\$906,335.00	\$307,769.56	\$607,052.28	\$50,587.69

Table 26. Cost Per Month and Per Person

Total Monthly Cost (Operational plus Average Payroll & Benefits)	\$146,348.83
Average N of Residents last 12 months	27
Average Annual Cost per Home per Month	\$5,420.33
Average N of Residents Trending Full Occupancy	27.4
Average Annual Costs per Home per Month Trending Full	\$5,341.20
Estimate Ave. Cost Per Unsuccessful Exiting 38 Residents (@ 127 days)	\$71,667.12
Estimate Ave. Cost Per Unsuccessful Exiting Resident (@ 127 days)	\$1,885.98/mo.
Estimate Ave. Cost Per Successful Exiting 38 Residents (@ 179 days)	\$101,011.14
Estimate Ave. Cost Per Successful Exiting Resident (@ 179 days)	\$2,658.19/mo.

The average cost per month per person to exit to stable housing given recent Tiny Home Village capacity is \$2,658.19 ([Table 26](#)). With the stay for successful exits of 107 that means the total cost of an exit to stable housing would be \$9,465. Compare this price to emergency room visits, the cost of first responder services response, and court costs for ever increasing punitive punishment. (There are costs for encampment sweeps that would decline as well. 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.

	Type of Discharge		
Discharge Outcome	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 THV			
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			

	Type of Discharge		
Discharge Outcome	Attrition (Death)	Satisfactory	Unsatisfactory
Discharged due to leaving and not returning to THV			
Absconded, Non-compliant			
Exit Self-discharge			
Apartment with Voucher Program			
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			

Literature Referenced Including Brief Review

1. New Mexico PIT Count 2023.
2. All studies reviewed agree that homeless people with pets tend to be very emotionally attached to them 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

- 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://law-commons.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 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>