# Bernalillo County Behavioral Health Initiative: Youth Transitional Living Services Outcome Evaluation

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## INTRODUCTION

In February 2015, the Bernalillo County Commission (BCC) and voters approved a new, non-sunsetting gross receipts tax (GRT) of 1/8 percent to develop a unified and coordinated behavioral health system in the County and to improve access to care throughout the region. This tax funds the Bernalillo County Behavioral Health Initiative (BHI), a series of programs meant to improve behavioral health outcomes in the community.

In April 2015, the BCC contracted Community Partners, Inc. (CPI) to provide consultation and develop a business plan for a regional, cohesive system of behavioral health care. CPI assessed the behavioral health care delivery system and recommended a governing board structure and planning process that resulted in a comprehensive regional behavioral health business plan. With guidance from the community and governing board, the County began implementing the approved service components, including research and evaluation focused on the implementation and impact/outcomes of programs funded by the GRT. Bernalillo County and its Office of Criminal Justice and Behavioral Health Initiatives (CJBHI) manage the contracts and providers of those services. BHI was previously organized under the Department of Behavior Health Services (DBHS), but was subsequently re-organized in a new office under the county manager's office – CJBHI. BHI is no longer affiliated with DBHS.

The CPI report recommended Youth Transitional Living Services (YTLS) narrowly to, "Expand Transitional Living Services for female adolescents struggling with substance-use issues, providing treatment, education, life skills training, case management and employment-support services in a therapeutic setting for up to six months." In their 2017 request for proposals (RFP), the County expanded the target population and list of services, soliciting proposals to:

> "…provide programs serving unaccompanied homeless and precariously housed youth age 14 – 24 with identified behavioral health needs. Services should be comprehensive in nature and may include independent living services, housing search and placement, vocational training, employment assistance, educational advancement, mental health and substance abuse treatment, financial empowerment, life skills, identity formation, and service coordination" (Zamora, 2017, p. 3).

The RFP indicates the goal of funding is not to directly fund housing supports. Instead, the goal was to enhance an assortment of services provided with supportive housing, ultimately leading to self-sufficiency and stable permanent housing. Youth transitional living services are designed to address the needs of youth who may lack the life skills to become independent after bouts of homelessness or years of involvement with juvenile justice or foster care systems.

The County's outcomes-based RFP (wherein the RFP defines the problem and respondents provide potential solutions to achieve desired outcomes) resulted in four contracted providers: Youth Development, Inc. (YDI), New Day Youth & Family Services, Serenity Mesa, and Casa Q. Each provider offers a slightly different bundle of services to address the needs of its target population: Casa Q for LGBTQ residents; Serenity Mesa for adolescent female residents dealing with substance use disorders, although they began receiving male clients as well in 2022; New Day Youth & Family Services for systems-involved youth; and YDI for the target population, broadly. Common services offered by the four providers are: the development of individual treatment/progress plans, case management, housing access and stabilization help, employment and education support, opportunities for life skills building,

and behavioral health services. If services are delivered appropriately then positive post-treatment outcomes are expected.

Much of the YTLS literature focuses on foster youth transitioning out of care. When compared to youth with families, research finds youth transitioning to independent living are extremely vulnerable and experience multiple risk factors including school failure, unemployment, obtaining medical care, housing, homelessness, violence, teen parenthood, involvement with the criminal justice system, substance abuse, and mental health problems (Naccarato & DeLorenzo, 2008; Rashid, 2004). An independent living needs assessment in a county in Ohio found that youth transitioning to adulthood need supportive adults and access to basic housing and supportive services typically provided by birth or adoptive parents to youth throughout their late teens and twenties (Mares, 2010). After housing needs, acceptance of sexual identity and emotional support were cited as needs for LGBTQ youth experiencing homelessness (Choi et al., 2015).

Overall, there is a dearth of research into the effects of transitional living programs on individual client outcomes. A meta-analysis by Heerde et al. reviewed 19 studies on participation in transitional programs to post-transitional outcomes, finding only "…a small-medium correlation for housing, education and employment…" (2018, p. e25). Additionally, YTLS program effects on mental health and substance abuse are inconclusive. Modest positive impacts on earnings, housing stability, economic well-being, health, and safety were similarly found in a randomized control study of Youth Villages Transitional Living program in Tennessee (Skemer & Valentine, 2016).

We therefore review prominent YTLS outcome measures and key findings according to seven general areas and conclude this section with a summary of relevant findings and measures. Evaluations of YTLS outcomes have primarily assessed the effect on participants in:

- Education
- Employment
- Housing
- Mental health
- Social support
- Substance use
- Health problems

## Education

YTLS literature that evaluates educational outcomes indicates most research has investigated variation in enrollment and/or completion of secondary and post-secondary schooling. Specifically, research has explored whether current and former YTLS clients ultimately obtain a high-school diploma or GED, or enroll in post-secondary education or vocational training. The evidence is mixed for this metric. One comprehensive meta-analysis on YTLS programs found most rates for post-secondary education following YTLS program participation varied between 9% and 43% depending on the study (Heerde et al., 2018, p. e22). Recent research by Abt Associates in partnership with the Family and Youth Services Bureau (FYSB) found 28% of YTLS study participants had enrolled in post-secondary education at any point in the program (Mahathey et al., 2021, p. 15). Importantly, a higher proportion of those who had enrolled in post-secondary education programs did so *prior* to the YTLS program (22%); with just 15% of

participants enrolling *during* YTLS. Participants were recruited from more than 30 geographically diverse YTLS programs across the United States and included 331 youth. A more robust random control trial enrolled 788 individuals and similarly found the YTLS program they evaluated had no significant impact on whether (1) clients obtained a high-school diploma or GED, (2) participated in vocational training, or (3) ever enrolled in post-secondary education programs (Courtney et al., 2019, p. 401).

In the absence of strong educational outcomes, one study in our review emphasizes that qualitative evidence may suggest YTLS clients' service usage and demand for educational supports remains high regardless (Prock & Kennedy, 2020, p. 6). Mahathey et al. conducted interviews with youth which revealed that even if clients' post-secondary school enrollments fail to improve after YTLS program participation, offering educational supports to them may help "keep youth *connected* to educational programs…"(2021, p. 17). In other words, YTLS educational support services may *prevent* educational outcomes from worsening. That assertion has yet to be supported with experimental evidence, however, and is a clear avenue for future research.

## Employment

Common measures for employment outcomes in YTLS program evaluations capture: (1) clients' current employment status, (2) full-time status, (3) whether they have ever been employed, (4) the number of hours clients work per week, (5) length of employment, (6) total earnings, and (7) wage rates. In general, YTLS evaluations find positive evidence for post-program employment and total yearly earnings. Two random control trials found evidence that YTLS participation boosts client's total earnings by roughly $600 in comparison to control groups (Courtney et al., 2019; Valentine et al., 2018, p. 401). One study of 24 youth in a YTLS program found significant changes in youth's ability to meet basic needs with or without assistance at one-year follow-up. In the same study, Senteio et al. found that within their limited sample the number of youth with a self-sufficient income improved from 8.3% (2 youth) to 37.5% (9 youth) (2009, p. 108). Mahathey et al. (2021, p. 12) similarly describe improvements in employment outcomes for their sample, reporting YTLS clients were more employed compared to their pre-intervention rates (62% vs. 52%). However, those authors highlight how total earnings among YTLS clients often remained less than the federal poverty threshold, despite significant increases in wage rates for employed youth.

Research also generally finds evidence that YTLS participants are more likely to achieve part-time jobs rather than full-time jobs upon program discharge (Brown & Wilderson, 2010, p. 1467; Heerde et al., 2018, p. e22; Holtschneider, 2016a, 2016b, p. 162; Mahathey et al., 2021, p. 12; Senteio et al., 2009, p. 108; Valentine et al., 2018, p. 7). Limited evidence suggests programs which target specific types of outcomes may have stronger outcomes. One evaluation of a YTLS program that incorporated a dedicated job development program found YTLS participation was associated with greater full-time employment post-intervention. While their sample size was small ($n$ = 13), employment outcomes were particularly high with 100% of clients achieving employment at program discharge (Rashid, 2004, p. 246). Variability in the focus and supports of a YTLS program may ultimately influence successful employment outcomes. To our knowledge, no direct outcome comparison of YTLS programs with and without job development programs exists. Clearly articulated YLTS program outcomes may therefore be especially relevant for understanding what outcomes are useful to measure.

## Housing

Research capturing YTLS housing outcomes generally assessed clients housing stability – i.e., whether housing was permanent and safe. Evaluations frequently reviewed the kinds of housing clients transitioned to immediately following participation in YTLS programs (Bartlett et al., 2004; Nolan, 2006; Rashid, 2004; Skemer & Valentine, 2016), with the most rigorous research comparing housing *type* before and after program interventions, and/or with follow-up periods of many months or years after program discharge (Courtney et al., 2019; Mahathey et al., 2021; Skemer & Valentine, 2016). The research indicates YTLS programs are associated with permanent and stable housing outcomes. Programs could define 'stable' in divergent ways though.

For example, Brown & Wilderson's (2010) statistics excluded transitions to correction and detention, substance abuse treatment and inpatient psychiatric treatment – categorizing these transitions as "neutral exits". Such exits are ostensibly temporary though. To that point, Brown & Wilderson explained those kinds of "*exits to treatment or detention are in some ways negative,* [but] *for many youth, involvement in such programs represents a step toward long-term self-sufficiency, even though the placement itself is not a long-term housing solution*" (2010, p. 1468). In other words, the authors defined housing success from a youth-centric perspective. Under that schema, Brown & Wilderson ultimately reported 90% of clients transitioned positively – a figure that did not include institutionalized housing outcomes. Brown & Wilderson's did concede that most clients in their sample were not living *independently*, and nearly one quarter (24%) were still living in temporary or institutionalized housing upon program exit. The definition of "permanent" housing is therefore critical and suggests outcome measures should differentiate between exit *type*, and further sort housing type as either permanent or temporary.

Other research notes the importance of clearly defined program housing goals and outcomes. Research by Bartlett et al. describes how a YTLS program they evaluated claimed that 100% of their clients made a "safe exit", but closer inspection revealed key caveats. In particular, youth transitions to emergency shelters were defined as "safe exits", and statistics excluded *foster youth* clients – "*the most difficult youth in the program*" (2004, p. 22). Further, while YTLS evaluators were frequently able to determine youth's housing situations at intake, many of the providers' records were unable to describe outcomes at exit. In one case where this occurred, evaluators describe how insufficient program data limit the scope of evaluation. They also emphasize that data that support a program's "understanding and conceptualizing [of clients] after-care housing situation" (2011, p. 164) are critically important metrics. Still, research by Nolan similarly conclude that programs which focus on 'safe exit' outcomes "…should consider every part of a young person's process from the very beginning. Staff must focus on intake, relationship formation, program structure, disciplinary measures, and discharge process. Housing goals must be a part of each residents' plan, and progress on these must be assessed regularly" (2006, p. 404). Ideally, this consideration would also extend to program data collection which should capture the spectrum of services provided, as well as specific client changes a program hopes to inspire.

Lastly, one of the more rigorous YTLS studies we reviewed measure housing situations at both program intake and exit through a standardized measure. Mahathey et al. (2021) deployed the U.S. Department of Housing and Urban Development (HUD) Homeless Management Information System's (HMIS) destination codes to categorize *permanent* and *stable* exits. That measure clearly defines positive exits

as housing *permanency,* and therefore transitions at program exit distinguish between 35 housing *types*, according to four categories: (1) Homeless Situations (e.g., *place not meant for habitation, emergency shelter, safe haven, etc.*), (2) Institutional Situations (e.g., *Foster care home, hospital, jail, psychiatric facility, substance abuse treatment facility, etc.*), (3) Temporary & Permanent Housing Situations (e.g., *sober living facility, hotel or motel without emergency shelter voucher, transitional housing, host home, staying or living in a family member's room with permanent tenure, etc.*), and (4) Other (e.g., *incomplete, deceased, refusal, non-collection, and all others unspecified*). Reviewing clients' specific housing situations between intake and exit allowed Mahathey et al. (2021, p. 8) to describe significant improvements in housing outcomes. The authors found that for the YTLS program they evaluated – 78% of clients exited to permanent housing compared to 2% at intake; 8% returned to homelessness compared to 56% at intake; 1% transitioned to institutionalized contexts compared to 2% at intake; and finally, 12% exited to temporary living arrangements compared to 41% at intake.

## Mental Health

YTLS literature does not indicate a consistent set of tools for examining mental health outcomes. A meta-analysis by Heerde et al. (2018, pp. e22-23) identified four YTLS evaluations which also reported mental health outcomes, and did so according to three metrics: (1) self-reported emotional health, (2) therapeutic service use, and (3) utilization of hospital-based psychiatric care. Results were mixed, with one program finding roughly half (49%) of YTLS clients rating their perceived emotional health as less than good or excellent (Collins & Ward, 2011, p. 163). Use of therapeutic program services also significantly varied between 21% and 92% of youth at follow-up (Courtney et al., 2001; Lemon et al., 2005).

Our review of extant literature similarly found the most frequent measures of mental health – reported by just three studies (Abramovich & Kimura, 2021; Collins & Ward, 2011; Courtney et al., 2019) – captured emotional health, and depression and anxiety scales or questions. One of the most rigorous studies, conducted by Courtney et al. (2019), deployed a standardized and validated tool for collecting mental health outcomes – the Depression, Anxiety and Stress Scale – 12 item version (DASS21). The authors found YTLS clients scored lower on the DASS21 at follow-up, indicating clients experienced fewer mental health problems than at intake; results were consistent across program subgroups (Courtney et al., 2019, p. 402).

Alternatively, Abramovich & Kimura (2021) assessed mental health through standardized mental health questions for emotional distress, depression and anxiety, suicidality, and self-harm – taken from the Trans Youth Health Survey (Veale et al., 2015). Their measures assessed self-reported prevalence of mental health symptoms – e.g., *Have you felt sad or depressed in the last month?* Abromavich & Kimura (2021) found complicated results among measures for emotional and psychological distress, and self-harm between intake and exit. Severe mental distress decreased substantially – from 22% at intake to 0% at discharge - while the percentage of clients rating their mental health as "*likely to be well*" did not change between intake and exit. Further complicating results, the authors found that youth who had self-harmed at program intake continued to do so at exit. Abromavich & Kimura emphasized that despite the poor outcome, half of high-risk suicidal youth significantly decreased in the frequency of self-harm attempts – from 20 times in the past 12-months to 1-5 times in the past 12 months.

Overall, little research on YTLS outcomes looks beyond simple pre- or post-intervention changes, but the few that do typically study the moderating effect of population features on the achievement of outcomes – e.g., *Do foster care youth have worse improvement in outcomes than non-foster care youth?* Or, *do those with substance abuse problems have greater improvements than non-substance using youth, following YTLS interventions?* In terms of mental health outcomes, two studies have reviewed the moderating effect of mental health *diagnoses*. To capture diagnoses, one YTLS program employed a Master's level case manager to diagnose DSM-IV disorders among clients (Lenz-Rashid, 2006), and another asked clients to self-report any previous psychological diagnoses (Pecora et al., 2006). Research by Lenz-Rashid (2006) investigated outcomes among 251 homeless young adults in a YTLS program primarily providing job development services. The author found those with mental health diagnoses ultimately had lower wages by program exit than transitional youth *without* mental health diagnoses; and logistic regression further suggested YTLS youth with mental health diagnoses had 55% lower odds of being employed by exit than youth without mental health diagnoses (Lenz-Rashid, 2006, p. 246). Pecora et al. also found mental health diagnoses were indicative of worse outcomes. Data from 1,609 alumni of a YTLS organization between 1966 and 1998, and across 13 states, indicated self-reported psychological diagnoses were associated with 0.6 times *lower* odds of completing high school while in foster care; whereas the absence of self-reported psychological diagnoses were associated with 1.7 times *greater* odds of completing high school while in foster care.

## Social Support

YTLS research we reviewed commonly captured social support in four general ways: (1) in-house measures of family connectedness, (2) the Self Sufficiency Matrix, (3) the Multidimensional Scale of Perceived Social Support (MSPSS), and (4) social network size. Firstly, social support could be measured in terms of family connectedness, captured as (A) length of time spent with relatives (regarding foster youth), (B) the extent to which respondents rated their closeness to family members, and/or (C) the number of people YTLS clients could depend on for different kinds of help. One of the most rigorous and multi-year studies incorporated three of the family connectedness categories described above. In particular, Courtney et al. asked respondents to report the amount of time spent with relatives– e.g., *(4) Every day; (3) At least once a week but not every day; (2) At least once a month but not every week; (1) Less than once a month ; (0) Never* (2019, p. 11). YTLS clients were also asked to rate the "closeness" of their relationships with specific family members– e.g., *(0) Not at all close; (1) not very close, (2) Somewhat close; (3) Very close*. Thirdly, the authors deployed a "social support scale" which averaged the number of persons respondents could rely on for seven types of help – e.g., *How many different people can you go to when you need someone to listen to your problems when you're feeling low?* Despite their multi-faceted approach to social support the authors ultimately found no statistically significant changes or differences between the experimental and control groups, for any measure of social support (Courtney et al., 2019; Valentine et al., 2018, p. 10). Other more recent research by Abramovich & Kimura (2021), which also deployed a measure of familial 'connectedness' similarly found "minimal change" between program intake and exit. The authors found no change in the "*amount of contact youth had with family…between the two interviews,* [and] *fewer youth thought family contact was important during the second interview…*" (Abramovich & Kimura, 2021, p. 1252).

YTLS evaluations infrequently deployed other more standardized tools for measuring social support. Research in this vein utilized either the Self Sufficiency Matrix, or the Multidimensional Scale of Perceived Social Support (MSPSS). Senteio et al (2009) were the only research we reviewed which used the Self Sufficiency Matrix – an assessment tool used by the Transition Resource Action Center (TRAC). The authors obtained TRAC program data and completed a client record review for 24 YTLS youth. The Self Sufficiency Matrix included a series of 'yes or no' questions, recorded by a case manager. The tool is administered within one month of intake, and again in December and June thereafter. That data collection scheme allowed the authors to evaluate historical changes and trends among clients. The Self Sufficiency Matrix captures eight data categories, and importantly, data regarding "family relations." along an ordinal scale: *(1) Lack of necessary support from family and friends, (2) Family/friends may be supportive, (3) Some support from family/friends, (4) Strong support from family/friends, and (5) Has healthy/expanding support network*. The tool itself is integrated into the TRAC program's web-based client and was therefore unavailable for external review. Based on the data available, Senteio et al. (2009, p. 108) found client scores significantly improved ($p \leq 0.05$) between intake and second screenings – nearly 45% more clients (11 clients) indicated improvements in family/friend support. However, the number of clients with strong support or "healthy/expanding support" from family/friends over the same period of time, *decreased* by half (2 fewer clients).

The alternative standardized tool used for social support is the Multidimensional Scale for Perceived Social Support (MSPSS). Just one study we reviewed incorporated this measure, Courtney et al (2001), who studied the impact of out-of-home care interventions for foster care youth. Data was collected in two waves between 1995 – 1998, with a second wave of interviews occurring 12 to 18 months following program exit. Complete interview data for wave 1 & 2 was ultimately collected for 113 young adults. The strength of the MSPSS as a measurement tool is its ability to differentiate between different sources and kinds of support; between family, friends, and significant others (a special friend), along a 7-point scale from *very strongly agree* to *very strongly disagree*. The MSPSS has been in use since 1988 (Zimet et al., 1988), and has been validated for use among diverse populations and found to be reliable (Bruwer et al., 2008; Canty-Mitchell & Zimet, 2000; Clara et al., 2003; Dahlem et al., 1991, 1991; Sherbourne & Stewart, 1991; Wongpakaran et al., 2011; Zimet et al., 1990). Ultimately, Courtney and colleagues found social support was, on average, high while clients participated in the YTLS program they evaluated, with the exception of specific support from family – consistent with expectations for foster care youth. Interestingly, at wave 2 – approximately 1-year post-exit – social support scores among foster youth remained high. That is, youth continued to receive social support from friends, significant others, and critically for the study, from former foster parents. The authors conclude that 20% of youth "*agreed that their foster families continued to help, provided emotional support, and help them make decisions*" after YTLS program discharge.

## Substance and/or Alcohol Use

YTLS programs are historically a foster care youth intervention program, so only a handful of YTLS evaluations we reviewed assessed populations with substance use issues or determined substance use behavioral improvements between YTLS program intake, exit, or follow-up. The most common measure for substance or alcohol use was any usage within the past 30 days (Brown & Wilderson, 2010; Lenz-Rashid, 2006; Skemer & Valentine, 2016). But while days of substance use or *any* use of drugs or alcohol

were collected in research by Brown & Wilderson (2010), Lenz Rashid (2006) and Skemer and Valentine (2016), none compared outcomes concerning substance use improvement. Instead, two of the studies described the extent of substance use among YTLS clients at intake. With one exception, Lenz-Rashid (2006) evaluated the impact of substance use on job attainment or earnings by program exit, finding that YTLS clients in the program they evaluated had no significant differences in employment at 3-months. Wage earning differences were found however, with substance using youth earning wages over a dollar less per hour than non-substance using counterparts. This finding was significant in the context of the study location, where average wages earned by non-substance using YTLS clients was considered a living wage. Substance using YTLS clients had wages on average more consistent with minimum wage (i.e., below a living wage).

Only two studies we reviewed evaluated substance use outcomes specifically. These studies evaluated data on YTLS program clients alcohol or drug *problems* and compared results with either the 4-item CAGE-AID screening tool (Abramovich & Kimura, 2021) or the Young Adult Self Report tool (Jones, 2011). The CAGE-AID tool measures drug use as two more positive responses indicating alcohol or drug problems in the past year, while the Young Adult Self Report (YASR) tool measures total drug problems (externalizing and internalizing), and drug and alcohol use. In Abramovich and Kimura's 2021 study, the authors reported no meaningful conclusions and ongoing evaluation was necessary due to high participant attrition. Alternatively, Jones at al. (2011) compared two groups of clients (YTLS vs. non-YTLS) after receiving job-training and reported follow-up outcomes. The author found that clients residing in YTLS reported less drug use at six-month follow-up compared to youth with non-YTLS living arrangements. The authors also found that 8.7% of youth living in YTLS reported substance abuse problems at follow-up, compared to 42% of those with other living arrangements at the same time point.

## Health Problems

YTLS research has also studied the effect of interventions on health problems and safety. Typically, these have been evaluated by assessing perceived physical health among clients (Collins & Ward, 2011; Courtney et al., 2019), and physical and/or sexual victimization experiences (Courtney et al., 2001, 2019; Nolan, 2006). In both cases where physical health was evaluated, a Self-Rated Health (SRH) tool was used. SRH uses a 5-point scale for rating answers to the following question: *In general, would you say your physical health is poor, fair, good, very good, or excellent?* SRH is a validated and reliable tool that has been used in diverse populations, and is correlated with both a likelihood for adverse health, as well as mortality (Boardman, 2006; Jylhä, 2009; Kananen et al., 2021). Collins & Ward (2011, p. 163) found at one-year follow-up (post-exit) 70% of YTLS clients reported their perceived health as either excellent or good. However, the program did not collect SRH at intake and no direct comparison could be made about whether client SRH were high at intake as well. Further, without a comparison group, high SRH could not be attributed to the program intervention. Conversely, Courtney et al. (2019) did incorporate a control group into their study design and still found no significant difference in SRH between YTLS and non-YTLS groups.

Evaluations also investigate physical and/or sexual victimization experiences before and after program intervention. Interview questions survey prevalence of experiences of intimate partner violence (Courtney et al., 2001; Nolan, 2006). Courtney et al & Nolan found many LGBTQ and foster care youth in

the YTLS programs they evaluated reported physical and/or sexual abuse histories (57% and 50%, respectively). In the most rigorous example, intimate partner violence experiences were measured at intake and one-year follow-up, and differences were compared between control and experimental groups. Physical and sexual violence experiences were defined as relationships "*…in which either partner has ever hit, kicked, shoved, or thrown something potentially harmful at the other, or forced the other to have unwanted sexual relations"* (Valentine et al., 2015, p. 73). The research in this case suggests YTLS programs are associated with significant decreases in experiences of intimate partner violence.

## Summary

Lack of quality research, as well as variability in the kinds of populations YTLS programs serve, makes consensus on YTLS program outcomes challenging. Few rigorous studies exist and most focus on pre- and post-test outcomes or reflect on how population features vary between YTLS and non-YTLS clients. Still, two takeaways are eminent: (1) the literature suggests small sample sizes and study attrition are frequent challenges to evaluations, and (2), common or standardized outcome measures exist in the literature. In evaluations we reviewed, education, employment, housing, mental health, social support, substance use, and health were often measured in some capacity. Education was chiefly measured by enrollment in educational programs or whether educational achievements were made (High school diploma/GED, certificates, etc.) while supported by YTLS programs. Employment was commonly assessed through employment status (full-time status and/or employed vs. unemployed), and wages and earnings. Housing was typically measured in terms of stability and permanency, although two studies we reviewed indicated specific concerns with how YTLS programs define and measure that status. The most rigorous study we found measured housing stability as deployed by the U.S. HUD, which documents housing type before and after program intervention and subsequently coded as "permanent" or not (e.g., homeless, institutionalized, or in temporary housing). Mental health was measured either by self-reported emotional health status, a validated and standardized tool called the DASS-21, or by a qualified mental health professional who could make official diagnoses of mental disorder. Substance use was measured either as days of use, or severity of substance use problems. One study deployed a well-accepted tool called the Youth Adult Self Report (YASR) to measure externalizing and internalizing problems, which captured both total problems and/or substance use. Lastly, health was commonly measured by Self-Reported Health (SRH), and sometimes measured as physical and/or sexual victimization experience(s).

Informed by previous research on YTLS programs, we developed an outcome evaluation for Bernalillo County's BHI YTLS programs. Our mandate here is to work on behalf of Bernalillo County to "…measure whether program objectives (including short-term, intermediate and long-term objectives) have been achieved and are designed to assess what occurred as a result of the program and whether the program has achieved its intended outcomes" (CCN 2018-0241, 2018, p.20). Evaluation of the short-term and intermediate-level outcomes of YTLS programs will both inform the County's distribution of tax dollars across the behavioral health continuum, as well as contribute valuable evidence to an underdeveloped research base exploring the role of YTLS on post-transition outcomes.

Between May 2018 and June of 2021, UNM ISR's Center for Applied Research & Analysis (CARA) conducted a process evaluation of Bernalillo County's BHI YTLS programs and found that "programs are mostly conducted as described in [provider] process maps" (CARA, 2021, p. 69). However, YTLS

providers' client data collection only partially substantiated program designs and revealed that more robust indicators of program client checkpoints were needed for any future outcome evaluation. A key challenge to outcome evaluations is obtaining robust outcome and client records data. We attempted to overcome this barrier by implementing our own outcome assessment with YTLS clients we recruited into an evaluation study.

## STUDY DESIGN & METHODOLOGY

The current study intends to answer the following research questions:

1. In what way(s) do client-level outcomes change between program intake and exit for YTLS programs?
2. In what way(s) does the duration of client program participation affect client-level outcomes?

Client-level outcomes are here defined as:

- Well-being
- Mental health
- Physical health
- Addiction severity
- Social support
- Housing status
- Life skills
- Employment/Support status
- Legal status
- Medical status
- Psychiatric health status
- Behavioral health status
- Social relationships status
- Alcohol/drug use
- Educational attainment
- Criminal justice involvement

To answer our research questions, we implemented pre- and post-test outcome assessments that capture those client-level outcomes and analyzed data in tandem with client records collected by YTLS providers.

### Outcome Assessments

CARA conducted a pre- and post-test outcome assessment with adult YTLS clients at or near program intake or discharge. At or near intake or discharge was defined as up to 30 days after clients' intake or discharge date. The outcome assessment consisted of (1) a brief semi-structured interview and (2) four self-report questionnaires. Table 1 summarizes the outcome categories included for each assessment

time-point (intake and discharge). Semi-structured interviews with clients captured eight categories of information: (1) medical status, (2) employment/support status, (3) legal status, (4) family/social relationships status, (5) overall physical health (6), housing status (7), educational attainment and enrollment (8), and life skills knowledge.

The first four categories are derived from the Addiction Severity Index (ASI) which measures changes between intake and discharge for each category. The ASI is a validated instrument for measuring change in problem areas over time related to substance use, and has been widely used among diverse populations including homeless populations, substance using populations, employee assistance clients, men and women, and those with mental illness (Argeriou et al., 1994; Feelemyer et al., 2014; Rotgers, 1997; Weisner et al., 2000; Zanis et al., 1994). CARA ultimately reports how composite scores change between program intake and discharge for each problem area, as well as overall.

**Table 1**

*Summary of Outcome Assessment Measures*

| Time-Point | Outcome Measure | Description | Collection Method | Time |
|---|---|---|---|---|
| **PROGRAM INTAKE** | Problem areas | Participant data in seven problem areas: medical, employment/support status, alcohol/drugs, legal, social relationships, and psychiatric status | Addiction Severity Index (ASI) semi-structured interview | 15 min. |
| | Physical health | Participant general physical health | Self-Rated Health (SRH) | <1 min. |
| | Race & Ethnicity | Participant self-reported race & ethnicity | U.S. Census (2020) Ethnicity question and General Social Survey (2018) ballot question for Race | <1 min. |
| | Housing status | Participant housing type and satisfaction | Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment Government Performance and Results Act (CSAT-GPRA) self-report outcome measure | <1 min. |
| | Educational attainment | Participant educational level achieved and school enrollment status | SAMHSA CSAT-GPRA and U.S. Census self-report measures | <1 min. |
| | Social support | Participant perceived social support within 3 contexts | Multidimensional Scale of Perceived Social Support (MSPSS) | 5 min. |
| | Mental health | Participant self-reported depression, anxiety, and stress severity | The Depression, Anxiety, and Stress Scale (DASS21) | 5 min. |
| | Wellbeing | Participant psychological well-being within six dimensions | The Psychological Wellbeing Scale (PWB) | 5 min. |

**Table 1 (CONT)**

*Summary of Outcome Assessment Measures*

| Time-Point | Outcome Measure | Description | Collection Method | Time |
|---|---|---|---|---|
| **PROGRAM DISCHARGE** | Problem areas | Participant data in seven problem areas: medical, employment/support status, alcohol/drugs, legal, social relationships, and psychiatric status | Addiction Severity Index (ASI) semi-structured interview | 15 min. |
| | Physical health | Participant general physical health | Self-Rated Health (SRH) | <1 min. |
| | Race & Ethnicity | Participant self-reported race & ethnicity | U.S. Census (2020) Ethnicity question and General Social Survey (2018) ballot question for Race | <1 min. |
| | Housing status | Participant housing type and satisfaction | Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment Government Performance And Results Act self-report outcome measure | <1 min. |
| | Educational attainment | Participant educational level achieved and school enrollment status | SAMHSA CSAT-GPRA and U.S. Census self-report measures | <1 min. |
| | Social support | Participant perceived social support within 3 contexts | Multidimensional Scale of Perceived Social Support (MSPSS) | 5 min. |
| | Mental health | Participant self-reported depression, anxiety, and stress severity | The Depression, Anxiety, and Stress Scale (DASS21) | 5 min. |
| | Wellbeing | Participant psychological well-being within six dimensions | The Psychological Wellbeing Scale (PWB) | 5 min. |
| | Behavioral health | Participant behavioral disorders according to four contexts | Global Appraisal of Individual Needs - Short Screener (GAIN-SS) semi-structured interview | 5 min. |
| | Life skills knowledge | Participant life skills knowledge in nine content areas | Casey Life Skills (CLS) self-report questionnaire | 5 min. |

The fifth outcome category, physical health, was measured by self-rated health (SRH)(Boardman, 2006; Jylhä, 2009; Kananen et al., 2021). Outcome six was captured by two questions adapted from the U.S. Census which asks participants' the last educational level they completed, and whether they are currently enrolled in school. The seventh outcome measures housing status and satisfaction, and was adapted from the Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) Government Performance and Results Act (GPRA).

In addition to interviews, CARA administered three self-report questionnaires; all of which are validated psychometric scales: (1) Multidimensional Scale of Perceived Social Support (Dahlem et al., 1991; Zimet et al., 1988, 1990), (2) the Depression, Anxiety, and Stress scale (DASS 21) (Akin & Çetın, 2007; Beaufort et al., 2017) and (3) the Psychological Wellbeing Scale (PBS) (Keyes et al., 2002; Ryff, 1989; Ryff et al., 2003).

To recruit YTLS clients into our outcome study, we developed a contact form which described our study and if potential participants were interested in participating, they signed the form. The contact form also asked for various contact information we would use for recruitment: e-mail, phone number, secondary contact name and phone, and social media handles. YDI and Serenity Mesa staff supported collection of outcome assessments by serving as the first point of contact for potential study participants and integrating contact forms into their intake process. We incentivized client participation by providing $20 cash for each outcome assessment completed – potentially $40 total for both assessments, per client. CARA offered participants the opportunity to conduct the outcome assessment either in person, by phone, or video call.

We ultimately conducted all outcome assessments in-person or over the phone. Through either medium, we asked participants outcome assessment questions or read statements aloud and recorded clients' responses or selections. Researchers occasionally provided clarification or follow-up. For example, question E42 asks whether participants are currently employed – whether the response is 'yes' or 'no', the researcher would follow-up to determine which coded options (1 – 8) applied to participants (e.g. 35+ hours a week; unemployed and searching for work, unemployed and not looking for work, etc.). Response data were directly entered into a password protected and encrypted digital database. Copies of the outcome assessments CARA administered, which include all interview questions and client questionnaires, are available upon request. Overall, outcome assessments were expected to take between 30 and 35 minutes, and on average took about 25 minutes at or near intake for both programs; about 30 minutes at or near discharge.

## Client Record Review

CARA collected client records from YTLS providers for all adult clients from program start (2018) through August 2023. Collected data included the following categories of information:

- Name
- Date of birth
- Gender
- Race/ethnicity
- Education
- Income level
- Employment
- Housing status
- Date of intake
- Date of discharge
- Date of each service
- Type of service by date
- Length of services
- Referral source
- Follow-up information
- Probation status
- Total days in program
- Discharge type
- GAIN-SS scores
- CLS scores

For both YTLS providers, data are limited to adult client intakes and do not capture clients which were only referred to the program. In those cases, client information was overwhelmingly missing. As such, client data are strictly limited to adult YTLS clients with complete intake records. Our sample was limited to adult YTLS clients to accommodate the relatively short study period. Minors require additional

protections, meaning parents/guardians and participants must provide consent. This additional protection would have meant time taken from study recruitment and was therefore strategically avoided to focus efforts on outcome assessment data collection.

In total, we received 53 unique adult YTLS intake records from Serenity Mesa and 131 unique adult YTLS intake records for YDI. We asked providers for all client-level YTLS records they collect, except for open-ended case notes. We worked with YTLS staff to collect preliminary records for determining which data we could receive, and developed standard excel files suitable for analysis. For YDI, staff were able to directly pull data from EMR Bear into excel files; for Serenity Mesa, EMR Bear data was manually entered into a standard excel file format. In general, we received all adult YTLS data for program referrals, service provision, assessments, and demographics. In some cases, records included free-form responses and/or responses that did not fit within field specifications. In these situations, we eliminated data which did not fit categories, or which were not obviously appropriate (e.g., yes, YES, "Y", all indicating Yes). We have made this decision to prioritize completion of data while minimizing assumptions about client records. As a result of this data cleaning process, it is possible our analysis undercounts services YTLS programs provide. Lastly, YTLS program staff prepared data dictionaries for client records we received, which define data fields and their possible responses. Our reference to and explanation of services are based on those data dictionaries we were provided.

## Data Analysis

Data were organized and deidentified using Microsoft Excel and subsequently imported into SPSS version 28.0 for statistical analysis. Basic descriptive statistics, frequencies, and linear and logistic regressions were generated using SPSS.

## Limitations

While CARA has made every effort to maximize the reliability and accuracy of the results of our analysis in this report, they are limited in three critical ways.

Firstly, the results of our outcome assessment analyses are limited by the size of our sample, which is significantly small. CARA was able to recruit YTLS clients for roughly 8 and 6-months (YDI and Serenity Mesa, respectively). While we expanded our recruitment period by an extra two-months, we added no additional participants during that period for either program. We expected limited study samples based on our previous process evaluation which found small adult client population sizes and low monthly enrollment. Future outcome evaluations would benefit from a much longer study period. We recommend expanding study periods to 3 -5 years for evaluating changes between program intake and exit, which would allow a follow-up period to understand whether YTLS benefits persist in the long-term (6-months or more post-YTLS). Ultimately, our samples were too small to conclude any meaningful outcomes. Any results we present are intended to support improved data collection and provide a clear structure for subsequent attempts to determine YTLS program client outcomes. Readers should not interpret our outcome assessments as having broader applicability. Our findings are strictly limited to the samples we collected, and more robust research is necessary.

Secondly, CARA was unable to recruit all YTLS participants into the present outcome evaluation. Notably, most Serenity Mesa clients are minors who were excluded from the study. We did, with the support of Serenity Mesa staff, successfully recruit 90% of eligible adult YTLS clients and had success collecting follow-up assessments at or near discharge for 44% of those we recruited. As we describe later, this occurred largely due to non-response despite $20 cash incentives per outcome assessment and three contact attempts per client. YDI's YTLS program had a lower success study recruitment rate. While we were referred 36 eligible clients, only 11 responded to initial recruitment and completed outcome assessments at or near intake. Only a single YDI client we recruited responded to our follow-up contact attempts. As a result, we do not report on any descriptive information regarding follow-up outcome assessments for YDI.

Thirdly, while we have analyzed how YTLS program client records are associated with outcomes, significant challenges exist with current client record data collection practices. Our data on program service provision, life skills knowledge, and housing outcomes are therefore dependent on the fidelity with which YTLS providers accurately documented clients at intake and discharge. We know that key measures Serenity Mesa (safe placement at exit) and YDI (permanent housing) collect at or near program discharge are broad measures that do not describe concrete situations. According to Serenity Mesa staff, safe placement essentially means clients did not transition to homelessness or jail. Permanent housing is also broad, indicating that YDI staff believe clients could reside in a location for 90 days or more. Therefore, while two of our statistical tests find significant associations between service provision or length in a program and positive housing outcomes, it is critical to note that the outcomes measured are not concrete – they are static determinations that do not necessarily mean clients found stable housing.

## SERENITY MESA

Between September 1st, 2022, and August 31st 2023, we recruited adult Serenity Mesa YTLS clients into our outcome evaluation study. Out of ten potential clients Serenity Mesa supported in that period, we recruited nine individuals into our study. While we completed nine outcome assessments at or near intake, collecting follow-up data on clients proved challenging. Altogether, we obtained post-program responses for four adult YTLS clients. This occurred for three reasons: (1) clients did not respond to phone calls, texts, and/or e-mails after three attempts, (2) clients were institutionalized during the study, in which case they were automatically removed, and (3) we were notified about client discharges more than 30 days after they had left the program (2 instances).

In terms of analyzing outcomes, four matched pre- and post-outcome assessments do not allow us to conduct meaningful analyses regarding program outcomes. Regardless, we believe if information we documented in outcome assessments were collected by YTLS programs as part of normal operations at intake and other recurring time-points (e.g., every month, every 3-months, at discharge, etc.), YTLS outcomes could be evaluated. Because clients abscond and/or leave the program prior to successful completion, the most successful data collection is likely to occur on-site during normal operations and when collection occurs more frequently than at intake and discharge.

To emphasize the utility of our demographic and outcome measures, we organize outcome evaluation results into two sections. In the first, we review and summarize Serenity Mesa adult YTLS client records and describe how existing data cannot confirm a relationship between YTLS service provision and key outcomes collected by the program: safe placement in housing and housing type at discharge. Importantly, this is not the same as concluding Serenity Mesa does not *achieve* meaningful outcomes, which cannot be determined since more robust data are not currently collected. Secondly, we report on simple descriptive statistics for outcome assessment data we collected on study participants. While more interesting and robust statistical tests are not possible, we present our limited outcome assessment data in the context of how YTLS data collection could be improved, and especially, why detailed outcome data are vital for understanding the impact of YLTS programs.

## Client Records

Serenity Mesa staff provided records for all adult YTLS clients between 10/1/2018 and 8/31/2023. In total, this captured 53 people between the ages of 18 and 25 (Average = 20.4). Table 2 summarizes available demographic characteristics from adult YTLS client records. Demographic information was

**Table 2**

*Demographic characteristics at intake, adult Serenity Mesa YTLS clients 2018 - 2023*

| Category | Count | Percent |
|---|---|---|
| Age | | |
| *18 - 20* | 30 | 56.6% |
| *21 - 23* | 21 | 39.6% |
| 24 or older | 2 | 3.8% |
| Gender | | |
| *Female* | 47 | 88.7% |
| *Male* | 6 | 11.3% |
| Ethnicity | | |
| *Hispanic* | 32 | 60.4% |
| *Not Hispanic* | 21 | 39.6% |
| Race | | |
| *White* | 46 | 86.8% |
| *African American* | 7 | 13.2% |
| *Native American* | 1 | 1.9% |
| Number of dependents | | |
| *None* | 51 | 96.2% |
| *One* | 2 | 3.8% |
| High School diploma or GED at intake | | |
| *No* | 33 | 62.2% |
| *Yes* | 20 | 37.7% |

*Note.* n = 53.

**Table 3**

*Referral sources, Serenity Mesa adult YTLS clients 2018 - 2023*

| Referral type | Count | Percent |
|---|---|---|
| Self/Family | 30 | 57.7% |
| Criminal Justice | 13 | 25.0% |
| External programs or support | 9 | 17.3% |

*Note.* n =52.

available for five characteristics: age, gender, ethnicity, race, and high school or GED attainment at intake. Serenity Mesa's adult YTLS clients were overwhelmingly female (88.7%), which reflects their initial imperative to support young women. Serenity Mesa's most recent contract renewal with Bernalillo County expanded service to include youth of either sex – to include adolescent males and not just females as noted within the original and previous contracts – between the ages of 14 and 21. Serenity Mesa clients are also mostly Hispanic (60.4%), specifically Hispanic *and* white. Roughly 1/10$^{th}$ of all adult clients were African American or Native American (13.2%). Over one-third of clients (37.7%) have obtained their high school diploma or GED prior to intake. Data were not available on specific educational attainment by client, so it is unclear what level of education remaining clients had. Lastly, a minority of adult clients have had dependents (3.8%).

Table 3 summarizes where clients at Serenity Mesa are referred from. Most adult YTLS clients are self-referred or referred by family (57.7%), and about a quarter of all adult referrals come from the criminal justice system (25.0%; YDDC, MDC, probation & parole, and adult court). Remaining referrals come from external programs and supports, such as rehab centers, CYFD, or mental health providers (17.3%). We performed chi-square tests to determine whether referral sources were associated with any specific demographic characteristics (e.g., gender, ethnicity, race, number of dependents, and enrolled in educational program at intake) and no significant trends were found. Simply put, no one source appears to refer any specific race, ethnicity, educational background, etc. It is important to note that existing demographic measures do not capture diverse responses and alternative measures could illuminate greater variation in client background that would be useful for understanding the Serenity Mesa client population. For example, educational attainment could capture last grade level attended, whether a diploma or GED has been obtained, and whether clients have any college education which may be useful for identifying need and support. Also identifying income and employment prior to intake could provide evidence of related outcomes achieved after discharge.

Some data were available on adult YTLS clients' insurance coverage and systems involvement. Most clients at intake had some form of New Mexico Medicaid coverage, with the majority reporting coverage through Presbyterian Centennial (64.2%). Roughly 10% of adult clients either had no healthcare insurance or their coverage status was unknown. Over three-quarters of adult YTLS clients self-reported that they had no arrests in the 6-months prior to program intake, while over one-third reported they had prior legal involvement which could include probation and parole, drug court, or pre-trail sentencing. Very few clients (3.8%) self-reported prior custody in foster care or with the Children, Youth and Families Department (CYFD).

**Table 4**

*Self-reported drug of choice at program intake, Serenity Mesa adult YTLS clients 2018 - 2023*

| Drug of choice | Count | Percent |
|---|---|---|
| Fentanyl | 22 | 41.5% |
| Methamphetamine | 18 | 34.0% |
| Alcohol | 14 | 26.4% |
| THC | 10 | 18.9% |
| Cannabis | 10 | 18.9% |
| Heroin | 8 | 15.1% |
| Cocaine | 6 | 11.3% |
| Crack | 2 | 3.8% |
| Xanax | 2 | 3.8% |
| Ketamine | 1 | 1.9% |
| Oxycontin | 1 | 1.9% |

*Note.* Clients can have multiple drugs of choice, therefore percents do not add to 100. Percents divided by 53 unique clients.

Serenity Mesa's YTLS program specifically targets support to those with substance abuse problems and collects detailed information on clients' drug of choice at intake, and subsequently has a program clinician determine an appropriate ICD-10 diagnosis. Table 4 summarizes adult YTLS clients' drug of choice at intake. Records indicate many adult clients report Fentanyl as their drug of choice (41.5%), and roughly one-third Methamphetamine (34.0%). Nearly half of all clients reported two or more drugs of choice (47.2%) and just one client reported no drug of choice. Official clinical diagnoses are enumerated in Table 5, confirming that most clients have substance problems related to opioid and stimulant dependence, abuse, or withdrawal. A little over 25% of clients are diagnosed with alcohol or cocaine problems, and lastly, roughly 10% of clients are diagnosed with cannabis or sedative problems.

**Table 5**

*Substance use ICD-10 diagnoses, Serenity Mesa adult YTLS clients 2018 - 2023*

| Problem substance[a] | Count | Percent |
|---|---|---|
| Opioid | 29 | 54.7% |
| Stimulants | 15 | 28.3% |
| Alcohol | 9 | 17.0% |
| Cocaine | 5 | 9.4% |
| Cannabis | 4 | 7.5% |
| Sedatives | 2 | 3.8% |

*Note.* n = 53. *a.* Problems defined here as dependence, remission, abuse, or withdrawal as noted by ICD-10 code in client records.

**Table 6**

*Summary of Serenity Mesa service provision (hours), adult YTLS clients 2018 - 2023*

| Service | Mean | Median | Std. Dev. | Min. | Max |
|---|---|---|---|---|---|
| Individual therapy | 6.9 | 5.0 | 5.78 | 0.0 | 20.0 |
| Case management | 7.0 | 5.0 | 5.71 | 0.0 | 20.0 |
| Intensive Outpatient Programming (IOP) | 15.0 | 10.0 | 12.39 | 0.0 | 45.0 |
| Life skills | 32.9 | 21.0 | 28.76 | 0.0 | 100.0 |

*Note.* n = 53.

Serenity Mesa provides myriad services to clients according to a stepwise model called "phases", where clients transition from one phase to the next by achieving the requirements for each "phase", of which there are four. For example, in Phase 1 clients are tasked with developing a vision board and service plan with their case manager, completing a treatment plan with their clinician, attending weekly case management meetings, attending weekly individual meetings with a clinician, participating in Lodge programming onsite and offsite, etc. While client records did not include systematic information on completion of each phase's components, Serenity Mesa staff compiled total case management, life skills, individual therapy, and Intensive Outpatient Programming (IOP) hours based on completion of phases. Simply put, phases pre-determine the amount and types of services, and service data were retroactively compiled based on phase sheet completion. Possibly for this reason, individual therapy, life skills, case management, and IOP hours were highly correlated to each other – meaning when one type of service provision increased, most all other similarly increased.

Descriptive statistics for continuous data on service provision are summarized in Table 6. Client records suggest individual therapy and case management hours are provided relatively equally to all clients (average of 6.9 hours and 7.0 hours per client, respectively). On average, clients received 15 hours of IOP and 32.9 hours of life skills training while in the program. According to client records, 10% (6) of adult clients did not receive any case management, life skills training, individual therapy, or IOP. Table 7 summarizes additional service data available on resume writing and job readiness support, medication management and career exploration services. Data for these were recorded as "yes" or "no" values. For two of the services – resume and career exploration support – data reflect whether clients completed tangible products as the result of support. Resume support is marked "yes" if clients left the program with a completed resume, and career exploration is marked "yes" if a "career exploration project" is completed. Career exploration projects require clients to identify careers of interest and present about them. Nearly half (47.2%) of all adult clients left Serenity Mesa with a completed resume and one-fifth (20.8%) completed a career exploration project upon discharge.

For the remaining service categories – job readiness and medication management – data values reflect whether support in these general areas were provided at all to clients. Job readiness support includes "guidance, and materials to learn about job readiness" which can include mentorship and learning activities for topics like "mocking interviewing, keeping a job, etc." (Serenity Mesa 2023; Data Dictionary). Medication Management indicates whether a client met with a psychiatrist and received medication management. Most clients (75.5%) received job support and/or mentorship, and the majority of clients (69.8%) also received medication management while in the program. While

**Table 7**

*YTLS service provision, Serenity Mesa adult YTLS clients 2018 - 2023*

| Service | Count | Percent |
|---|---|---|
| Resume Writing | | |
| *Yes* | 25 | 47.2% |
| *No* | 27 | 50.9% |
| Job readiness | | |
| *Yes* | 40 | 75.5% |
| *No* | 12 | 22.6% |
| Medication management | | |
| *Yes* | 37 | 69.8% |
| *No* | 15 | 28.3% |
| Career exploration | | |
| *Yes* | 11 | 20.8% |
| *No* | 41 | 77.4% |

*Note.* n = 53.

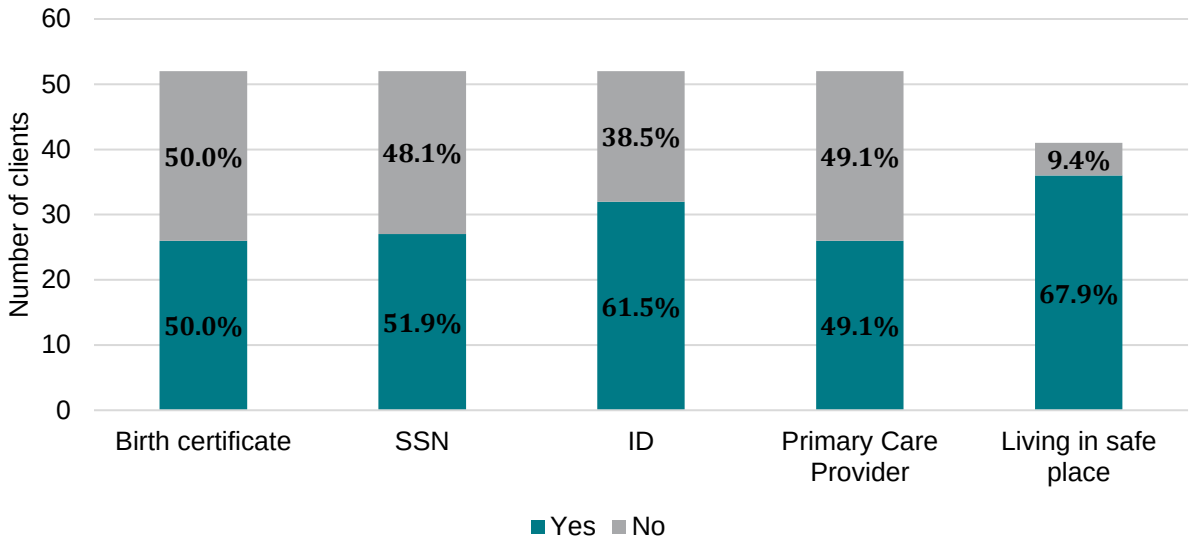
Medication Assisted Treatment (MAT) service data was included in client records, the measure documents when clients "get on" or "get off" MAT, so we have chosen not to report on those data since summary statistics are not meaningful.

Limited outputs and outcomes are available through client records, which chiefly identify whether clients obtain vital personal documents: Birth certificates, Social Security Number cards (SSN), state issued ID, and Primary Care Providers. As we summarize in Chart 1, data suggest at least half of all adult clients are receiving help to obtain their vital records and roughly half are supported in holding at least one visit with a primary care provider. Serenity Mesa also collects information about which YTLS clients transition into "living in a safe place". While "safe" was not defined in program documents by Serenity Mesa or Bernalillo County, about two-thirds (67.9%; 36) of all adult clients exited the program under that distinction. Client records do identify where clients are released to though, which we summarize in Chart 2. Ultimately, most clients return home or to an external or internal program. A minority of clients (9.5%) transitioned to a rehab facility or to jail, and 3.8% transitioned to homelessness. For nearly one-quarter of clients, housing situation was unknown.

Serenity Mesa client records also track whether YTLS clients without a high school diploma or GED ultimately re-enroll in an educational program to attain them. Chart 3 illustrates that 77.4% of clients obtained a high school diploma or GED prior to YTLS intake, and roughly 1/5$^{th}$ (22.6%; 12) enrolled in some high school level program after entering Serenity Mesa's YTLS program. Existing YTLS records do describe what educational level clients enter with, and whether they need, want, or fully complete educational programs.

**Chart 1**

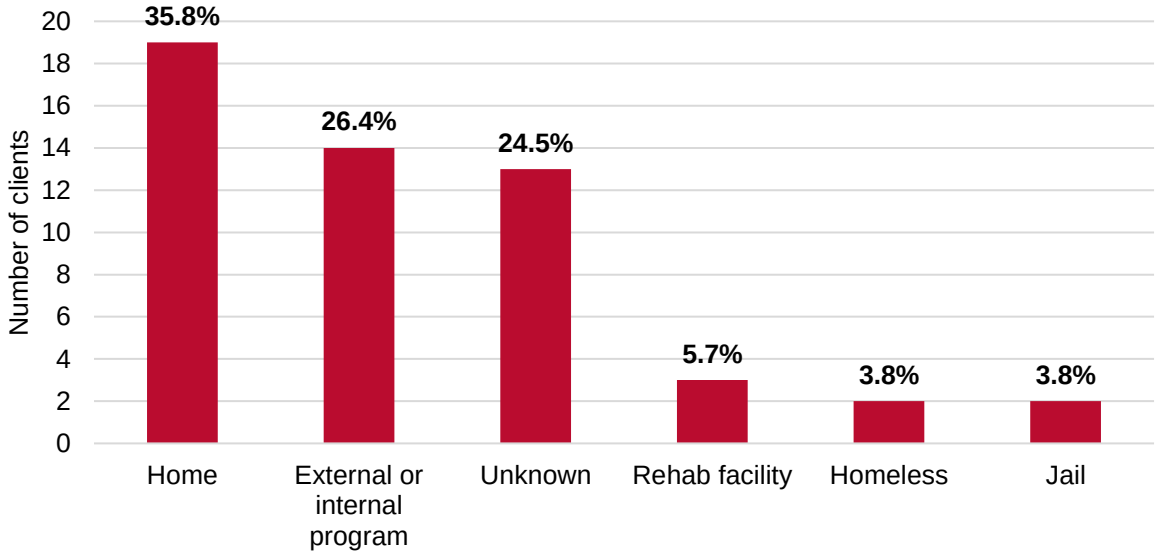
*Outputs and outcomes achieved by program exit, Serenity Mesa adult YTLS clients 2018 - 2023*




*Note.* n = 53.

**Chart 2**

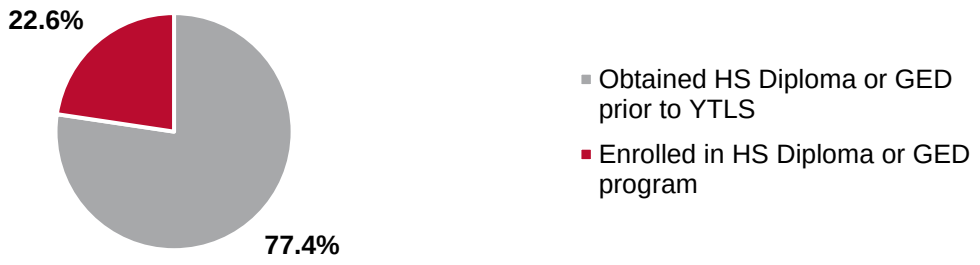
*Adult YTLS living situation by program exit, 2018 - 2023*




*Note.* n = 53.

**Chart 3**

*Adult Serenity Mesa YTLS educational enrollment, 2018 - 2023*




*Note.* n = 53.

While client record data are not ideal for performing analyses, we have completed two statistical tests with these data. Client records are not ideal because several service hours measures are highly correlated (case management hours, individual therapy hours, and IOP hours), meaning if one set of hours increase (IOP hours), so do others (case management and individual therapy, and vice versa). This was expected since Serenity Mesa requires pre-determined hours for every client as "phases" are completed.

Additionally, phases are documented if clients submit their paper phase sheets. As noted in our previous process evaluation, this means service data, especially partial service data, are effectively missing. For example, incomplete hours (4 of 8 hours for the phase) for clients who abscond may never be documented. As such, clients who complete phases document the exact same number of service hours, and for those who leave suddenly, may not have any service hours documented despite completing them partially. For this reason, for the three kinds of service data we received continuous data for – case management hours, individual therapy hours, and IOP hours – we have included the least correlated measure of those three variables in our statistical models, IOP hours. Because statistical tests are only as good as the data you put into them, collection of high-quality client data are critical. With the known issues we have just discussed and few outcome variables with which to test, we caution readers from making strong conclusions based on the following statistical tests.

With that said, we performed two logistic regressions evaluating the comparative effects of Serenity Mesa services on two outcomes for all adult clients: (1) living in a safe place, and (2) transition from homelessness or jail at intake to any other documented housing situation upon discharge. Table 8 summarizes the first logistic regression, which tested how the supports and services clients received impacted the likelihood of living in a safe place upon discharge. We included in the model whether clients received resume writing, job readiness, medication management, or career exploration supports. Additionally, we included the number of IOP hours clients received. Table 9 indicates that none of the variables were significant predictors for whether clients were placed in a safe living situation upon discharge. In fact, significance values were exceptionally close to 1, suggesting data were highly random for these measures and model.

**Table 8**

*Binary logistic regression model predicting safe placement at discharge, adult Serenity Mesa YTLS clients*

| | | | | | | OR 95% C.I. | |
|---|---|---|---|---|---|---|---|
| Support | B | S.E. | Wald | Sig. | OR | Lower | Upper |
| Resume writing | 0.07 | 1.85 | 0.00 | 0.97 | 1.07 | 0.03 | 40.32 |
| Job readiness | -40.47 | 18,804.88 | 0.00 | 1.00 | 0.00 | 0.00 | |
| Medication management | 21.01 | 12,931.68 | 0.00 | 1.00 | 1.34E+09 | 0.00 | |
| Career exploration | 19.51 | 12,931.68 | 0.00 | 1.00 | 2.98E+08 | 0.00 | |
| IOP (hours) | 0.00 | 0.08 | 0.00 | 0.96 | 1.00 | 0.85 | 1.16 |
| Constant | 21.00 | 13,652.66 | 0.00 | 1.00 | 1.31E+09 | | |

*Note.* Cases included = 40. $X^2 = 6.509$, p = 0.260. Cox and Snell R Square = 0.150. Nagelkerke R square = 0.284. OR – odds ratio, [95% CI] 95% Confidence Interval.

*** = p < 0.01, ** p < 0.05, * p < 0.10.

Alternatively, we tested whether the same services and supports could predict whether YTLS clients transitioned from homelessness or jail at intake to any other housing situation upon discharge. Table 9 summarizes the result of this model. While most variables remained insignificant in this second model, one was borderline significant – Career exploration support (p < 0.10). The model therefore suggests if career exploration support were the only support received, clients would be 9.87 times more likely to transition from homelessness or jail to a more stable housing situation at discharge. As previously

**Table 9**

*Binary logistic regression model predicting transition from homelessness or jail to any other housing situation at discharge, adult Serenity Mesa YTLS clients*

| | | | | | | OR 95% C.I. | |
|---|---|---|---|---|---|---|---|
| Support | B | S.E. | Wald | Sig. | OR | Lower | Upper |
| Resume writing | 0.31 | 1.62 | 0.04 | 0.849 | 1.36 | 0.06 | 32.75 |
| Job readiness | 1.08 | 1.70 | 0.40 | 0.528 | 2.93 | 0.10 | 82.36 |
| Medication management | -0.15 | 1.25 | 0.01 | 0.906 | 0.86 | 0.07 | 10.07 |
| Client career exploration | 2.29 | 1.35 | 2.89 | 0.089* | 9.87 | 0.70 | 138.42 |
| IOP (hours) | -0.07 | 0.08 | 0.77 | 0.381 | 0.94 | 0.81 | 1.09 |
| Constant | -2.28 | 1.05 | 4.69 | 0.030 | 0.10 | | |

*Note.* Cases included = 52. $X^2 = 5.180$, p = 0.394. Cox and Snell R square = 0.095. Nagelkerke R square = 0.165. OR – odds ratio, [95% CI] 95% Confidence Interval.

*** = p < 0.01, ** p < 0.05, * p < 0.10.

explained, career exploration support reflects whether clients completed a project and presentation about a job or career that interests them. However, correlation is not causation, and the significance of this variable may rather highlight the intrinsic motivation of clients who enter Serenity Mesa's YTLS program from homelessness or jail. To reiterate, career exploration support *bordered* on significance. It is also important for readers to note that 60.4% of adult YTLS clients enter the program from a living situation other than homelessness or jail. While those clients may not be stably housed at intake, no pre- post-test measure exists to quantify housing stability. If all clients are unstably housed at intake and *safe placement upon discharge* were to accurately assess "stably housed" at discharge, then our first model described within Table 8 indicates there is no confidence that current support measures can predict whether clients are stably housed at discharge. Put simply, Serenity Mesa YTLS supports documented in client records do not appear to impact clients transition into existing measures of safe or stable housing.

## Outcome Assessments

To supplement program client records, we attempted to recruit adult YTLS clients into an outcome evaluation where we incentivized youth's completion of several standardized metrics for outcomes. We deployed a shortened Addiction Severity Index (ASI) tool containing seven indicators of problems: (1) Medical, (2) Employment, (3) Alcohol, (4) Drugs, (5) Legal, (6) Family/Social, and (7) Psychological. Many questions were useful indicators of positive outcomes outside of ASI index scores, such as monthly wages/income, days of drug/alcohol use, self-reported physical health, etc.

Because of limitations we note in the introduction to this section, we do not report outcome assessment results to describe positive or negative outcomes for Serenity Mesa's YTLS program, which remain unclear. Rather, we present the following results to emphasize the utility of clear and meaningful outcome measures. As the previous summary highlights, YTLS programs collect limited outcome data and could improve on the kinds of information they collect to document the services they provide and meaningful changes that might occur. We discourage using the results presented in this section to make any conclusions about the programs performance or outcome achievement. Instead, we encourage readers to consider the measures we deployed in outcome assessments and how those measures might be incorporated into broader client data collection during normal YTLS programming. We intend for our analysis of limited outcome assessment data to illustrate what analyses and/or reporting could be generated if most and/or all YTLS clients had data for metrics we present on. The specific outcome assessment measures and questions we used are available upon request.

Table 10 summarizes several demographic and intake measures we collected for participants. Youth were asked to report which races they identified as, and indicate yes or no for 16 racial categories, including Hispanic. Most participants identified as Hispanic (77.8%) and/or White (66.7%). Around half identified as African American, American Indian or Alaskan Native, or some other non-white racial group (55.6%). While individual and unique combinations of racial identity can be identified, we do not report them here since many racial categories reflect a single person due to our small sample size. Participants were also asked to indicate what sexual orientations best represent how they thought of themselves: Straight, Gay or Lesbian, or Something else. Most study participants were Lesbian, Gay, Bisexual or Something Else (55.6%) - Again, individual identities are possible but are reported in aggregate due to small sample size.

We also collected educational attainment at intake and discharge. We asked participants what highest level of education they had completed whether or not they received a degree. Participants also reported whether they attended school or college in the last 3-months (before intake) and, if yes, what grade level. Most participants at intake had not completed high school and for those without a degree the highest grade level completed was 10th or 11th grade. Four participants (44.4%) had completed 12th grade. The majority of participants had not attended school in 3-months prior to intake and for the four matched outcome assessments we collected only one client was enrolled in an educational program at

**Table 10**

*Demographic responses for Serenity Mesa YTLS study participants, intake outcome assessments*

| Category | Count | Percent |
|---|---|---|
| Race | | |
| *White* | 6 | 66.7% |
| *Hispanic* | 7 | 77.8% |
| *Non-white racial identities* | 5 | 55.6% |
| Sexual Orientation | | |
| *Straight* | 4 | 44.4% |
| *LGBTQ* | 5 | 55.6% |
| Educational attainment at intake | | |
| *10th to 11th Grade* | 5 | 55.5% |
| *12th Grade* | 4 | 44.4% |
| Attended school in three months prior to intake | | |
| *Secondary education* | 2 | 22.2% |
| *None* | 7 | 77.8% |
| Enrolled in educational program during YTLS | | |
| *Yes* | 0 | 0.0% |
| *No* | 2 | 100.0% |

*Note.* Nine unique study participants for all categories except *Enrolled in educational program during YTLS* - only two participants with pre- and post-outcome assessments indicated they were *not* enrolled in an educational program prior to intake. Multiple race category responses were allowed, therefore race responses do not total nine unique participants.

**Table 11**

*Self-Rated Health of YTLS Participants*

| | Mean | Median | Std. Dev. | Min. | Max. | N |
|---|---|---|---|---|---|---|
| Intake SRH | 1.67 | 2.00 | 0.87 | 0.00 | 3.00 | 9.00 |
| Discharge SRH | 1.75 | 1.50 | 0.96 | 1.00 | 3.00 | 4.00 |
| Pre- and Post-SRH Difference | 0.50 | 0.50 | 0.58 | 0.00 | 1.00 | 4.00 |

*Note.* Pre- and post-test difference only includes those with matched outcome assessments (4 individuals).

discharge. Two of the four matched participants who were not enrolled in an educational program prior to intake were still not enrolled upon discharge.

Table 11 summarizes Self-Reported Health (SRH) of study participants. At or near intake, most participants rated themselves as having good physical health, with the average participant reporting overall health somewhere between "Fair" and "Good" (1.67). No participant reported the highest score for SRH (Excellent). For participants who completed a discharge outcome assessment (n=4), average client SRH was slightly higher at 1.75, again at a value between "Fair" and "Good" physical health. The pre- and post-test SRH difference was 0.50 meaning SRH for matched participants, on average, increased. The minimum change in SRH between intake and discharge was 0 (no change in SRH) and the maximum change was 1; a full step increase in SRH status (e.g., Fair to Good, Good to Very good, etc.). Half of study participants with a pre- and post-test SRH score increased 1 full step on the SRH scale, while the remaining half reported no change. No study participant reported a decrease in overall health between intake and discharge (e.g., good to fair, fair to poor, etc.).

Outcome assessments measured employment and earnings for participants as well. Youth were asked "Are you currently employed?" and "How much money did you receive from the following sources in the past 30 days?" for both regular employment and illegal sources. Table 12 summarizes results. For the four participants we obtained matched outcome assessments for, the average monthly wages increased by $640. Half of study participants reported making $80 or more at or near discharge than at intake, and were employed full- or part-time. Average self-reported monthly wages increased from $88.89 at or near intake to $840.00 at or near discharge. Half of those who were *unemployed* at intake and seeking work ultimately reported being employed at or near YTLS program discharge. No participant with matched outcome assessments who self-reported making money from illegal sources at or near intake, reported still making money from illegal sources at or near discharge. Average self-reported monthly wages from illegal sources at or near intake was $2,177.78 for matched outcome assessments.

**Table 12**

*Serenity Mesa study participants self-reported income, employment or illegal sources (dollars)*

| | Mean | Median |
|---|---|---|
| Change in income from regular employment between intake and discharge | 640.00 | 80.00 |
| Decrease in income from illegal source between intake and discharge | 25.00* | 0.00 |
| Money from regular employment at intake | 88.89 | 0.00 |
| Money from regular employment at discharge | 840.00 | 180.00 |
| Money from illegal sources at intake | 2,177.78 | 0.00 |
| Money from illegal sources at discharge | 0.00 | 0.00 |

*Note.* For all categories, n = 4. * For change in income from illegal sources at intake, only one matched pair answered affirmatively with a total income from illegal sources at $100. For unmatched pairs at intake, income from illegal source varied between $0 and $15,000 in the past 30 days.

Because Serenity Mesa also primarily serves those with substance use disorders, we also asked participants to self-report the number of days in the past 30 where they had used any of 12 categories of drugs. Our measures distinguished between drinking alcohol until black-out, as well as whether participants used more than one drug in the same day (including alcohol). Serenity Mesa specifically asked for us to include a measure for Fentanyl, which was subsequently combined with "other opiates and analgesics" when calculating ASI index scores. Table 13 summarizes the average change in the

**Table 13**

*Average days of drug use in the past 30 days at or near program intake and discharge, matched participants*

| | Mean | Median |
|---|---|---|
| Alcohol (any use at all) | -3.00 | 0.50 |
| Alcohol (to intoxication) | -3.00 | 0.50 |
| Heroin | 0.00 | 0.00 |
| Methadone | 0.00 | 0.00 |
| Fentanyl | -4.00 | 0.00 |
| Other opiates & analgesics | 0.00 | 0.00 |
| Barbiturates | 0.00 | 0.00 |
| Sedatives/Hypnotics/Tranquilizer | -0.50 | 0.00 |
| Cocaine | 0.00 | 0.00 |
| Amphetamines | 0.00 | 0.00 |
| Cannabis | 0.00 | 0.00 |
| Hallucinogens | 0.00 | 0.00 |
| Inhalants | 0.00 | 0.00 |
| More than 1 substance per day | -0.50 | 0.00 |

*Note. n =4.*

**Table 14**

*In the past 30 days, where have you been living most of the time?*

| | Intake | | Discharge | |
|---|---|---|---|---|
| | Count | (%) | Count | (%) |
| Shelter | 0 | 0.0% | 0 | 0.0% |
| Street/Outdoors | 0 | 0.0% | 0 | 0.0% |
| Institution | 2 | 22.2% | 0 | 0.0% |
| Housed | | | | |
| *Own/Rent Apartment, Room, Or House* | 0 | 0.0% | 0 | 0.0% |
| *Someone Else's/Apartment, Room or House* | 6 | 66.7% | 2 | 50.0% |
| *Dormitory/College Residence* | 0 | 0.0% | 0 | 0.0% |
| *Halfway House* | 0 | 0.0% | 1 | 25.0% |
| *Residential Treatment* | 0 | 0.0% | 0 | 0.0% |
| *Other Housed:* | 1 | 11.1% | 1 | 25.0% |

*Note.*

number of days of drug use between intake and discharge, which was negative or zero for all categories. This means drug use either decreased or did not change for participants on average. Participants on average reported less than one day of drug use in the past 30 for Heroin, Methadone, opiates or analgesics, Barbiturates, Sedatives/Hypnotics/Tranquilizers, Cocaine, Amphetamines, and Inhalants. Those drugs were the least used among those we sampled. The greatest drug use at intake was for Fentanyl and Cannabis, with average use at 6.22 and 9.78 days in the past 30, respectively. Greatest average change in drug use for participants occurred for alcohol use and Fentanyl use, with the average participant reporting 3 and 4 fewer days in the past 30, respectively.

In terms of housing outcomes, we asked participants "In the past 30 days, where have you been living most of the time?", which were sorted into Shelter, Street/Outdoors, Institution, or Housed. Housed options included subcategories of (1) living in their own apartment, room, or house, (2) living in someone else's apartment, room or house, (3) a dormitory/college residence, (4) a halfway house, (5) a residential treatment program, or (5) some other situation. Write-in options were recorded for instances of "other situation". Table 14 reports the frequency of housing situations at intake and discharge. Overall, most participants we sampled at or near intake were living in someone else's apartment, room or house, and most YTLS clients lived in the same situation at or near discharge. Notably, no participants in our sample exited the program to homelessness or a shelter suggesting a tangible program benefit for adult clients. Whether those situations persist for clients should be verified.

Outcome assessments also measured participants' satisfaction with their housing situation at intake and discharge, by asking "How satisfied are you with the conditions of your living space?" Participants could respond on a 5-point scale from Very Dissatisfied (0) to Very Satisfied (4). On average, participants' satisfaction with housing decreased from intake to discharge by 1.5 points (e.g., *Satisfied* to *Dissatisfied*, or *Very dissatisfied* to *neither satisfied nor dissatisfied*, etc.). None of our participants with matched outcome assessments reported an *increase* in satisfaction with their housing situation at program discharge. Half reported no change in their housing satisfaction, and the remaining half indicated

**Table 15**

*Average change in ASI scores between intake and discharge*

| Change within… | Min. | Max. | Mean | Std. Deviation |
|---|---|---|---|---|
| Employment Problems | -0.13 | 0.40 | 0.06 | 0.23 |
| Alcohol Problems | -0.38 | 0.12 | **-0.04** | 0.23 |
| Drug Problems | -0.05 | 0.06 | 0.00 | 0.04 |
| Legal Problems | -0.40 | 0.00 | **-0.18** | 0.21 |
| Family Problems | -0.47 | 0.09 | **-0.22** | 0.28 |
| Psychological Problems | -3.05 | 0.00 | **-0.78** | 1.51 |
| Medical Problems | -0.31 | 0.49 | 0.00 | 0.34 |

*Note.* N = 4 for all ASI subsection problem areas.

decreases in their housing satisfaction between 2 and 4 steps on the scale (e.g., *Satisfied* to *Dissatisfied*, or *Very satisfied* to *Very dissatisfied*, etc).

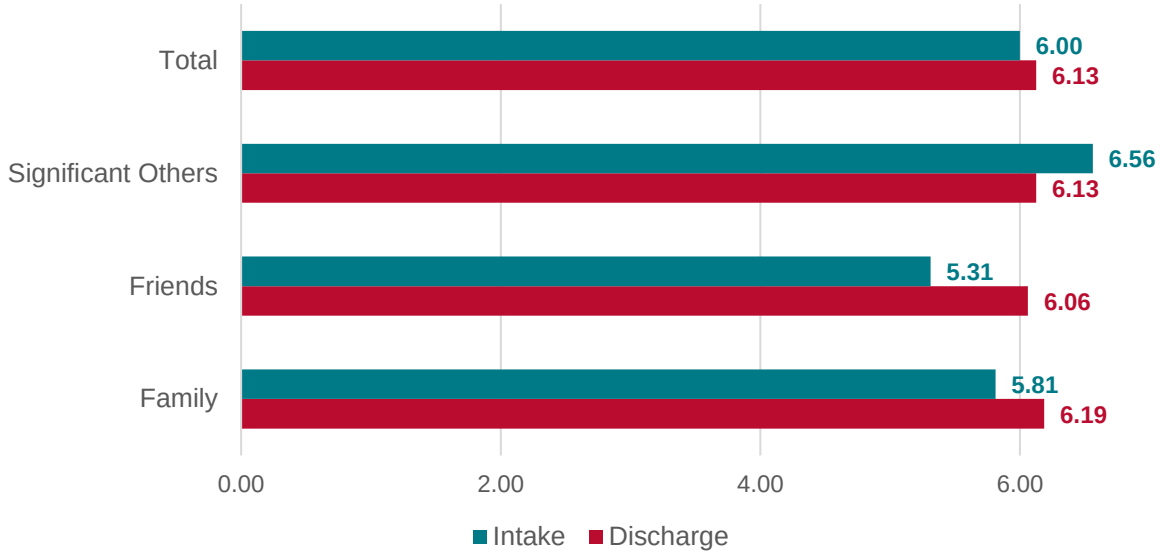
As we described previously, outcome assessments were structured around a tool called the Addiction Severity Index (ASI) which allows us to calculate problem severity scores for seven problem areas. Scores are not standardized and cannot be interpreted in real-world applicable ways. However, scores indicate general severity of problem areas common to those trying to improve addiction and therefore represent one metric for quantifying whether medical, employment, alcohol, drug, legal, family/social, and psychological problems improve. Table 15 summarizes change in these seven problem areas between intake and discharge for our four study participants. Overall, the average YTLS client problem severity decreased between intake and discharge for four categories – Alcohol, Legal, Family, and Psychological problems. On average, two other problems areas – Drug and Medical problems – did not improve. Lastly, employment problems slightly worsened for clients on average, which is likely explained by low monthly wages for half of participants, and lack of a driver's license or car which are the key measures for the employment composite score.

Finally, we collected three additional self-report psychometric tests for social support, psychological well-being, and mental health. Social support was measured with the 12-item Multidimensional Scale of Perceived Social Support (MSPSS) which identifies three sources of support: significant others, friends, and family. In addition to sub-scores, an overall score can also be computed. Chart 4 summarizes results between intake and discharge for matched participants. Overall, total social support improved slightly between intake and discharge, from 6.00 to 6.13. The greatest average change was among Friends, with only one category of social support decreasing on average by program exit – significant others.

The Psychological Well-Being scale (PWB) is an 18-item self-report questionnaire for assessing general happiness and well-being, particularly in terms of a sense of personal and environmental control, and purpose in life. On average for matched participants, total PWB increased from 85.50 at intake to 100.75 at discharge (Chart 5). While all scores on average improved for all sub-categories of PWB, the greatest improvements occurred for sense of Autonomy and Positive Relations (with others).

**Chart 4**

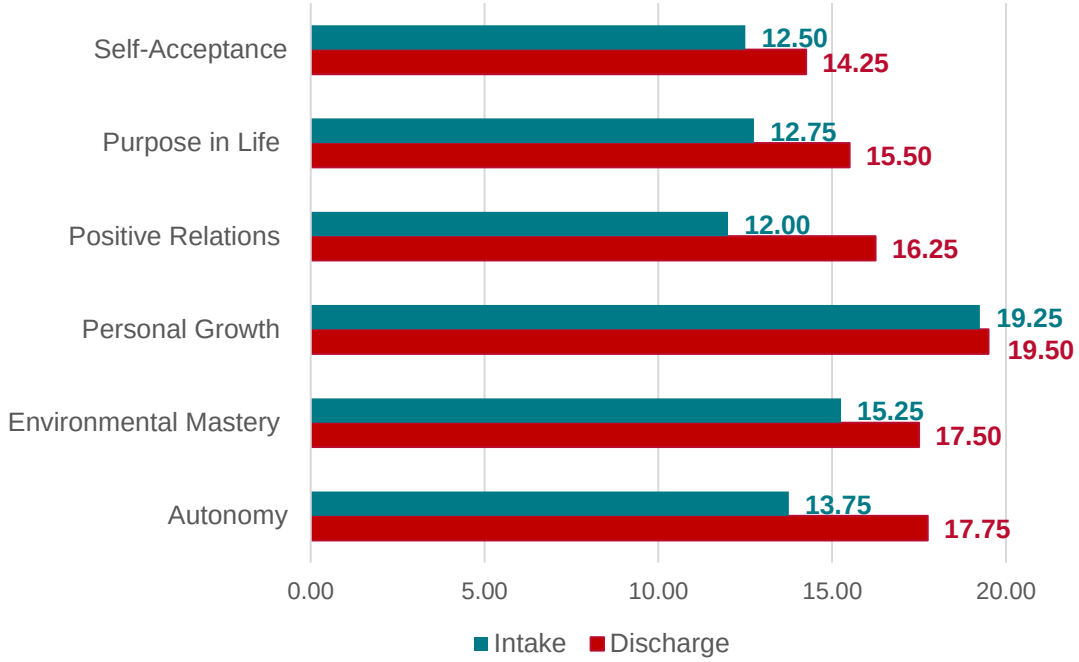
*Average total MSPSS and sub-scores at intake and discharge, matched outcome assessments*




*Note.* n = 4.

**Chart 5**

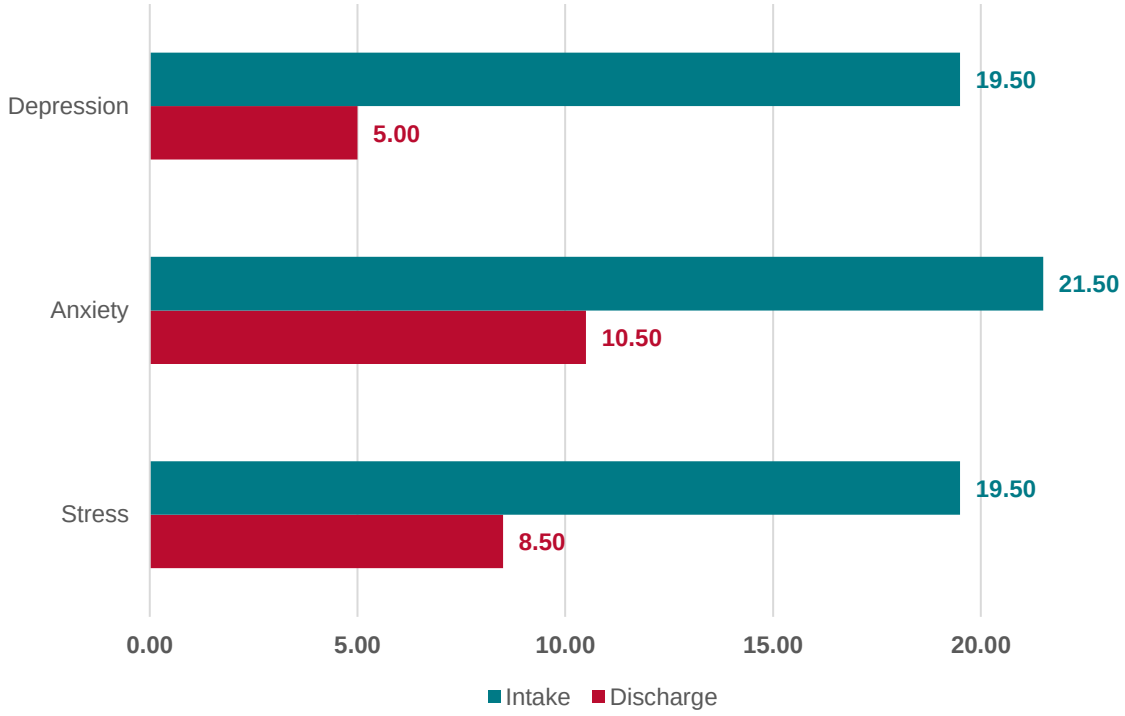
*Average PWB scores at intake and discharge, matched outcome assessments*




*Note.* n = 4.

**Chart 6**

*Average DASS21 sub-scale scores at intake and discharge, matched outcome assessments*




*Note.* n = 4.

Finally, the Depression, Anxiety, and Stress Scale (DASS21) is a 21-item self-report questionnaire that is designed to detect potential pathologies as a screener for further evaluation and/or diagnosis. Higher scores reflect more symptoms consistent with depression and anxiety disorders. A decrease in scores therefore suggests fewer symptoms consistent with those mental health disorders. Subscale scores for depression, stress and anxiety can also be sorted into five symptom severity categories: (0) No evidence of disorder, (1) Mild indications, (2) Moderate indications, (3) Severe indications, and (4) Extremely severe indications. Chart 6 summarizes results. On average, participants self-reported fewer indicators of clinical depression, stress and anxiety between program intake and discharge. For all participants, categorical depression scores improved between 1 and 3 steps on the scale (e.g., *Extremely severe* to *Severe*, and *Extremely severe* to *No evidence*, respectively). All but one participant reported improvements between 1 and 4 steps on the anxiety scale, with one person increasing a full step (e.g., *Mild* to *moderate* indications). Finally, half of participants improved 3-4 steps on the stress scale, with the other half reporting no change in symptoms of stress.

In sum, outcome assessments collect myriad measures critical for YTLS programs and which are also reported by other YTLS programs in the literature. Some measures are tailored for Serenity Mesa's YTLS program specifically such as the number of days of drug use and specifically Fentanyl use. **We want to reiterate the results we have presented on outcome assessments should not be used to conclude anything about outcome achievement for Serenity Mesa's YTLS program – our sample size was**

**ultimately too small to determine anything meaningful in terms of outcomes and we have no confidence that results are not random chance.** However, we believe reporting on this limited sample illustrates the potential and utility of collecting some, if not all, of the measures we deployed. Our measures identify specific changes in housing situation and satisfaction, employment and wages, self-appraisal of physical health, educational attainment and enrollment, drug use, psychological well-being, social support, and symptoms indicative of mental health disorder. Further, our measures of race and ethnicity are consistent with standard and accepted measures which allow multiple identities and are mutually exclusive.

## YOUTH DEVELOPMENT, INC. (YDI)

Between July 1st, 2022, and August 31st 2023, we attempted to recruit adult YDI YTLIS clients into a pre- and post-test outcome evaluation. Out of 89 potential adult clients YDI served during that period, we were referred 36 eligible clients and successfully recruited 11 individuals to participate in our outcome evaluation study. While we completed 11 outcome assessments at or near intake, obtaining follow-up data on those clients proved significantly challenging despite $20 incentives per outcome assessment completed. Altogether, we obtained post-program responses for just one of the 11 participants. This occurred for three reasons: (1) client non-response to phone calls, texts, and/or e-mails after three attempts, (2) clients were still in the program receiving services by the end of the study, and (3) in three cases, client phones were disconnected and/or contact information was no longer valid.

One matched pre- and post-test does not allow us to conduct meaningful analyses regarding program outcomes. Regardless, we believe if client information collected in our outcome assessments were also collected by YTLS programs as part of normal operations at intake, and other recurring time-points (e.g., every month, every 3-months, at discharge, etc.), critical outcomes could be evaluated. The most successful data collection is likely to occur with case managers during normal operations and when collection occurs more frequently than at intake and/or discharge. Our 2021 process evaluation determined that YDI's YTLS program was the only provider to collect pre- and post-test outcomes, however, data are not consistently collected or collected at standardize times. A critical issue with existing YDI YTLS outcome data is that most clients lack two time points for measures, such as housing situation, Casey Life Skills assessments (CLS) and Global Appraisal of Individual Needs – Short Screener (GAINS) scores. At least two time points with roughly the same amount of time between each for all clients, would allow for meaningful measurement of intended and/or expected changes from YTLS support. This has been identified as a critical need for *all* YTLS programs in the 2021 process evaluation, YTLS Outcome Evaluability Assessments (2022), and our 2023 Review of YTLS Performance Measures we submitted to Bernalillo County BHI staff.

With that said, YDI YTLS client records do document service provision, and life skills and permanent housing outcomes. Life skills training and support is a goal of the program and CLS assessments are one way of measuring life skills knowledge before and after program participation. YDI YTLS also identifies one other outcome of interest – permanent housing outcomes – which are defined as a location that clients could reside for 90 days or more. As with other YTLS programs, whether clients stably reside in the location identified at discharge for 90 days is not verified and/or documented. YDI also collects

(GAINSS) assessments for clients, but those data are not always scored and were therefore not reported in the client records we received. Records we received contained dates for when GAINSS assessments were administered. We retrieved paper and digital records for GAINSS assessments but did not have time in the current evaluation to manually enter and score them.

To emphasize the importance of collecting high quality client data, this section is structured as an analysis of available client record data for YDI's YTLS program and is followed by a review of intake data from outcome assessments we collected for 11 study participants. We intend for our description of intake outcome assessments to emphasize the utility of standardized demographic and outcome measures applicable to YTLS programs based on our review of the literature. Our analysis of pre- and post-test CLS scores YDI has collected for 25 clients highlights the importance of obtaining high quality data. Existing client record data did not indicate a significant difference between first CLS scores and adult YTLS clients' final scores, but those data were significantly limited by issues of assessment versions and consistent collection. We did find length of time in YDI YTLS significantly predicted placement in permanent housing, but hold reservations about the significance of the measure "permanent housing" that YDI collects. As we discuss, the results of our analysis indicate of the need to collect more and better data on clients, particularly with respect to identifying which services are intended to lead to specific outcomes. We therefore present our limited outcome assessment data in the context of how YTLS data collection can be improved, and especially, why detailed service provision and outcome data are vital for understanding the impact of YLTS programs.

## Client Records

YDI provided records for all adult YTLS clients from October 1st, 2018, through August 31st 2023. We subsequently limited records to only those who could match with an intake record. This was done since limited identifying information such as names, ages, etc. were available for clients only documented within *Referral* client records. In total, this captured 131 unique clients between the ages of 18 and 24. Table 16 summarizes available demographic data from client records we received. Demographic data were available for four categories: Age, Gender, Ethnicity, and Race. YDI's adult YTLS clients are mostly female (59.5%), between the ages of 18 and 20 (74.1%), Hispanic (55.1%), and White (83.2%). Educational attainment was not included in client records we received and so could not be determined. Most adult YTLS clients YDI has received entered the program from homelessness (44.3%), and 18.9% entered while either couch-surfing or living in a hotel. More than a third (36.9%) entered the program from "home". Chart 7 (page 35) illustrates the distribution of clients' living situations at intake YDI also collects data on kinds of public assistance clients receive at intake. Chart 8 (page 35) summarizes those data. Most adult YTLS clients were not receiving food stamps (98.4%; 126), Temporary Assistance for Needy Families (TANF) (99.2%; 127), or assistance for Women, Infants, and Children (WIC) (99.2%; 127) at intake. Client records do not systematically document whether clients eventually received public assistance supports by program discharge and could not be reported on.

In terms of service provision, YDI documents whether clients complete a *safety & crisis plan* or *service plan* as part of ongoing case management. Both plans identify client-level goals and develop plans to achieve them. Progress is documented toward reaching those goals. Table 17 (page 36) shows how most clients complete both plans – 93.0% and 91.5%, respectively. Roughly two-thirds of clients completed

**Table 16**

*Demographic characteristics and insurance coverage at intake, adult YDI YTLS clients 2018 - 2023*

| Category | Count | Percent |
|---|---|---|
| Age | | |
| *18 - 20* | 80 | 74.1% |
| *21 - 24* | 28 | 25.9% |
| Gender | | |
| *Female* | 78 | 59.5% |
| *Male* | 52 | 39.7% |
| *Non-Binary* | 1 | 0.8% |
| Ethnicity | | |
| *Hispanic* | 80 | 55.1% |
| *Not Hispanic* | 51 | 44.9% |
| Race | | |
| *White* | 104 | 83.2% |
| *African American* | 11 | 8.8% |
| *Native American* | 8 | 6.4% |
| *Asian* | 1 | 0.8% |
| *Mixed Race* | 1 | 0.8% |
| Insurance provider | | |
| *None* | 20 | 15.3% |
| *Medicaid* | 111 | 84.7% |

*Note.* n = 53.

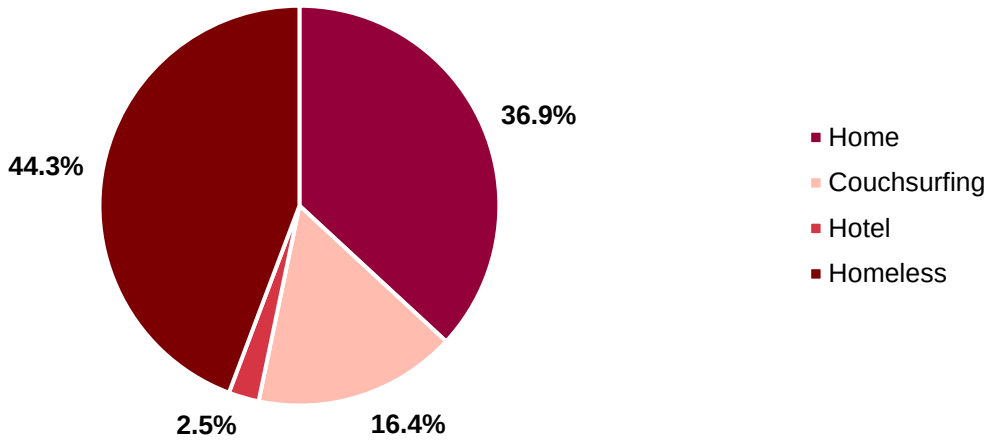
safety & crisis plans or service plans within 60 days of intake (65.8% and 64.6%, respectively). About one-quarter of clients completed plans more than 60 days after intake (28.2% and 29%, respectively).

YDI tracks total service time they provide to clients as well. Service time is limited to those clients which could be matched to a YTLS intake record, and so therefore ignores service hours provided to clients who are referred but never become official clients, and/or which are not reflected in official YLTS intake records for adult clients. With that said, for adult YDI YTLS clients matched to intake client records, top services included County Living Transitional Services (CLTS) support, individual therapy, general case management, non-billable crisis and safety plan support, comprehensive plan support, and life skills support. Those six services accounted for 90% of all hours of support documented in client records (1,969.30 hours of service provided). Table 18 (page 36) summarizes service provision for those who received each service type. We make this distinction because YDI intake records document 131 unique adult YTLS clients between 2018 and 2023, but only two categories of services were delivered to most YTLS clients according to records: CLTS support and discharge summaries.

For clients who received CLTS services, total hours of support amounted to 11.1 hours on average. For all clients (n = 133), the average was slightly shorter at 9.2 hours of CLTS services. Discharge summaries

**Chart 7**

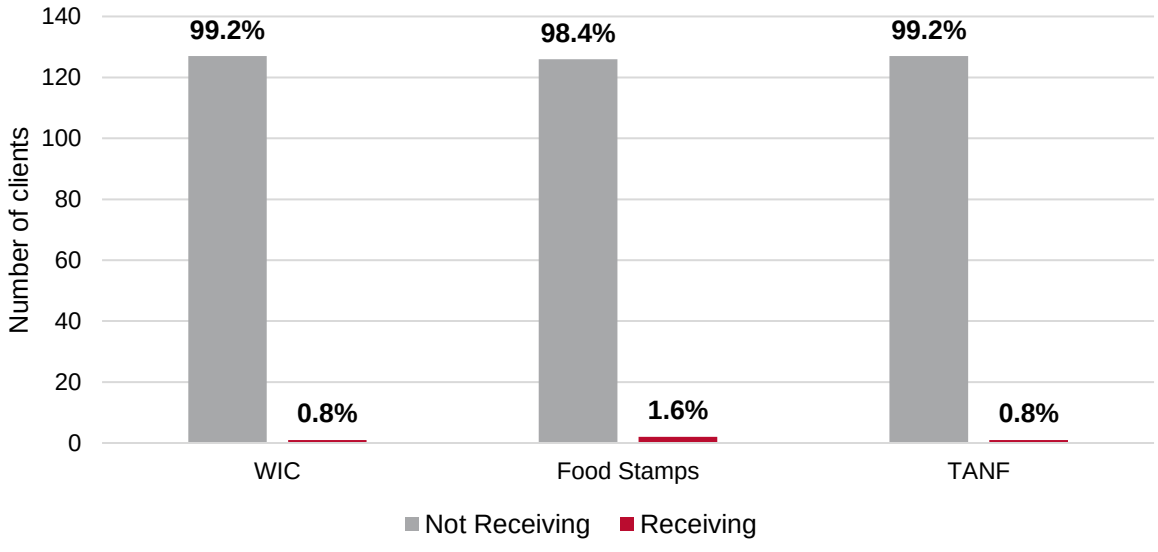
*Adult YTLS client living situation at intake, 2018 - 2023*




*Note.* n = 128

**Chart 8**

*Public assistance received by adult YDI YTLS clients, adult YTLS clients 2018 - 2023*




*Note.* n = 128. Missing records = 5.

**Table 17**

*Case management safety & crisis and service plans completed by adult YDI YTLS clients, 2018 - 2023*

| | Yes | | No | |
|---|---|---|---|---|
| | Count | Percent | Count | Percent |
| Safety & Crisis Plan | 120 | 93.0% | 9 | 7.0% |
| Service Plan | 118 | 91.5% | 11 | 8.5% |

*Note.* n = 129. Missing records = 4.

– which can be completed with or without clients present – amount to a little over half an hour of services on average, with all clients typically receiving about the same amount. For remaining services, fewer than half of adult YTLS clients with intake records received each service type. Service plan support was delivered to 39% of clients, with the average client receiving about 1.9 hours of that support. All 131 clients received about half an hour (0.56 hours) of support on average. Thirty adult YTLS clients with intake records received Social Determinants Of Health (SDOH) services, with a little less than half an hour of support, and the total average for all 133 clients amounting to nearly 5-minutes (0.08 hours).

Less than 20 adult YDI YTLS clients with intake records received general note, life skills note, progress note, individual therapy, or consent intake form services. For those that received those services, the highest average client support duration was for individual therapy. On average, clients received 22.6 hours of individual therapy, with half receiving 10 hours or less. Individual therapy was delivered to 11 unique clients. Life skills support services were provided to 12 unique clients for about 7.2 hours on average. For 11 unique clients who received individual therapy, they received about 22.6 hours on

**Table 18**

*Service hours for Adult YTLS clients (only those who received applicable service)*

| Service type | Unique clients | Average[1] |
|---|---|---|
| CLTS Note | 110 | 11.07 |
| Discharge Summary | 97 | 0.88 |
| Non-Billable Crisis & Safety Plan | 62 | 1.91 |
| Service Plan | 52 | 1.44 |
| SDOH | 30 | 0.41 |
| EEHS | 27 | 0.38 |
| Crisis & Safety Plan | 21 | 0.94 |
| General Note | 17 | 11.50 |
| Life Skills Note | 12 | 7.15 |
| Progress Note | 12 | 5.44 |
| Individual Therapy | 11 | 22.60 |
| Consent Intake Form | 11 | 0.67 |

*Note. n = 131.* Service categories which were provided to 5 or fewer clients are not reported. [1] Average is calculated with number of unique clients who received support.

**Table 19**

*Wilcoxon Matched Pairs Test Statistics, Initial and Exit CLS score 2022 - 2023*

| | Last CLS score - First CLS score |
|---|---|
| Z | -0.674 |
| Asymp. Sig. (2-tailed) | 0.500 |

*Note.* n = 7.

average. Lastly, consent intake forms accounted were delivered to 11 unique clients and were provided for a little over half an hour.

Casey Life Skills (CLS) assessment scores were also provided to us for the full 5-year period that the YDI YTLS program has collected records for. Several challenges exist with CLS data we received. Firstly, very few of the 131 adult YTLS clients have been administered more than one CLS assessment. This means comparison of pre-YTLS and post-YTLS scores was limited to a total of 25 individuals. Secondly, for those with two CLS assessments, the time between each varied substantially between clients – ranging from 8 to 1,269 days between initial and final CLS assessments. Half of all clients had a second CLS 120 days or more after their initial. Thirdly, we requested scanned paper CLS assessments and discovered that at least three different versions of the CLS have been used over time, with different content and scoring. The most recent CLS assessment appeared to be a 2022 version, of which only seven clients appear to have. Unless scanned documents are digitally entered and CLS versions verified, there is uncertainty as to whether CLS scores in client records we received are for identical assessments. To determine whether CLS assessments, and by proxy life skills knowledge, improve over time while in the YTLS program, it is critical to administer at least two tests with clients and ensure both assessments are the same.

As a result, a sample of seven clients was not enough to complete more robust statistical tests. With that said, we did perform a non-parametric statistical test that, while less persuasive, could suggest promising differences for small samples. Table 19 summarizes the results of a Wilcoxon-Signed Ranks test. We constrained pre- and post-CLS assessment scores to those seven CLS assessments after 2022, which assumes all CLS assessments administered in 2022 included the 2022 version of the CLS. Table 19 suggests final CLS scores tend to be lower than initial scores within that sample. However, there is no confidence in this observed difference in initial and final CLS assessments since the significance value is 0.50. That means there is a 50% chance the observed change in CLS assessment scores occurred due to random chance alone. We therefore do not make any conclusion about YDI YTLS life skills outcomes for adult clients from existing data. Better and more data are necessary.

Finally, Table 20 summarizes the results of a logistic regression we conducted which tested the likelihood of whether clients were placed in “permanent housing” at program discharge - a determination, again, unverified. Table 21 summarizes all outcome determinations made by YDI case managers, which highlights how 26 of 131 individuals transitioned into “permanent housing” at exit. We therefore tested how service provision and demographic features influenced the likelihood of having that determination. Out of the services we included in our model, just one was found to be very significant ($p < 0.001$) – total months clients participated in YTLS. All else constant, every month in YTLS beyond 8.4 months translated to 21% greater odds of being placed in a living situation deemed

**Table 20**

*Factors influencing adult YDI YTLS clients transitioned to permanent housing, ordinal logistic regression*

| | | | | | | OR C.I.[b] | |
|---|---|---|---|---|---|---|---|
| | B | Std. Error | OR[a] | Sig. | | Lower | Upper |
| Age at intake[d] | 0.16 | 0.16 | 1.25 | 0.335 | | 0.85 | 1.60 |
| Male | -1.40 | 0.72 | 0.21 | 0.053 | * | 0.06 | 1.02 |
| Non-White | 0.31 | 0.71 | 1.15 | 0.663 | | 0.34 | 5.49 |
| Homeless prior to intake | 0.44 | 0.62 | 1.39 | 0.483 | | 0.46 | 5.27 |
| Individual Therapy[d] | -0.21 | 0.22 | 0.82 | 0.324 | | 0.53 | 1.23 |
| Life Skills Note[d] | -1.39 | 1.31 | 0.26 | 0.288 | | 0.02 | 3.23 |
| General Note[d] | -0.40 | 0.28 | 0.64 | 0.154 | | 0.39 | 1.16 |
| Progress Note[d] | 2.65 | 2.32 | 13.17 | 0.252 | | 0.15 | 1,335.64 |
| Months in YTLS[d] | 0.19 | 0.06 | 1.29 | <0.001 | *** | 1.09 | 1.35 |
| (Constant) | -1.48 | 0.71 | 0.25 | 0.036 | ** | | |

Note. n = 101. [a] - Odds Ratio. [b] - Odds Ratio Confidence Interval [95%]. [c] - Group mean months in program is 8.4 months. [d] – Variable is mean centered.-2 Log likelihood = 73.7. Cox & Snell R Square = 0.337, Nagelkerke R Square = 0.495. X2 = 41.5, (p = <0.001). *** = p < 0.01, ** p < 0.05, * p < 0.10.

permanent in comparison to those who spent 8.4 months or less in YDI YTLS. Being male was also marginally significant (p < 0.10), translating to 21% lower odds than female clients for being placed in permanent housing by program exit (holding all else constant).

Despite these results, we urge caution. YDI defines “permanent housing” broadly and issues exist with service provision records. Namely, most clients are not documented receiving life skills support, individual therapy, progress note, or general note services. Therefore, while longer participation in the program is associated with a generally better outcome (housing deemed permanent by YDI staff), critical questions remain: (1) is housing deemed “permanent,” ultimately permanent, and (2) how do specific services and supports (e.g., housing support, life skills support, etc.) translate to specific improvements in outcomes like housing type, educational attainment, jobs, and mental health? In other words, results beg the question that if length in the program is significantly associated with permanent housing, why is documented service provision not?

## Outcome Assessments

We intend for our review of outcome assessment data (here) to serve as an example of the kinds of client information that would support a concrete determination of YTLS outcome achievement. As noted, we were not able to recruit enough participants in our limited evaluation period to determine or report on outcomes. For insight into what comparisons of intake and discharge outcome data might look like, we refer readers to the Outcome Assessment section for Serenity Mesa. However, we believe

**Table 21**

*Outcome status for adult YDI YTLS clients, 2018 - 2023*

| Outcome | Count | Percent |
|---|---|---|
| Lack of contact | 33 | 32.7% |
| Moved to permanent housing | 26 | 25.7% |
| Returned to family/guardian/friends | 10 | 9.9% |
| Found appropriate placement | 9 | 8.9% |
| Refused services | 7 | 6.9% |
| Transitioned to higher level of care | 5 | 5.0% |
| Moved out of area | 4 | 4.0% |
| Treatment completed | 3 | 3.0% |
| Warm hand-off | 2 | 2.0% |
| Non-Compliant | 1 | 1.0% |
| Incarcerated | 1 | 1.0% |
| | 101 | 100.0% |

*Note*. n = 131. Thirty client records (22.9%) either missing or "not applicable".

collection of standardized and meaningful data like those we obtained in outcome assessments are useful, simple, and appropriate for YTLS programs. They can readily be adapted and take minimal time to collect (roughly 30 minutes).

Our outcome assessment was an amalgam of measures and tools that are standardized and/or validated. It includes a shortened Addiction Severity Index (ASI) tool containing seven indicators of problems: (1) Medical, (2) Employment, (3) Alcohol, (4) Drugs, (5) Legal, (6) Family/Social, and (7) Psychological. Many outcome assessment questions were also useful indicators of positive outcomes outside of ASI index scores, such as monthly wages/income, days of drug/alcohol use, self-reported physical health, etc.

Table 22 summarizes several demographic and intake measures we collected for participants. Youth were asked to report which races they identified as, and indicate yes or no for 16 racial categories, including Hispanic. Most participants identified as Hispanic (72.7%;). Around half identified as African American, American Indian or Alaskan Native, or some other non-white racial group (54.5%). While individual and unique combinations of racial identity can be identified, we do not report them here since many racial categories reflect a single person due to our small sample size. Participants were also asked to indicate what sexual orientations best represent how they thought of themselves: Straight, Gay or Lesbian, or Something else. Most study participants identified as Straight (63.6%) with a little over a third alternatively identifying as Lesbian, Gay, Bisexual or Something Else (36.4%) - Again, individual identities are possible but are reported in aggregate due to small sample size.

We also collected educational attainment, asking participants what highest level of education they had completed whether or not they received a degree. Participants also reported whether they attended school or college in the last 3-months (before intake) and, if yes, what grade level. Most participants at intake had not completed high school and for those without a high school diploma or equivalent, the highest grade level completed was 8$^{th}$ or 10$^{th}$ grade. Four participants (36.4%) had completed 12$^{th}$ grade.

**Table 22**

*Demographic responses for YDI YTLS study participants*

| Category | Count | Percent |
|---|---|---|
| Race | | |
| *White* | 5 | 45.5% |
| *Hispanic* | 8 | 72.7% |
| *Non-White* | 6 | 54.5% |
| Sexual Orientation | | |
| *Straight* | 7 | 63.6% |
| *LGBTQ* | 4 | 36.4% |
| Educational attainment at intake | | |
| 8th grade | 2 | 18.2% |
| 10th grade | 4 | 36.4% |
| *12th grade* | 4 | 36.4% |
| *1st year of college* | 1 | 9.1% |
| Attended school in three months prior to intake | | |
| *Secondary education* | 2 | 18.2% |
| *College* | 2 | 18.2% |
| *None* | 7 | 63.6% |

*Note. 11* unique study participants for all categories. Multiple race category responses were allowed, therefore race responses do not total 11 unique participants - percents based on 11 unique participants for each category.

The majority of participants had not attended school in 3-months prior to intake, but four were already enrolled in a secondary education program prior to intake.

Table 23 summarizes Self-Reported Health (SRH) for YDI study participants, which asked “In general, would you say your physical health is poor, fair, good, very good, or excellent?” At or near intake, most participants rated themselves as having good physical health, with the average participant reporting their health as “Good” (63.6%). No participant reported the highest or lowest score for SRH (Excellent or Poor). A minority of participants reported their physical health was “fair” at intake.

Employment and earnings were collected for participants as well. Youth were asked “Are you currently employed?” and “How much money did you receive from the following sources in the past 30 days?” for both regular employment and illegal sources. Table 24 summarizes results. Average monthly wages at or near intake was $362.6. Half of study participants reported making $60 or more at or near intake. A little over a third of participants were employed either full-time or part-time, at or near intake (36.4%). Most participants were unemployed (63.6%), and roughly half were looking for work (45.5%).

**Table 23**

*Self-Rated Health at or near intake for adult YDI YTLS study participants*

| | Count | Percent |
|---|---|---|
| Poor | 0 | 0.0% |
| Fair | 2 | 18.2% |
| Good | 7 | 63.6% |
| Very Good | 2 | 18.2% |
| Excellent | 0 | 0.0% |

*Note.* n =11.

To understand housing outcomes better, we asked participants "In the past 30 days, where have you been living most of the time?" Responses were organized into Shelter, Street/Outdoors, Institution, or Housed. Housed options included subcategories of (1) living in their own apartment, room, or house, (2) living in someone else's apartment, room or house, (3) a dormitory/college residence, (4) a halfway house, (5) a residential treatment program, or (6) some other situation. Write-in options were recorded for instances of "other situation". Table 25 reports the frequency of housing situations at intake and discharge. Overall, most participants we sampled at or near intake were housed and living in someone else's apartment, room or house. Three other participants were less stably housed, previously living in an institutional setting, halfway house, or temporary housing situation. No participants in our sample entered the program from homelessness or a shelter. Housing satisfaction was also collected, measuring participants response to "How satisfied are you with the conditions of your living space" on a five-point Likert scale from *very dissatisfied* to *very satisfied*. Roughly half (45.5%) were satisfied or very satisfied with their living situation at intake. Three (27.3%) of study participants felt dissatisfied. The remaining 27.3% felt neutral about their housing situation.

**Table 24**

*YDI YTLS study participants' self-reported income (in dollars) and employment status.*

| | Mean | Median | Count | Percent |
|---|---|---|---|---|
| Money from regular employment at intake | 362.55 | 60.00 | | |
| Money from illegal sources at intake | 0.00 | 0.00 | | |
| Employed | | | | |
| *Full Time* | | | 3 | 27.3% |
| *Part Time* | | | 1 | 9.1% |
| Unemployed | | | | |
| *Looking for work* | | | 5 | 45.5% |
| *Disability* | | | 1 | 9.1% |
| *Student* | | | 1 | 9.1% |

*Note.* For all categories, n = 11.

**Table 25**

*Adult YDI YTLS study participant living situation at or near intake*

| | Count | Percent |
|---|---|---|
| Shelter | 0 | 0.0% |
| Street/Outdoors | 0 | 0.0% |
| Institution | 1 | 22.2% |
| Housed | | |
| *Own/Rent Apartment, Room, Or House* | 1 | 0.0% |
| *Someone Else's/Apartment, Room or House* | 7 | 66.7% |
| *Dormitory/College Residence* | 0 | 0.0% |
| *Halfway House* | 1 | 0.0% |
| *Residential Treatment* | 0 | 0.0% |
| *Other Housed:* | 1 | 11.1% |

*Note. n = 11.*

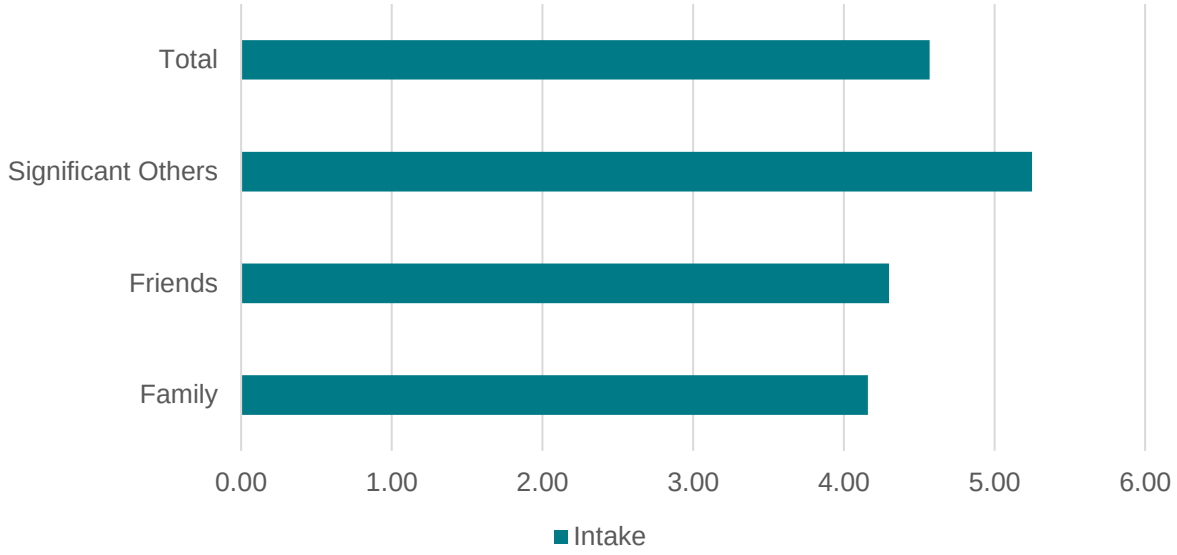
As we described, outcome assessments were structured around a tool called the Addiction Severity Index (ASI) which allows us to calculate problem severity scores for seven problem areas. However, scores are not standardized and cannot be interpreted in real-world applicable ways. Scores indicate general severity of problem areas common to those trying to improve addiction and therefore represent one metric for quantifying whether medical, employment, alcohol, drug, legal, family/social, and psychological problems improve over time. Without comparison scores at discharge, ASI problem area scores mean very little. We have therefore chosen not to report them for YDI participants.

Finally, we also collected three self-report psychometric assessments for social support, psychological well-being, and mental health. Social support was measured with the 12-item Multidimensional Scale of Perceived Social Support (MSPSS) which identifies three sources of support: significant others, friends, and family. In addition to sub-scores, an overall score can also be computed. Chart 9 summarizes results between for participants at or near intake. Overall, total social support at or near intake was 4.57 on average – indicating moderate social support overall. Greatest average support was for significant others (5.25; high support).

The Psychological Well-Being scale (PWB) is an 18-item self-report questionnaire for assessing general happiness and well-being, particularly in terms of a sense of personal and environmental control, and purpose in life. Scores can range from 1 to 21 for each subscale, and from 18 to 126 for total PWB. High scores are indicative of higher psychological well-being. At or near intake, participants reported total PWB of 99.27 on average. Average PWB subscale scores were relatively similar to one another, ranging between 14.64 and 17.18.

**Chart 9**

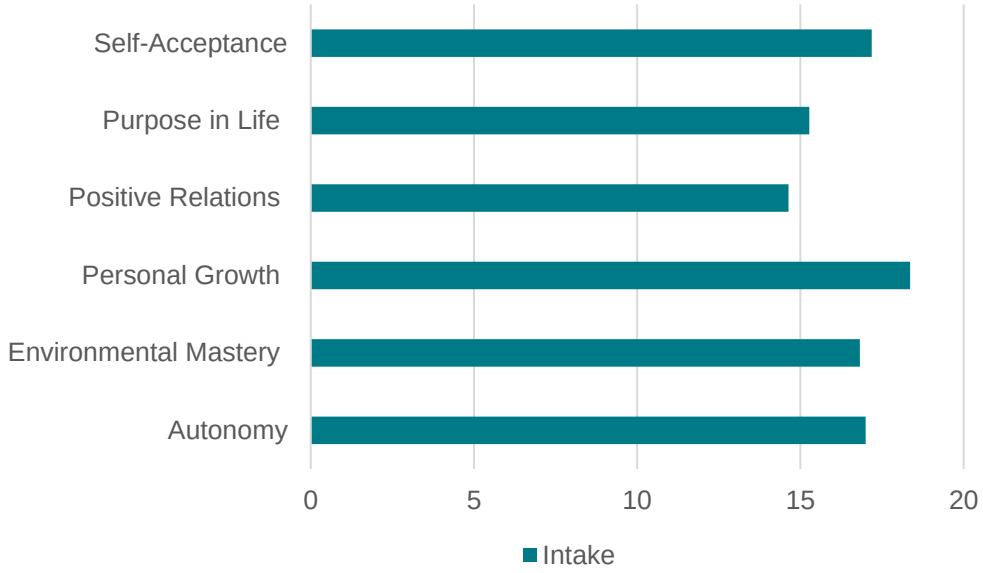
*Average MSPSS total and sub-scores at or near intake, adult YDI YTLS study participants*




*Note. n = 11.*

**Chart 10**

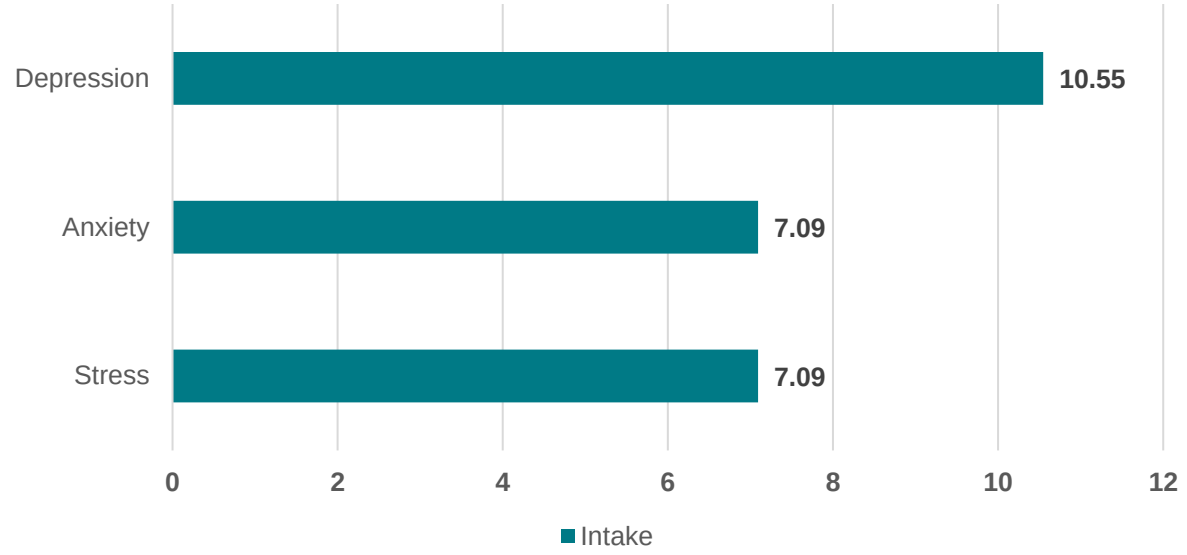
*Average PWB sub-scores at or near intake, adult YDI YTLS study participants*




*Note. n = 11.*

**Chart 11**

*Average DASS21 sub-scale scores at or near intake, adult YDI YTLS study participants*




*Note.* n = 11.

Lastly, the Depression, Anxiety, and Stress Scale (DASS21) is a 21-item self-report questionnaire that is designed to detect potential pathologies as a screener for further evaluation and/or diagnosis. Higher scores reflect more symptoms consistent with depression and anxiety disorders. A decrease in scores therefore suggests fewer symptoms consistent with those mental health disorders. Subscale scores for depression, stress and anxiety can also be sorted into five symptom severity categories: (0) No evidence of disorder, (1) Mild indications, (2) Moderate indications, (3) Severe indications, and (4) Extremely severe indications. Most participants (72.7%) reported categorical depression scores indicating *No evidence*, with three participants each reporting symptoms consistent with *Mild, Moderate,* and *Severe Depression.* Most participants also reported symptoms consistent with *No Evidence* of clinical anxiety, with a little over a quarter (27.3%) reporting indications of *Mild Anxiety.* Two participants reported symptoms consistent with moderate to severe anxiety. Lastly 81.8% of participants reported symptoms consistent with *No Evidence* of clinical stress, with two reporting symptoms consistent with moderate to severe stress.

In sum, outcome assessments collected myriad measures critical for YTLS programs, many of which are also reported in exemplar YTLS outcome evaluations we reviewed. While we were not successful in recruiting enough participants to report on outcomes, we do think our measures are useful for YTLS programs to adopt so that outcomes may be reported in the future. **We want to reiterate the results we have presented on outcome assessments should not be used to conclude anything about outcome achievement for YDI's YTLS program – our sample size was ultimately too small to determine anything meaningful in terms of outcomes and we have no confidence that results did not occur due to random chance.** However, we believe reporting on this limited sample illustrates the potential and utility of collecting some, if not all, of the measures we implemented. Our measures identify specific changes in

housing situation and satisfaction, employment and wages, self-appraisal of physical health, educational attainment and enrollment, drug use, psychological well-being, social support, and symptoms indicative of mental health disorder. Further, our measures of race and ethnicity are consistent with standard and accepted measures which allow multiple identities and are mutually exclusive.

## CONCLUSION

Existing YTLS client records contained limited measures that allowed us to perform few statistical tests. For adult YDI YTLS clients, we tested: (1) whether initial CLS assessments were significantly different from a subsequent CLS assessment, and (2) how service provision and client demographics predicted adult YTLS clients' successful transition into safe or stable housing situations. We found that no significant changes between initial and final CLS scores existed. Critically, our analysis relied on just seven CLS assessments which we could confidently pair together. Further study is needed to confidently determine whether YTLS clients experience improvements in life skills knowledge while in YDI's YTLS program. Critically, CLS assessments are not consistently administered to clients and the time between initial and final CLS assessments varied between 8 and 1,269 days.

We also found YDI adult YTLS client records suggest total length in the program (months) and whether clients were female, significantly predicted if they transitioned to "permanent housing" – a determination made by YDI staff and defined as a housing situation clients could potentially reside at for 90 days or longer. Therefore, client records only predict the likelihood of being placed in a housing situation with the *potentia*l to last 90 days or more. Whether clients remain stably housed for that long is not documented. As our 2021 process evaluation explained, YDI supports an aftercare program not funded by Bernalillo County, which attempts to verify stable housing and additional support clients may need beyond discharge. Unfortunately, follow-up data were not provided to us with client records we received. We also note that records on service provision suggest documentation of services may be under-reported. Most of the 131 adult YTLS client intake records we reviewed indicate most do not receive hands-on services. The most frequently provided service was for discharge summaries (74%) and safety (47%) or service plans (40%). Discharge summaries may or may not involve direct client contact.

For Serenity Mesa, we found that the only significant predictor for whether clients transitioned from homelessness or jail at intake, to any other living situation at program exit, was completion of career exploration projects. A second analysis involving whether services or client features predict transitions into "safe" living situations found no significant factors. Safe living situations are defined by YTLS staff as client transitions to living situations other than homelessness or jail. This finding was surprising considering that effectively, both analyses we performed assess the same metric. It is possible that the second metric – safe living situation – captures broad housing arrangements at discharge. It is therefore important for measures to be defined clearly and specifically.

To this point about accurate data collection, we have noted here and in our 2021 process evaluation that Serenity Mesa's service provision is undercounted. Client records depend on clients themselves submitting paper records to YTLS staff at Serenity Mesa as they complete program phases. Effectively, client records contain known service provision gaps. Some measures (like career exploration) only

document completion of projects or whether a service was received at all, rather than total support time. This data collection practice means that even though career exploration was found to be a *borderline* significant predictor of positive housing transitions, we lack confidence or clarity about what it precisely indicates. On its face, it suggests adult Serenity Mesa YTLS clients' completion of a career or job presentation is the most significant predictor of their transitioning from homelessness or jail at intake, to a more stable housing situation at exit. Alternatively, we believe it suggests that better and more consistent data collection on YTLS clients is critically important.

We previously submitted a review of YTLS performance measures that emphasizes how Bernalillo County can support YTLS programs' data collection practices by reducing data reporting on service provision and restructuring performance measures to document programs' outcomes. We have also noted in previous reports – 2021 Process Evaluations, 2022 Outcome Evaluability Assessments, and our 2023 Review of YTLS Performance Measures – that YTLS programs collect limited outcome measures, either required by Bernalillo County or collected through standard program operations. As we explain in that document, many explicitly stated outcomes are difficult to assess given small client populations and/or limited intervention time. For example, client records in 2021 indicated no client had ever completed all five phases of Serenity Mesa's Seven Challenges intervention model, and almost half (45.3%) did not finish Phase 1. A necessary data collection time-point would therefore be around 1-month before most clients abscond or discharge from the program.

In sum, concrete YTLS outcomes remain unclear, and our evaluation emphasizes the need for improving YTLS client records. Recruitment and follow-up into our two outcome evaluation studies was significantly limited. Contacting eligible and interested YTLS clients at intake was largely successful, but at or near discharge, client attrition was high. Contact information was frequently out of date (e.g., phone disconnected) and clients often did not respond to follow-up calls, voicemails, e-mails, and/or texts. Three attempts were made in all cases where phones were not disconnected. Because the YTLS population involves both those with behavioral or mental health disorder(s), and/or experience homelessness or unstable housing situations, this was not unexpected or surprising. Any future outcome evaluation would therefore greatly benefit from more consistent and standardized data collection that occurs while clients participate in YTLS programs.

We ultimately recommend YTLS programs improve data collection practices to: (1) collect data at more frequent intervals, (2) collect standardized and/or well-defined measures, and (3) consolidate client records into data systems that can be easily exported for outside review. This recommendation depends on the support of Bernalillo County, since data collection and information systems are not free services. High quality data require time and personnel to collect, maintain, and update them.

In terms of which measures YTLS programs might collect, our introduction for this report identifies specific categories and measures which are collected by other YTLS programs that have also been evaluated. We also hope our outcome assessments are useful for this purpose. The demographic and outcome measures we use in outcome assessments are open source. Many measures can be mixed and matched as desired by YTLS providers and/or Bernalillo County. On average, outcome assessments at intake took 25 minutes to complete with a maximum time of 35 minutes. Discharge outcome assessments similarly took about 35 minutes on average. Collection of these data are not especially demanding, but do require personnel and their time to collect and organize.

We also recommend that YTLS programs collect client data more frequently to ensure clients have two or more data points (e.g., intake, 1-month after intake, 3-months after intake, 6-months after intake, discharge, etc.) for key outcomes. Client record data should also clearly identify *when* data were collected. For example, if education is collected at intake, it should be noted and only pertain to the education prior to YTLS services. If a client subsequently enrolls or attains a degree or certificate during the program, a second education time point should be noted and recorded. This would effectively allow YTLS programs to track changes over time during YTLS support.

Bernalillo County, like other entities that grant funding, could mandate and financially support collection of these data through Outcome-Based Performance Monitoring, which we reference and summarize in our previously submitted review of YTLS performance measures from May 2023. Overall, supporting high quality client and outcome data means supporting which data to collect, program personnel and their time to update client records, and supporting quality assurance processes to maintaining data systems and informational integrity. Understanding YTLS clients' outcomes in the future will depend on enhancing data collection policies and measures.

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