New Mexico Reconnecting Youth Survey

Participatory Approach to Collecting Meaningful Data with a Population that is Usually Left Out
Presented by:

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SANTA FE, NM

- County: 148,651
- City: 83,875

- 4th largest population center
- US’s oldest state capital (f. 1610)
- Sanctuary city

- 35,540 households/2.30 persons
- 36.8% speaks language other than English

- Median house income: $51,572
- Per capita: $33,146
- Persons in poverty: 17%

- State government
- Tourism
- Healthcare industry

- HS Edu of persons 25 years: 87.3%
- BA of persons 25 years: 41%
- Graduation rate: 71%

Median gross rent: $964 ● Uninsured: 21.2% ● 2,565 Youth are disconnected (no work, no school) and are experiencing unstable housing situations ● Ages 16 to 24
New Mexico Youth Risk & Resiliency Survey (YRRS) 2015

New question: During the past 30 days, where did you usually sleep at night?

- 2.1% friend or relative’s house
- 1.2% somewhere else
- 0.9% foster home or facility
- 0.7% shelter or emergency housing
- 0.6% place to place (couch surfing)
- 0.5% car, park, campground, public place
- 0.3% hotel or motel

Housing among Grades 9 - 12

- Housing Stable: 94%
- Housing Unstable: 6%
## New Mexico Youth Risk & Resiliency Survey (YRRS) 2015

<table>
<thead>
<tr>
<th>Risk Area</th>
<th>Housing stable</th>
<th>Housing instable</th>
<th>Increased risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skipped school because of safety concerns</td>
<td>6.3%</td>
<td>28.2%</td>
<td>4.5</td>
</tr>
<tr>
<td>Bullied on school property</td>
<td>17.6%</td>
<td>30.1%</td>
<td>1.7</td>
</tr>
<tr>
<td>Physically forced to have sexual intercourse</td>
<td>6.3%</td>
<td>21.7%</td>
<td>3.4</td>
</tr>
<tr>
<td>Attempted suicide</td>
<td>8.4%</td>
<td>28.7%</td>
<td>3.4</td>
</tr>
<tr>
<td>Smoked cigarettes</td>
<td>9.7%</td>
<td>41.5%</td>
<td>4.5</td>
</tr>
<tr>
<td>Binge drinking</td>
<td>12.8%</td>
<td>43.2%</td>
<td>3.4</td>
</tr>
<tr>
<td>Used methamphetamines</td>
<td>1.4%</td>
<td>30.3%</td>
<td>21.7</td>
</tr>
<tr>
<td>Used heroin</td>
<td>1.0%</td>
<td>30.6%</td>
<td>30.6</td>
</tr>
</tbody>
</table>
Partnerships and Collaborations

Mayor’s Children, Youth and Families Community Cabinet

Mayor’s Youth Advisory Board

Santa Fe Birth to Career Collaboration
Bridging the Disconnected Collaborative Working Group

- Local Foundation - Santa Fe Community Foundation
- Community-Level Grant Program - Healthy Transitions-New Mexico - Santa Fe County
- SAMHSA Grant - ASURE-TI (New Mexico)
- Two state agencies - Department of Health [DOH] and Children, Youth & Families Department [CYFD]
- Evaluation Contractor - Apex
- Two local, youth-serving community providers - ¡YouthWorks! And Santa Fe Mountain Center
- AmeriCorps VISTA
Engaging Youth from the Community

- Youth participated in:
  - Planning Committee
  - Brain-storming session - disconnected evolved into reconnected
  - Subcommittees and workgroups
  - Writing job description for Youth Data Collector position
  - Filling key positions
    - Youth project manager (1)
    - Youth team leaders (3)
    - Youth data collectors (10)
- Collecting data at various locations in Santa Fe
- First data presentation was to the youth surveyors, team leaders, project manager and planning committee
How Was It Accomplished?

From mid-July to mid-September:

Youth Hired + Youth Trained + Youth Identified Locations + Youth Used Technology + Youth Surveyed = 457 Youth Participants
PART II

METHODOLOGY AND PRELIMINARY DATA RESULTS
Data collection

- Anonymous
- Eligibility: All youth 14-26 years at identified locations
- Non-random sample
- Youth permission statement
- Desktop computer with internet OR mobile tablet w/o internet
- Self-administered by respondent
- $7 Subway card incentive
Survey locations

- Skatepark: 39%
- Youth-oriented services: 25%
- Mall or store: 14%
- Downtown: 10%
- Public park: 8%
- Other: 4%
Connectedness

- **Connected**: Working OR in school
- **Under-connected**: Working but not in school AND have not finished HS/GED
- **Not connected**: Not in school AND not working

- Connected: 43%
- Under-connected: 18%
- Not connected: 39%
<table>
<thead>
<tr>
<th></th>
<th>Sex</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Sexual orientation/Gender identity</th>
<th>Basic needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>40%</td>
<td></td>
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</tr>
<tr>
<td>Male</td>
<td>60%</td>
<td></td>
<td></td>
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<tr>
<td>14-17 years</td>
<td>36%</td>
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<tr>
<td>18-21 years</td>
<td>38%</td>
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<tr>
<td>22-26 years</td>
<td>26%</td>
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<tr>
<td>Hispanic</td>
<td>59%</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>LGBTQ</td>
<td>32%</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Unstable housing</td>
<td>36%</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Not enough food to eat</td>
<td>41%</td>
<td></td>
<td></td>
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<tr>
<td>Transportation needs</td>
<td>56%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No health insurance</td>
<td>50%</td>
<td></td>
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</tbody>
</table>
Mental health & substance use symptoms

- Considered suicide (past 12 mos): 28%
- Binge drink (3+ days/mo): 33%
- Depressive symptoms (past 2 weeks): 35%
- Heavy marijuana use (20+ times in past mo): 36%
- Current drug use: 41%
# Predictors of mental health/substance use

The following variables were not significant predictors: sex, high school education, age, connectedness, employment status, school enrollment, USA born, having children, and income

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Odds ratio*</th>
<th>Odds of having mental health or substance use symptoms were:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGBTQ</td>
<td>1.774</td>
<td>1.8 times higher for respondents who identified as LGBTQ compared to those who did not</td>
</tr>
<tr>
<td>Homeless</td>
<td>2.206</td>
<td>2.2 times higher for respondents who were homeless compared to those who were not</td>
</tr>
<tr>
<td>In foster care</td>
<td>2.832</td>
<td>2.8 times higher for youth who were in foster care compared to those who were not</td>
</tr>
<tr>
<td>Did not have mentor</td>
<td>2.090</td>
<td>2.1 times higher for youth who did not have a mentor compared to those who did</td>
</tr>
</tbody>
</table>

*p<.05; n=411
Tried to get mental health/substance use services

<table>
<thead>
<tr>
<th>Category</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavy marijuana use</td>
<td>34%</td>
<td>28%</td>
</tr>
<tr>
<td>Any mental health or substance use issue*</td>
<td>35%</td>
<td>17%</td>
</tr>
<tr>
<td>Depressive symptoms*</td>
<td>37%</td>
<td>27%</td>
</tr>
<tr>
<td>Binge drink 3+ days/mo*</td>
<td>38%</td>
<td>26%</td>
</tr>
<tr>
<td>Current drug use*</td>
<td>42%</td>
<td>22%</td>
</tr>
<tr>
<td>Suicide ideation*</td>
<td>46%</td>
<td>24%</td>
</tr>
</tbody>
</table>

Of those who tried to get help, 66% said they got the help they needed.

* Differences are statistically significant (p<.05)
Predictors of trying to get services

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Odds ratio*</th>
<th>Odds of seeking mental health/substance use services were:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than high school education</td>
<td>1.784</td>
<td>1.8 times higher for respondents without a high school degree compared to those with a degree</td>
</tr>
<tr>
<td>In foster care</td>
<td>2.161</td>
<td>2.2 times higher for respondents who were in foster care compared to those who were not</td>
</tr>
<tr>
<td>Contemplated suicide</td>
<td>1.809</td>
<td>1.8 times higher for respondents who had contemplated suicide compared to those who had not</td>
</tr>
<tr>
<td>Had health insurance</td>
<td>1.873</td>
<td>1.9 times higher for respondents who had health insurance compared to those who did not have insurance or did not know</td>
</tr>
</tbody>
</table>

The following variables were not significant predictors: sex, LGBTQ, age, connectedness, employment status, school enrollment, USA born, having children, income, homelessness, transportation needs, food insecurity, heavy substance use, and depressive symptoms

*p<.05; n=365
Predictors of getting needed services

<table>
<thead>
<tr>
<th>Predictor</th>
<th>Odds ratio*</th>
<th>Odds of getting needed services were:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed</td>
<td>2.219</td>
<td>2.2 times higher for respondents who were employed compared to those who were not</td>
</tr>
<tr>
<td>Transportation needs met</td>
<td>4.110</td>
<td>4.1 times higher for respondents whose transportation met their needs very or somewhat well compared to those whose transportation did not meet their needs at all</td>
</tr>
</tbody>
</table>

The following variables were not significant predictors: sex, LGBTQ, age, high school education, connectedness, school enrollment, USA born, foster care, having children, income, homelessness, food insecurity, health insurance, heavy substance use, depressive symptoms, and contemplating suicide

*p<.05; n=137
Reported barriers to services

- Did not know what services are available: 30%
- Had bad experience in the past: 18%
- Thought services would not help me: 17%
- Location of services was not good: 14%
- Services I needed were not available: 14%
- Hours of services were not good: 12%
- Could not afford services: 10%
- Thought people might judge me: 10%
- Did not have transportation: 9%
- Thought service provider would not take me seriously: 9%
- Did not have health insurance: 6%
- Did not have childcare: 3%
Key findings: Santa Fe reconnecting youth

• Connectedness to work or school was not consistently related to mh/su
• Foster care was risk for mh/su but also made it more likely to get help
• Youth may not seek services until things get really bad (e.g., suicide contemplation)
• Key modifiable barriers to accessing mh/su services may include:
  • Health insurance
  • Transportation
• Education is needed about the types of services available & what to expect
Next steps: Using data for action

• Focus group interviews
• Grant proposals
• Data walks (youth + adults)
• Community presentations
• Professional conferences (local, state, national)
• Adapt methods and survey tool for other settings and communities
• Repeat survey in Santa Fe County
Thank You for Engaging!
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