Pathways To & Through Houselessness In Natrona County:

A report to the community with input from currently & recently unhoused residents

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First among these are the twenty-one currently and recently unhoused people in the community who participated in short (45-60 minutes) interviews about their current housing situation, and the nineteen participants who returned for in-depth interviews (75-90 minutes) regarding the risk factors they have experienced across their entire life course. Their participation has contributed to deeper understanding of pathways to and through houselessness in Natrona County; attention to critical but often overlooked risk factors leading to being unhoused (such as death of a loved one), and improvements in research methodology for understanding the timing, sequencing and accumulation of risk of houselessness across the lifespan.

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All interviews were conducted by Krista Goldstine-Cole, EdD. Ethics oversight was provided through the University of Montana Institutional Review Board IRB (Project number FY2025-156). Identification and review of evidence-based and promising practices was performed by affordable housing expert, F. William Cole.

Executive Summary

Overview

This study was conducted for the Natrona County community to promote understanding how pathways to and through houselessness emerge across the lifespan. Charting the life course offers insight into the risks for becoming unhoused, opportunities to prevent initial and chronic houselessness, and potential actions during periods of being unhoused. It also offers insights into common societal reactions to risk factors that may exacerbate life challenges and poor outcomes.

Nineteen people who were currently or recently unhoused shared their stories and created "life graphs," visual timelines showing major life events from childhood through adulthood. Their stories reveal that houselessness rarely begins with a single crisis. Instead, it develops over time, as developmental adversities cascade through family, school and work. Individuals' accumulation of risk often intersects with difficult economic conditions, including mass layoffs and lack of affordable housing.

The findings highlight the importance of prevention, early support, and strong community connections. They also point to practical steps the community can take to create safety, stability, and belonging for everyone.

About the Study

Participants were recruited by established organizations in the community, such as Healthcare for the Homeless and the Natrona Collective Health Collective. Twenty-one volunteers first met with the researcher for a short interview about their current housing situation and their description of how they came to be in their current situation. Participants also described their future housing dreams and aspirations. Two weeks later, 19 participants returned and sat for second interviews where they constructed life graphs.

For life graphs, researchers identified risk factors associated with houselessness in prior research and printed each one on an individual card. In addition, during first interviews, participants described 12 experiences that contributed to their houselessness beyond what current research literature suggests, such as death of a loved one. These were added to cards.

In second interviews, each participant selected all the risks (cards) that had happened to them. They then placed their experiences in chronological order by age at first occurrence. The results include the number and types of risks people reported, as well as patterns across all participants.

Key Insights

Risk Starts Early and Grows Over Time

Most participants faced serious risk long before losing housing as adults. Many described childhood maltreatment, family separation, or academic challenges. Several experienced housing precarity or houselessness as children. Common early risks included:

- Abuse or neglect at home
- Trouble in school, including segregated special education and grade retention
- Early substance use, mental-health crisis, or justice involvement
- Death of a parent, caregiver, or spouse

By adulthood, these early risks combined with job loss, illness, grief, and/or domestic violence to push people into homelessness. The accumulation of risk has made recovery harder.

Five Common Life Pathways

Although every story is unique, five patterns of risk emerged, helping to explain how people in the Natrona community move to and through houselessness. The patterns are:

Sustained, overwhelming Risk: Lifelong adversity and poverty leave little room for recovery.
Need: Long-term, relationship-based support and stable housing.

Relational Poverty: Deep isolation and repeated harm make it hard to trust or seek help.
Need: Safe, caring relationships and peer support.

Collapsed Identity: People who once had jobs and families lose everything after a major economic crisis.
Need: Help rebuilding purpose, identity, and work connections.

Health-Driven Vulnerability: Disability or serious illness leads to job loss and housing loss.
Need: Case management and housing designed for people with disabilities.

Rebound and Rebuild: People who are overcoming trauma and working toward stability.
Need: Ongoing scaffolding, including education, employment, and community belonging.

Houselessness Is About Safety, Stability, and Connection

Almost every participant described times when they felt unsafe, unseen, or alone. Many lost homes after the death of a loved one or after escaping unsafe relationships. People spoke of grief as a turning point, and of wanting to belong and feel safe more than anything else.

Barriers Keep People Stuck

Participants described local barriers that make it hard to exit houselessness. These are not individual failures, rather, they are gaps in systems that can be fixed through community effort, including:

- Criminal or substance use records that block access to housing
- Difficulty saving for housing applications and move-in costs
- Cost of childcare making it difficult to cover both rent and childcare
- Complex benefits and disability systems
- Limited access to transitional housing

Strength and Hope Throughout

Every participant expressed determination to rebuild. People wanted jobs, homes, and a place in the community. Programs like *Step Up* and *Iris House* were praised for helping participants build life skills

and regain stability and purpose. The message was clear: *when people achieve safety and support, they are more likely to thrive.*

Opportunities for Community Action

Results of the study point to eight areas where local action can make the biggest difference:

Make Safety the Top Priority

- Provide safe spaces and trauma-informed services at every contact point.
- Frame houselessness around safety, not blame.

Support School Success

- Strengthen support for students with trauma or disabilities.
- Offer flexible education options like credit recovery and GED programs.

Invest in Mental Health Early

- Treat suicide attempts and psychiatric hospitalizations as key moments for intervention.
- Expand mental-health and specialty courts.

Help People Through Life Transitions

- Offer housing and case management for youth aging out of foster care.
- Provide benefits navigation for chronically ill and newly disabled people.

Recognize and Treat Grief

- Provide grief counseling in and after foster care, schools, and recovery programs.
- Train providers to recognize grief-related risk patterns.

Build Connection and Skills

- Pair people with mentors, peer supports, and employment opportunities.
- Use transition points, such as release from jail or drug treatment, as opportunities to stabilize housing and build life skills.

Lower Barriers to Housing

- Offer help with deposits and application fees.
- Expand subsidized or affordable childcare support.
- Revisit housing rules that exclude people with records or debts.

Strengthen Collaboration

- Use the composite life graphs as tools for shared learning.
- Bring new partners, such as schools, employers, and health systems, into the work.

What Participants Want Community Leaders to Know

When asked what they wanted community and program leaders to know, participants offered a range of potential actions and solutions, including:

“Be an undercover boss.” Experience the system as unhoused people do to identify and respond to barriers firsthand.

“Set people up for success.” Help people leaving jail or crisis programs develop life skills and rebuild credit, education, and stability. Attend to the ways that programmatic and other expectations can create poor outcomes.

“Stop shaming and blaming.” Houselessness is a community issue, not a character flaw. Although unhoused people do sometimes engage in illegal activities, being homeless is not itself a crime, although this is often the message participants hear.

“Open more doors.” Create daytime spaces for rest, showers, and meals.

“Don’t forget the teens.” Many adults who are unhoused first lost stable housing as teenagers and suggest that leaders need to understand the special needs of unhoused, unaccompanied adolescents.

Evidence-Based & Proven Practices

This report draws on participant input to identify three relevant evidence based practices that can improve conditions for people at-risk of homelessness: 1) a child advocacy center/program can advance healthy intervention at the time of child sexual abuse; 2) inclusive education can provide needed educational and support services to students with disabilities while also ensuring on-going access to grade-level curriculum; and 3) specialty court for the unhoused, an approach that has been taken in communities throughout California, including Los Angeles, Sacramento, San Bernadino, and San Diego.

In addition, five evidence-based or proven practices for housing are laid out. These include: **Houselessness Prevention**, strategies to prevent loss of housing among populations that are at-risk of houselessness; **Rental Assistance Vouchers,** a proven resource available from the Department of Housing and Urban Development to local housing authorities to provide rental assistance to specific populations, such as young people aging out of foster care and people with disabilities, **Housing First,** an approach to rapid re-housing and housing permanence for people with complex needs and dual diagnosis, **Permanent Supportive Housing,** an approach to wrap around services for the most difficult to reach, mentally ill populations, and **Trauma-Informed Housing,** a principle-driven approach to design of housing and services for highly traumatized people, including survivors of trafficking and intimate partner violence.

Conclusion: A Community Ready to Act

This study shows both the depth of hardship and the strength within the Natrona community. Houselessness in Natrona County is not inevitable; working together, with input from those with lived experience, can lead to better outcomes. By focusing on **safety, connection, education, and opportunity**, and by aligning systems around shared goals, houselessness can be prevented before it begins and the time people spend without stable housing can be shortened.

Natrona County has the knowledge, compassion, and commitment to move from understanding to action—building a community where everyone has a safe place to call home.

Introduction

In 2010, the U.S. Department of Housing and Urban Development (USHUD) conducted its first comprehensive point-in-time study of houselessness, which identified 637,000 unduplicated, unhoused individuals across the country. A 10-year strategic plan to end houselessness followed (USHUD, nd), resulting in sweeping advances in policy and investment. Progress has been uneven, however. In 2016, the nation reached 550,000 unhoused individuals (GAO, 2020), but in 2023 the annual point-in-time study identified 653,103 unhoused people, an increase of 12% over the previous year (USHUD, nd). During this time, small cities, like Casper, Wyoming, Missoula, Montana, and Olympia, Washington, have experienced steep increases in "visible homelessness." The presence of unhoused people in commercial areas, evidence of camping in public spaces, and other visual and social evidence of houslessness has become difficult to ignore, increasing responsibility on local government, service providers, and community coalitions to uncover and act on root causes. This paper supports such efforts in Natrona County, Wyoming.

Although the number of unhoused individuals in Casper, Wyoming is relatively small, around 200 individuals, the rate of houselessness (number of unhoused as compared to the whole population) is high compared to other cities in the region (DATA USA, n.d.). In response, Natrona County has worked hard to organize effective short- and long-term action, developing coalitions, engaging residents including unhoused individuals, and fostering local knowledge regarding the causes and consequences of houselessness. The community is now positioned to leverage local interest, culture and resources, and to take preventative actions. Natrona has built strong partnerships and deep knowledge. While next conversations are unlikely to be easy, the community has built the capacity to consider many perspectives, continuously invite new participants to the table, and check ideas, beliefs and possibilities against data. Aligned with the Self-Healing Communities Model (Porter, Martin & Anda, 2016), these ways of working open the door to meaningful dialogue and critical evaluation of potential actions arising from that dialogue.

About this Paper

To further support the community's work on housing and houselessness, this paper offers five "composite life graphs," prototypical pathways to and through houselessness in Natrona County. They are based on interviews with 19 people who have experienced houslessness in Casper. Composites are utilized to protect the privacy and confidentiality of the volunteers who shared with researchers their life stories and the risk factors they have faced while still describing patterns of experience that occurred across participants. These life graph composites can be used for a variety of purposes, such as prioritizing actions to achieve shorter- and longer-term intervention, identifying moments in time or inflection points when community efforts might be most effective, or inviting seemingly unlikely partners into the conversation. The composites also open the possibility that some actions, like responding differently to child sex abuse or early suicide attempt, may well help to prevent adult houselessness even though housing is not part of the needed response in real time.

In tandem with the composite life graphs, this paper offers eight areas of preventative action and ten areas of intervention derived from interviews with the same volunteers. As with the life graphs, these suggestions may be used in a variety of ways. They may help to focus the scope inquiry, to define which data should be analyzed, or set the agenda for community dialogue, or provide a framework for pilot programs or intervention.

Finally, this report offers information about evidence-based and promising practices (EB&PP) being used by other communities and state and local governments to address issues of houseless. The EB&PPs align with five relevant areas:

- Houselessness prevention
- Rental assistance vouchers
- Housing First
- Permanent supportive housing
- Trauma-Informed housing

Study Overview

Houslessness is often portrayed in policy and the press as either the outcome of an acute crisis like job loss, or the unfortunate result of long-term, severe mental health or substance abuse disorder. Correlational research that associates individual risk factors with housing outcomes re-enforces this view. However, being unhoused is rarely attributable to single event. Rather, it is the culmination of risks and vulnerabilities that unfold over the lifespan, including childhood.

For some, risk accumulates during specific developmental periods. For others, it cascades, creating one risk after another, as it does when children exposed to maltreatment struggle with academics, disengage from school, and then engage in anti-social activities that result in incarceration, thereby foreclosing future economic opportunities. This study was designed to examine this type of life course risk as experienced by currently and recently unhoused people in Natrona County.

For some, houselessness reflected a lifetime of deep poverty; for others it was a long slide from being economically secure to reliance on friends to being unsheltered.

Method

Conducted in 2024, this qualitative interview study sought to understand the progression of adversity leading to houselessness. We asked whether the timing, sequencing and accumulation of risk across the life course could inform preventative action and intervention by the community. Building on the principles of phenomenological interviews (Seidman, 2006), twenty-one currently and recently unhoused people participated in 45–to 60-minute interviews regarding their housing status, their housing aspirations or dreams, and critical issues local leaders need to know about their experiences as unhoused people. Nineteen participants returned for 60-90 minute second interviews, where they built a life graph, a timeline of risk factors accrued across the lifespan.

Participants

Eleven men (57%) and ten women (43%) participated in first interviews. One man and one woman opted out of second interviews, resulting in nineteen participants (53% identifying as male). Participants ranged in age from their mid-20s to their mid-60s. They reported a range of housing situations, from living on the street with no shelter to home ownership. Some were unhoused for the first time while others had experienced several episodes of houselessness following crises like eviction and arrest. One participant reported being continuously unhoused for over six years. Three reported stable housing after long periods of housing precarity and houselessness. For some, houselessness reflected a lifetime of deep poverty; for others it was a long slide from being economically secure to reliance on friends to being unsheltered. Participants described a range of employment, including unemployment, part-time or day labor, and full-time jobs. A few were receiving disability benefits or waiting for approval of a disability claim. The minority were neither working nor disabled.

Most participants grew up in Wyoming, although several left the area in early adulthood and returned at midlife to care for aging parents. Five participants chose to move to Wyoming from other states; of these, two lived through major hurricanes in the southeast said they chose Wyoming with hopes that low population density and infrequent natural disaster would help alleviate their trauma symptoms.

Procedures

First interviews. Twenty-one volunteers participated in semi-structured interviews that lasted 45-60 minutes, including informed consent. Questions focused on: the participant's current living situation, what led to that living situation, future housing aspirations, and what community leaders and service providers should know about the experience of being unhoused in Casper. Participants received $50 and a small bag of food as renumeration. Interviews were audio recorded and transcribed by AI. A member of the research team compared the transcription to the audio and made necessary corrections.

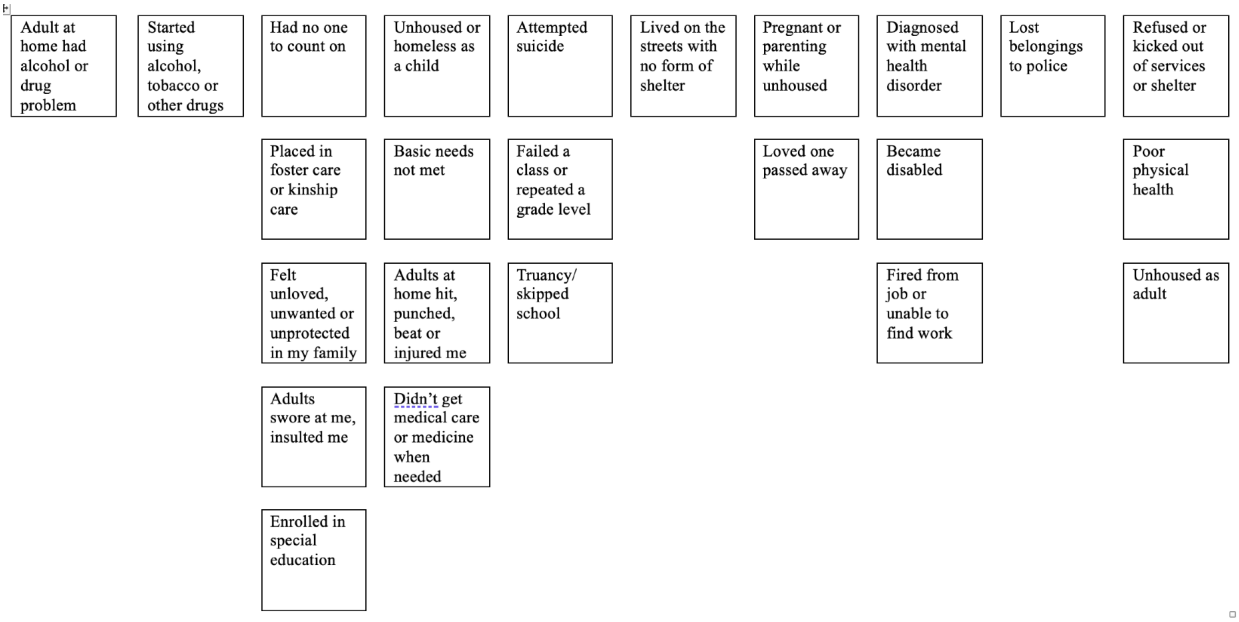
Second interviews. Two weeks later, 19 volunteers returned for a second interview that lasted 60-90 minutes. Participants were presented with an array of laminated cards, each with one risk factor printed on it (see Appendix A for a list of all cards). They were asked to "take all the cards that happened to you." Excess risk factors were taken away and participants then arranged their risk factors in chronological order based on their age when the risk first occurred. If a "pile up" of multiple risks occurred at one age, the cards were arranged vertically.

Once the participant was satisfied with their initial life graph, they were asked questions about each card, including when it first occurred, whether the risk persisted over time, and whether the risk happened again at a later age. When a risk involved other people, for example, "adults swore at me, insulted me," the interviewee was asked to identify their relationship to the adult. Similarly, when a risk factor involved substance abuse, a disability, or a diagnosis, they were asked for the details as they understood them. When warranted, participants were encouraged to make changes to their life graph as the interview went on. Participants were paid $100 for their time, received a small bag of non-perishable foods, and were offered drinks and snacks during the interview. Interviews were audio recorded and transcribed by AI.

Life graphs were photographed. Using the transcript and photographs, timelines were entered into Excel and visualized for patterns of interest (Schneiderman, 2002).

All procedures and research team members were approved by the University of Montana Institutional Review Board.

Visualization of Nolan's[1] Life Graph



Risk factors examined

Risk factors were derived from two sources: existing literature and first interviews. Thirty-nine risk factors associated with houselessness in prior research were selected for use in this study. They include child physical abuse, dropping out of school, substance use, mental illness, domestic violence, eviction, lack of access to affordable housing, and military service in a war zone. During first interviews, participants descriptions of "how you came to be in your current housing situation" yielded 12 additional risk factors not previously identified in the literature. These include attempted suicide, trafficked, sold sex to meet basic needs, and death of a loved one.

All of the utilized risk factors fall into eight analytical categories: adverse childhood experiences—12 forms of child maltreatment and household dysfunction[2] (Dong et al., 2004); school and academic difficulty (Villagrana et al., 2024); anti-social behavior (Heerde et al., 2022) and court involvement (Couloute, 2018); physical (Garcia et al., 2024) and mental health disorder (Padgett, 2020); relational

[1] Participants were assigned a pseudonym to protect their privacy and confidentiality.
[2] The Adverse Childhood Experiences Study (Dong et al., 2004; Felitti et al., 1998) identifies ten forms of maltreatment and household dysfunction that have a strong, graded dose-response relationship with physical, mental, behavioral, and relational health across the lifespan. For the sake of specificity and participant understanding, neglect was split into three concepts, including medical neglect. This resulted in a possible ACE Score/count of 12.

poverty and well-being (Burnes, 2025); economic shock (Glomm & John, 2002; Ring & Schuetz, 2021); access to housing (Soucy et al., 2025); and military service (Tsai & Rosenheck, 2015). Because the sample included only one military veteran who did not serve during wartime, the final number of relevant risk factors was 46 organized into seven categories for purposes of analysis.

Results: Risk Factors Across the Life Span

Based on the life graphs, provided, participants experienced an average of 22.7 of 46 risk factors beginning early in life and continuing through adulthood. At home participants experienced a range of ACEs, including verbal abuse (n=13), emotional neglect (n=10), and sexual abuse (n=8). Seven participants (37%) were placed in foster or kinship care.

During the school years, the majority of participants (n=11) failed classes or were retained to repeat a grade level. Over half (n=10) were referred to special education. Of these, only one reported knowledge of a specific learning disability. Most were placed in segregated special education settings due to emotional or behavioral difficulties. One participant with autism spectrum disorder remained in the special education system to age 21, the maximum allowed under the law. Seven volunteers (37%) left school without graduating.

Across the lifespan, the most frequently reported risks were death of a loved one (n=17), use of alcohol, tobacco or other drugs (n=16), and fired or unable to find work (n=16). Table 1 shows prevalence of risk by the 7 analytic categories.

Table 1: Prevalence of risk factors by category of risk

Category of Risk *Example indicators*	**Mean # of risks**	**Range**	**Most Common Item**
Adverse Childhood Experiences (ACEs) *Verbal abuse, basic needs not met*	6.7	1, 12	Parental divorce or separation (n=15)
School/Academic Difficulty *Enrolled in special education, truancy*	2.4	0, 5	Failed a class or repeated a grade (n=11)
Anti-social Behavior/Court Involvement *Incarcerated, sold drugs*	3.0	0, 5	Used alcohol, tobacco or other drugs (n=16)
Physical & Mental Health *Went to rehab, diagnosed with disability*	2.1	0, 3	Diagnosed with mental health disorder (n = 13)
Relational Well-Being *Had no one to count on, experienced DV*	3.4	0, 7	Loved one died (n=17)
Economic Shock *Eviction, foreclosure, or repossession*	2.0	0, 3	Fired or unable to find work (n=16)
Access to Housing/Shelter *Excluded from housing due to felony*	2.5	1, 5	Received services at Shelter (n=14)

Importantly, risk in the parent generation can be transmitted to the child generation, creating a cascade. In this sample, 11 participants (58%) were unhoused as children and again as adults. Life graphs identified four additional intergenerational repetitions of risk: divorce, intimate partner violence (IPV), incarceration, and loss of parental rights. Intergenerational transmission of risk is summarized in Table 2.

Table 2. Indicators of Intergenerational Progression of adversity

	N	Parental Divorce	Divorce[#]	Witnessed IPV	Victim IPV*	Parental Jail/ Prison	Jail/ Prison^	In Foster/ Kinship Care	Lost Child[+]
TOTAL	19	15 79%	10 53%	11 58%	10 53%	7 37%	15 79%	7 37%	7 37%
Men % by sex	11	6 54%	5 45%	6 55%	4 36%	4 36%	10 91%	5 45%	3 27%
Women % by sex	8 42%	5 63%	5 63%	5 63%	6 75%	3 38%	5 63%	2 25%	4 50%

Based on response to "broke up with long-time partner or got divorced."
*Includes a yes response to either "experienced domestic violence" or "ran from violent relationship"
^Based on response to "incarcerated in prison or jail." Excludes juvenile detention without adult incarceration (n=1)
+Based on response to "Lost child(ren) to DCF or lost custody of child(ren)"

Results: Composite Life Graphs

The primary purpose of this study was support of community dialogue regarding the nature, cause, and potential resolutions of chronic houselessness. The community has a deep interest in understanding how timely, informed, and strategic action might prevent initial, episodic or chronic houselessness, and in identifying who might need access to support. Over the past two years, Natrona County has developed a clear commitment to generating dialogue about these issues as well as building the capacity to do so. Life graphs developed during second interviews were meant to support the community's purposes and aspirations. However, some of the experiences and conditions participants described during interviews may be easily identifiable to people who work with them, despite use of pseudonyms. Therefore, to protect the privacy and confidentiality of those who shared their stories researchers constructed composites. These are five distinct pathways to and through houselessness that emerged from data analysis. Each pathway was generalized to express the prototypical nature of the experiences described by the people who traveled that path. Graphic representations of the composite pathways are presented in Appendix B.

Composite 1: Sustained, overwhelming risk burden

Participants reporting this pattern experienced significant risk across the lifespan, and accruing in multiple domains, including home, school, and relationship. As a result, participants with sustained, overwhelming

risk burden have accumulated structural barriers to housing, such as felony records or misdemeanor records involving drugs. These barriers limit housing options and access to public subsidies. Many struggled with relational poverty and problem solving. These individuals need extensive services and would benefit from case management as well as efforts to reduce barriers to housing.

Composite 2: Relational poverty

These participants experienced a high level of early risk across multiple domains. What stood out in their stories was the deep aloneness they experienced *from an early age*. Patterns of polyvictimization suggest that they struggled to identify, rebuff, or obtain protection from those who meant them harm. They evidenced a lack of skills for building helpful social networks. As a result, they move from crisis to crisis in "survival mode." They need assistance with problem-solving, recognizing harmful actors, and building healthy relationships.

Composite 3: Collapsing identity

Participants reporting this pattern experienced relatively low risk in childhood. They reached key education milestones, completing high school or higher. They took technical jobs, primarily in natural resources, but due to economic shocks beginning in 2008, lost their careers. With that economic shift, they began to lose their sense of identity. Their substance use took over as their families broke apart and their homes were repossessed. Most demonstrated a deep need for help in forming coherent individual and shared identity moving forward.

Composite 4: Health-driven vulnerability

These participants experienced several ACEs as well as school challenges in childhood. Importantly, they had early and frequent health difficulties, including emergence of mental health disorder in adolescence. People in this group reported a diagnosed physical or mental disability. They were in various stages of seeking Social Security Disability Insurance (SSDI), veterans' or other disability benefits. Those who had completed the relevant benefit claims process had secured subsidized or shared housing. The others remained in shelter care or unhoused on the streets while waiting for resolution of their applications. Most reported loss of a loved one, which meant the loss of practical support for navigating disability and other systems. Individuals facing health-driven vulnerability have a critical need for problem solving and supports in navigating the demands of the service system, such as case management.

Composite 5: Rebound and rebuild

Participants reporting this pattern described extremely challenging childhood conditions, including early houselessness. Some were unaccompanied and unhoused as teenagers. Most had a tumultuous early adulthood that included further victimization and intergenerational repetition of adversities such as loss of parental rights. Nevertheless, this group presented as currently housed. They described processes, such as getting clean and therapy, that resulted in building life skills, support systems, and community resources. No one said it was easy—they emphasized the need for scaffolding and accountability as well as motivation (such as reunification with children) in stabilizing their lives. This group expressed dreams for the future that included marriage, housing, and career.

Recommended use

Composite life graphs invite conversation, which can be supported with the written descriptions of the composites and/or their graphic representations. It is important to emphasize that the composites do not reflect any individual's experience, rather they reflect patterns based on the distribution of risk factors within a defined pathway.

Potential dialogue questions

Are you surprised by the number of pathways?

Researchers hypothesized two or three potential pathways to and through houselessness in Casper, but the data clearly indicated five. Discussing the number of pathways, including whether there may be more prototypes in the community that were not captured due to the size of the sample, is a terrific place to start. Questions that can be undertaken in this discussion include:

- What are each composite's distinct needs? What else would you like to know about these needs?
- How might the composites inform priorities? Is it possible to quickly reduce houselessness in one or more category? If so, is it better to prioritize the quicker or easier challenges over the more intractable challenges as a starting point?
- How might we use the composites to distribute resources or develop programming?

Are you surprised by how early risks start to pile up?

Some risk factors that are typically treated as drivers of houselessness in research, policy and programming, like mental health, substance abuse and incarceration, are intermediate outcomes of upstream experiences. Adverse childhood experiences, for example, account for nearly two-thirds of certain mental health and substance use disorders (Dong et al., 2004). This means the pathway into houselessness starts much earlier than typically imagined. Questions to discuss include:

- Do we see opportunities to act on upstream risk factors to prevent unwanted outcomes along the way to houselessness? Will preventing intermediate outcomes reduce houselessness?
- How does the pile up of risk inform our understanding of episodic versus chronic houselessness?
- Is it worth preventing upstream risks even if there is not a significant change in houselessness?
- Are there risk factors that we can act on as a community? Are some risk factors beyond our control? How do we prioritize?

Can we imagine better pathways?

It would be terrific if we could prevent all risks from happening, especially intergenerational risks, which are quite powerful. But we are unlikely to ever achieve this. Instead:

- Can we imagine a different sequence of events—a different pathway—even after early risks occur? How might we realize this vision?

- What might the community do to reshape the downstream consequences of risks we cannot prevent?
- Are there ways to notice when early risk occurs so that we can concentrate on preventing a pile up or major accumulation for young people at subsequent risk?
- Are our formal systems prepared to take this kind of approach?

What else do you want to talk about? Who would you like to discuss these composites with?

Is there anything inside of the composites that suggests new or different thought partners to engage for success? Who do you want to reach to? What do you want them to know? What would you like to learn from them?

Results: Opportunities for Prevention and Intervention

Participants provided extensive, rich, and robust data. From life graphs, we are able to count or tally individual risk experiences, which provided deeper understanding of who is vulnerable to which experiences and prevalence or risk factors. From the visualization of the life graph, we can see how risks interact with each other, for example, as they form pile ups or cascades. And narrative data reveal how powerful risk experiences have been for the people who lived them, as well as the ways that participants have made sense of their lives as they have moved through houselessness, recovery and other important processes.

Part of what emerged from this rich tapestry of data is actionable themes, the big ideas that reflect what the participants, taken together, offer as key issues they face. This short list was chosen from the broader whole because they are actionable, and if addressed, may serve to prevent initial, episodic or chronic houselessness. Some of the suggested actions originated with participants. Others come from communities that have tackled similar issues, research literature, of public policy initiatives.

"Safen it up"

Being unhoused is unsafe. As one participant observed, "I just don't think there's very many options for people to be safe that are homeless…except for jail. And yet, jail is not equipped to handle detox and all the stuff that comes with." Importantly, pathways to houselessness are also marked by vulnerability, danger, and harm. Participants reported physical and sexual abuse, relationship violence, robberies and stabbings before they were unsheltered.

For the most part in our society, people have to reach out and ask for help with safety. One strategy to prevent the cascade into houselessness is act more deeply and effectively on issues of safety. A second is to leverage contacts with safety-oriented systems like child welfare, domestic violence services, and crisis calls to deliver supports, improve basic skills or foster protective social relationships. Possible actions include:

- *Offering housing, financial literacy, and social services supports* at the time victims are identified or ask for help with their safety. If people are struggling to keep themselves safe,

they may lack the skills to safeguard their money or their property, rebuff people who mean them harm, or defend themselves in a difficult situation.

- *Building a child advocacy center or program (CAC).* More than a third of participants reported child sexual abuse followed by difficulty at school, including referral to special education for behavioral disturbance, which they attributed to their abuse. CACs are designed to interrupt the cascade of risk following sex abuse and support recovery. Importantly, this type of program can extend beyond sexual abuse. Participants averaged 6.8 adverse childhood experiences, including physical, sexual and emotional abuse, and physical, emotional and medical neglect.
- *Prioritizing safety in discussions of houselessness.* Participants reported a wide range of safety concerns while unhoused, including physical assault, rape, robbery, and being trafficked. Feeling unsafe leads to excessive drinking, often in public, to self-medicate fear and anxiety. Are these issues being discussed alongside housing in community dialogue?

Support school success

Academic failure forecloses future opportunity, and limits earnings over the life course, and places individuals at significant risk of poor outcomes. For example, 75% of Black men and 15% of white men who lack a high school diploma or GED will be incarcerated in their lifetime (Pettit & Western, 2004). Incarceration, in turn, increases likelihood of houselessness. Possible approaches include:

- *Inclusion for disabled students.* Several participants who experienced physical and sexual abuse reported being placed in segregated special education and losing access to the curriculum. There are many examples of inclusive education to ensure that needed services are provided along with access to the curriculum (Hehir, 2012).
- *Dropout prevention.* The standard classroom may not be appropriate for young people who have experienced many ACEs and other risk factors. But there are many approaches to school completion available. These include establishing an alternative school or other mechanism credit retrieval and offering integrated GED and vocational training.

"I'm dreaming of more happiness, less anxiety, less depression…better overall well-being."

Mental health and houseless have a bi-directional relationship; mental health disorder increases the risk of becoming unhoused, and being unhoused exacerbates mental health. The longer people are unhoused, the more severe mental illness becomes (Padgett, 2020). Access to medication through Healthcare for the Homeless was a central theme, and participants expressed deep appreciation for ongoing treatment and recent increases in outreach. They also highlighted opportunities to act in more preventative ways, such as:

- *Addressing early suicidality*. Several participants were hospitalized as for suicide attempt as children or teenagers. Suicidality often followed maltreatment, sexual assault, or social isolation resulting from emotional neglect. Mental health hospitalization should be viewed as

an inflection point for intensive and wrap-around intervention to prevent additional attempts, future self-medication, and school dropout.

- *More specialty courts.* Participants in drug court report that it is helpful, but in some cases too costly. The community may be able to mitigate risk for houselessness by establishing mental health or other specialty courts, with reductions in legal financial obligations for compliant individuals who are indigent.

Attend to turbulent transitions

Participants experienced a significant amount of chaos and disorder in their lives. Parental divorce and entry into foster or kinship care were common experiences. Several participants became disabled as the result of injury, acute and chronic illness, and severe mental illness. Transitions into and out of systems of care proved especially challenging, suggesting a need for earlier case management or other structured navigation, for example, by:

- *Addressing the risks associated with aging out of foster/kinship care*. Young people who age out of foster care are at significant risk of early pregnancy/parenting, incarceration, and houslessness (Orsi-Hunt et al., 2024). Specialized supportive housing has received private (e.g. Casey Foundation) and federal endorsement and may provide an evidence-based model for action.
- *Treating disability diagnosis is an inflection point for intervention.* Participants reported a range of physical and mental disabilities. Their expressed needs include ADA accommodations where they receive shelter; education to learn about their disability and living with it; therapeutic supports (e.g., counseling) especially when there is an acute onset; and more complete supports for accessing disability moneys (e.g., developmental disability funding, applying for SSDI, veterans' benefits). Some participants reported getting support for SSDI applications through a case worker at the shelter, but many were trying to "go it alone," which is very difficult.
- *Establishing dedicated housing for people with disabilities*. Participants who rely on Iris House to manage and navigate living with severe mental illness expressed appreciation not only for the practical supports, but for the ways in which the space improves their social network. Dedicated housing, perhaps with wrap around services, system navigation, and support with disability claims processes may be warranted.

Navigating the death of a loved one

During first interviews, a number of participants identified the death of a loved one as a critical component of becoming unhoused. They identified two main pathways: 1) the parent, grandparent or other relative who passed away was sheltering the interviewee as a child, adolescent or emerging adult, rendering the young person unhoused, or 2) the participant lost a spouse, child or parent in adulthood and numbed their grief with extreme, extended substance use that resulted in job loss, repossession of a car or

truck, and/or eviction or foreclosure. Seventeen of the 19 participants in second interviews (89%) included this risk factor in their life graph. Possible community responses include:

- *Housing grieving young people.* When children enter foster/kinship care due to the loss of their guardian, DCF may want to add grief counseling or other early interventions. Schools may offer a universal pathway for reaching young people who have lost their caretaker and/or housing.
- *Noticing the pile up.* The participants who slid into homelessness following the death of a loved one typically had a significant pile up of risk factors, including a history of ACEs, and difficulty at school. Developing ways to notice or ask about the intersection of grief and risk factors may help prevent cascades.
- *Good grief.* Continue to build community resources to address and resolve grief in order to prevent downstream houselessness or reduced time in houselessness.

(Re)Build life skills

Like adverse childhood experiences, houslessness erodes basic skills. One participant described being unhoused as "a hole that just gets deeper and deeper," while another said, "Being homeless takes away your ability to do daily tasks, like take a shower." Lacking life skills creates a re-enforcing loop, as it is extremely difficult to find and sustain employment under these conditions. Participants did credit Step Up and some substance abuse treatment programs with "loving me until I could love myself again," and developing practical daily skills. Possible actions include:

- *Teaching the basics of "living a normal life*." Child maltreatment, trauma, and addiction set the stage for constant chaos. Several participants indicated *a need to learn* how to have order and "boring" at the center of their world. They need skills for managing crisis (e.g., the landlord sold the house I was renting) without sliding into a state of reactivity and chaos.
- *Leveraging transitions as an inflection point*. For traumatized people, making transitions such as moving, changing jobs, losing a loved one, or graduating from school can be a source of panic and anxiety. With thoughtful care, these moments may provide opportunities for celebration, prevention and skill building.
- *Addressing "relational poverty*." Neurobiologist Bruce Perry (2009) coined this term to express how child maltreatment and deprivation impact the life course. Most participants provided examples and stories of when they "had no one to count on." Skilled mentors and sheltered employment may help. People experiencing relational poverty need help with trust, learning to identify people who mean them harm, and skills for building mutually supportive relationships.

Reducing barriers to housing

Soucy and colleagues (2025) argue that 50% of houselessness is due to lack of access to housing. And while affordability presents a substantial barrier in many markets, there are other obstacles which, if

addressed, could prevent initial, episodic or chronic homelessness. Addressing the following barriers may help:

- *Childcare vs. rent*. The challenge for people who are parenting while unhoused is childcare. Depending on the age of the child(ren), childcare may cost as much as or more than rent. Employer-based daycare, universal pre-school, and care subsidies may prevent houselessness for a particularly vulnerable demographic. Offering affordable childcare to unhoused parents working to stabilize their lives could help families with housing an prevent entry to foster care.
- *Make move-in affordable.* One critical barrier to accessing housing is paying for application fees and deposits. Some participants reporting hearing about a community program that helps with these costs but could not find their way and wondered if this opportunity is truth or legend.
- *Acknowledge the role of the criminal record in chronic houselessness*. Most participants have been incarcerated, some for minor offenses like public drunkenness, others for more serious crimes. There are state and federal statutes that limit access to subsidized housing for certain felons, and landlords are free to refuse renting to people with a record. As a result, the community needs to decide whether it prefers to invest in housing and services for formerly incarcerated people or to accept houselessness in this population.

5 Big Ideas: What Participants Want Community Leaders to Know about Being Unhoused

Everyone who participated in this study was asked what community leaders need to know about being unhoused in Casper and what community leaders should do to improve outcomes. In addition to the actionable themes above, here are five big ideas that stand out:

1. *"Be an Undercover Boss."*
   While asking about the lived experience of being unhoused is valuable, being an undercover boss is better. One participant advised, "If you want to understand what it's like to be homeless, what it takes to navigate services, try this TV strategy."

2. *"Set People Up for Success."*
   "Being unhoused is like being in a hole and it just keeps getting deeper and deeper." To make a change means identifying what is needed and supporting it. Suggested areas for setting up success included: helping people transition out of jail, improving access to substance abuse treatment, encouraging higher education by helping unhoused young people get scholarships and navigate financial aid, continuing to make GED completion accessible, recognizing that taking accountability for past decisions does not fix poor credit or a felony record, and helping people build or learn to build the credit they need to rent a place.

3. *"Stop Shaming and Blaming Homeless People."*

"Some crime is committed by homeless people, but there are others in the community who commit crimes." Shaming and blaming solves nothing. Consider incentivizing landlords to at least look at former felons as potential renters.

4. *"Open Up More Resources."*
   It is important to recognize the range of life experiences unhoused people are having. Many have jobs and need to be presentable. When these employees also live in recreational vehicles or cabins without amenities, they need a place to shower so they can work. For those who are not currently working, create daytime spaces and activities that strengthen social networks, open more spaces for warming, and provide food for people on Mercy Services.

5. *"Understand How Teens May Fall Through the Cracks."*
   Although this study was limited to adults, some participants were unhoused and unaccompanied as teens. They want the County to know that teens "may not be able to safely or adequately access support services."

Relevant Evidence-Based and Promising Housing Practices to Consider for Replication

As pressure to address houselessness has fallen increasingly on state and local government, community coalitions, and the non-profit sector, program evaluation and identification of evidence-based and promising practices has emerged. Many cities, comparable in size to Casper have successfully implemented one or more of the programs listed below. These include Bozeman, Montana (population: 56,500), Grand Junction, Colorado (population: 70.500), and Missoula, Montana (population: 78,200).

Houselessness Prevention Strategies

Houselessness prevention efforts aim to prevent at-risk individuals from losing their existing housing. Sources of risk include inability to afford rent, threat of eviction, and mental health crisis. Focused, efficient assistance programs are more cost-effective than alternatives. While a range of practices have evidence to support them, the "best evidence" is for: 1) "deep rental housing subsidies" (p. 5), and housing support when exiting psychiatric care (Shinn & Cohen, 2019).

Prevention strategies are most effective when they are geared towards specific at-risk families or individuals and focused on finding and maintaining housing. When these supports are provided to individuals or families who are unlikely to become unhoused, inefficiencies emerge and risk of houselessness continues to rise (Shinn & Cohen, 2019).

Best approach: Identify at-risk individuals and provide support before homelessness occurs. Help people find immediate alternatives.

Questions to ask:

- Who, among those who are currently housed, needs housing help?
- How can we deliver rental assistance efficiently?
- Where are the gaps in our community system?

Rental Assistance: Vouchers

Rental housing subsidies are an evidence-based practice for at-risk populations (Butrica et al., 2020). The U.S. Department of Housing and Urban Development (HUD) administers several voucher programs that local housing authorities can apply for given clear documentation of need. Examples of existing programs include:

The Family Unification Program (FUP)

This program supports two different populations:

- Families involved with child welfare, including those facing imminent placement of children in out-of-home care and those experiencing a delay in reunification due to housing status.
- Young people aging out of foster care. Specifically, eligible youths between 18 and 24 years of age who have left foster care or will leave foster care within 90 days.

Section 811

Section 811 of the Project Rental Assistance (PRA) program works in partnership with Medicaid to provide subsidies for very low-income people with significant and long-term disabilities. The goal is independent living in the community with housing linked with voluntary services and supports.

Veteran Affairs Supportive Housing (VASH)

HUD-VASH is a collaborative program that pairs HUD's Housing Choice Voucher (HCV) rental assistance with VA case management and supportive services. These services are designed to help homeless Veterans and their families obtain permanent housing and access the health care, mental health treatment, and other supports necessary to improve quality of life and maintain housing over time.

Questions to ask:

- Does the community have a local housing authority positioned to request voucher programming from HUD? If so, what needs should the community prioritize? If not, is this a gap the community wishes to address?
- Are there additional HUD voucher programs that fit with local in-need populations?
- Where is the match between populations in need of support in Natrona and HUD voucher programs? What priorities should the community pursue?

Housing First (HF)

As the name suggests, Housing First is an approach that allows housing assistance independent of entry to treatment for substance abuse, mental illness, or co-occurring disorders. HF is guided by the beliefs that 1) meeting basic needs first will be most effective in establishing stability and 2) client choice will advance housing permanence and improvement in quality of life. Therefore, HF does not mandate participation in services either before obtaining housing or to retain housing. As a framework for action, there is substantial variation in actual HF programs, including the target population to be served (e.g., severely mentally ill, recently deinstitutionalized, young adults).

Although there is increasing evidence that HF produces a range of results, including housing stability and permanence (Pearson & Montgomery, 2009), reduction in hospital utilization (Baxter et al., 2009), and stabilization of the most severe psychiatric conditions (Stahl et al., 2016), the approach is not without critics. Waegermakers-Schiff and Rook (2012), for example, point to the continuing rise in houselessness as an indicator that HF is not sufficient.

Best approach: Effective Housing first includes quick housing access, fair housing, tenant rights, community integration, and voluntary personalized services.

Questions to ask:

- To what degree are mental illness, substance use disorder and dual diagnosis driving houselessness here? Are existing systems prepared to meet these challenges?
- To what degree are hospitalization and emergency services costs in need of reduction?
- How can housing and personalized services be integrated in our community?
- Will our community be satisfied if HF helps to resolve issues of houselessness without substantially reducing the cost of services for this population?

Permanent Supportive Housing (PSH)

PSH combines affordable housing with wraparound services (e.g., mental health care, job training, case management) to support individuals with complex needs, especially those experiencing chronic homelessness. According to the National Academies of Science (2018), PSH has two essential components: 1) provision of non-time-limited housing, and 2) provision of an array of voluntary supportive services. The services are designed to build independent living and tenancy skills by connecting people with community-based health care, treatment, and employment services.

Rog and colleagues reviewed literature from 1995 – 2014 and found substantial evidence of effectiveness, particularly evidence of increased housing stability and decreased emergency room visits and hospitalizations. The National Academies of Science (2018) caution that while PSH improves housing stability for hard-to-serve populations, it is not yet clear if there is a monetary return on investment.

Studies of PSH have found increased client perception of autonomy, choice, and control. Clients using supportive services are more likely to participate in job training programs, attend school, discontinue substance use, have fewer instances of domestic violence, and spend fewer days hospitalized than those not participating. Permanent supportive housing can be cost efficient for communities as housed people are less likely to use emergency services, including hospitals, jails, and emergency shelter, than those who are unhoused.

Questions to ask:

- What needs do chronically unhoused people in the community have? What resources can be gathered into an array of voluntary services to support these individuals?
- How much emergency services resource do chronically unhoused currently use?
- What would the changes offered by PSH mean for this community?

Trauma-Informed Affordable Housing

Trauma-Informed affordable housing is a design and service approach that recognizes the impact of trauma on residents and intentionally creates environments that promote safety, empowerment, and healing. It goes beyond affordability to support emotional and psychological well-being. According to the Urban Institute and POAH (Preservation of Affordable Housing), trauma-informed housing centers the lived experiences of residents and empowers them in decisions that affect their homes. It acknowledges that trauma—whether from poverty, discrimination, violence, or displacement—can shape how people interact with their environment and community (Morgan et al., n.d.). Trauma-informed housing has been implemented to support survivors of abuse, including sex trafficking and intimate partner violence (Bebout, 2001; Mulé, 2025).

Best approach: Trauma-informed housing incorporates five key principles: safety, trustworthiness, choice, collaboration, and empowerment (Menschner & Maul, 2016) as well as human-centered design features that foster accessibility, de-escalation, and personalized space (Owen & Crane, 2022). As with Housing First and Permanent Supportive Housing, trauma-informed housing integrates services, and staff are trained to address issues of trauma, including triggers, reactivity, and co-regulation.

For traumatized individuals, especially those fleeing violence, trauma-informed housing can meet immediate safety needs. Further, this approach improved autonomy, self-efficacy, and relational factors influencing survivor outcomes (Lee, 2025).

Questions to ask:

- Can trauma-informed principles be integrated into all houselessness efforts in Natrona? How can TI principles and design be leveraged to advance positive outcomes for all unhoused people?
- What resources are necessary to infuse trauma-informed principles and practices?

Conclusion

This study underscores that houselessness emerges from the accumulation of risk across the life course. Participants described childhood maltreatment, health struggles and disability, economic shock, and relational challenges on the pathway to houselessness. Once unhoused, safety concerns, deteriorating mental health, and barriers to re-establishing stability compounded their challenges. Yet their voices also illuminate pathways forward. They identified critical inflection points and opportunities for action.

Participants were equally clear about what they need from community leaders: commitment to safety, access to education and employment, support in navigating disability and grief, and the opportunity to build trusting relationships. Their stories highlight that houselessness is not only about the absence of shelter, but about the erosion of stability, safety, and connection.

The composite life graphs, actionable themes, and big ideas offered by participants provide a platform for next steps in a community that has built a commitment to and capacity for action.

Further, evidence-based practices tested in communities across the U.S. and Canada provide potential approaches to moving forward.

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APPENDIX A: Risk Factor Cards

Before turning 19 **PARENTS SEPARATED** **or** **DIVORCED**	*Before turning 19* **ADULTS SWORE AT ME, INSULTED ME**
Before turning 19 **BASIC NEEDS NOT MET** (not enough food, dirty clothes, not supervised when doing dangerous things)	*Before turning 19* **DIDN'T GET MEDICAL CARE OR MEDICINE WHEN NEEDED**
Before turning 19 **FELT UNLOVED, UNWANTED or UNPROTECTED IN MY FAMILY**	*Before turning 19* **SUICIDAL, DEPRESSED, OR MENTALLY ILL CAREGIVER**
Before turning 19 **A FAMILY MEMBER WAS INCARCERATED IN JAIL OR PRISON**	*Before turning 19* **ADULT AT HOME HAD ALCOHOL OR DRUG PROBLEM** (street or prescription drugs)

Before turning 19 **EXPERIENCED UNWANTED SEXUAL CONTACT** (such as fondling, molestation, oral/anal/vaginal intercourse)	*Before turning 19* **ADULTS AT HOME HIT, PUNCHED, BEAT OR INJURED ME**
Before turning 19 **WITNESSED MOM OR STEPMOM BEING HIT, KICKED OR PUNCHED** (by father, stepfather, boyfriend)	*Before turning 19* **REJECTED BY FAMILY DUE TO LGBTQ+ IDENTITY**
PLACED IN FOSTER CARE or KINSHIP CARE	*Before turning 19* **UNHOUSED OR HOMELESS**
POOR PHYSICAL HEALTH	**DIAGNOSED WITH MENTAL HEALTH DISORDER**

STARTED USING ALCOHOL, TOBACCO, or OTHER DRUGS (street or prescription)	**SOLD DRUGS**
PREGNANT or PARENTING WHILE UNHOUSED	**ATTEMPTED SUICIDE**
FAILED A CLASS OR REPEATED A GRADE LEVEL	**WENT TO REHAB**
ENROLLED IN SPECIAL EDUCATION	**TRUANCY/ SKIPPED SCHOOL**

DROPPED OUT/ PUSHED OUT OF SCHOOL	**SUSPENDED FROM SCHOOL**
SENT TO PRISON OR JAIL	**WENT TO COURT, ORDERED TO PAY FINES OR FEES**
SERVED IN MILITARY	**SENT TO JUVENILE DETENTION**
WHILE IN A WAR ZONE, EXPERIENCED PHYSICAL or MORAL INJURY	**DEPLOYED TO A WAR ZONE**

SOLD SEX IN ORDER TO MEET BASIC NEEDS WHILE UNHOUSED	**BROKE UP WITH LONG-TIME PARTNER OR GOT DIVORCED**
FIRED FROM JOB or UNABLE TO FIND WORK	**EVICTION, FORECLOSURE, OR REPOSSESSION of CAR or HOME**
RAN FROM VIOLENT RELATIONSHIP	**HAD NO ONE TO COUNT ON**
LOST BELONGINGS TO POLICE	**EXCLUDED FROM HOUSING DUE TO FELONY RECORD OR DRUG USE**

REFUSED OR KICKED OUT OF SERVICES or SHELTER	**TRAFFICKED**
LOST CHILDREN TO DFS or LOST CUSTODY of CHILDREN	**BECAME DISABLED**
DRUG COURT	**RECEIVED SERVICES at RESCUE MISSION**
EXPERIENCED DOMESTIC VIOLENCE	**SEX ADDICTION**

LIVED ON THE STREETS WITH NO FORM OF SHELTER	**LOVED ONE PASSED AWAY**
RECEIVED SUBSIDIZED HOUSING or SECTION 8	

Appendix B: Composite Life Graphs

Composite 1: Sustained, overwhelming risk burden

Participants reporting this pattern experienced significant risk across the lifespan and accruing in multiple domains, including home, school, and relationship. As a result, participants with sustained, overwhelming risk burden have accumulated structural barriers to housing, such as felony records or misdemeanor records involving drugs. These barriers limit housing options and access to public subsidies. Many struggled with relational poverty and problem solving. These individuals need extensive services and would benefit from case management as well as efforts to reduce barriers to housing.

Age 3-4	Age 5	Age 6	Age 8	Age 10	Age 14	Age 16	Age 19	Age 24	Age 28	Age 32	Age 36	Age 39
Adult at home had alcohol or drug problem	Adults at home hit, punched, beat or injured me	Enrolled in special ed	Parents separated or divorced	Suicidal, depressed or mentally ill caregiver	Loved one passed away	Suspended from school	Attempted suicide	Fired from job or unable to find work	Eviction, foreclosed or repo of car	Lost child(ren) to DCF or custody	Received services at rescue mission	Excluded from housing due to felony or drugs
Witnessed mom or stepmom being hit, kicked or punched	Unloved, not wanted, unprotected by family	Adults swore at me, insulted me	Unwanted sexual contact	Alcohol, tobacco or other drugs	Sent to foster care	Diagnosed with mental health disorder	Had no one to count on	Broke up with partner/ divorced	Lived on streets without shelter	Went to court, order to pay fines or fees		
Basic needs not met				Truancy/ skipped school		Dropped out/ pushed out of school		Poor physical health	Sold sex to meet basic needs/ Trafficked	Sent to jail or prison		
									Sold drugs			

Composite 2: Relational poverty

These participants experienced a high level of early risk across multiple domains. What stood out in their stories was the deep aloneness they experienced *from an early age*. Patterns of polyvictimization suggest that they struggled to identify, rebuff, or obtain protection from those who meant them harm. They evidenced a lack of skills for building helpful social networks. As a result, they move from crisis to crisis in "survival mode." They need assistance with problem-solving, recognizing harmful actors, and building healthy relationships.

Age 3-4	Age 5	Age 6	Age 8	Age 12	Age 16	Age 19	Age 25	Age 27	Age 28	Age 30
Basic needs not met	Witnessed DV	Unwanted sexual contact	Placed in foster care or kinship care	Truancy/ skipped school	Diagnosed with mental health disorder	Loved one passed away	Ran from violent relationship	Fired or unable to find work	Lived on streets without shelter	Lost child to CWS or custody
Family member in jail or prison	Suicidal, depressed or mentally ill caregiver	Adults swore at me, insulted me	Enrolled in special education	Started using alcohol, tobacco or other drugs	Suspended from school	Attempted suicide	No one to count on	Broke up with partner/ divorce	Sold sex to meet basic needs/ Trafficked	Sent to jail or prison
					Dropped out/ pushed out of school	Domestic violence				Received services at rescue mission

Composite 3: Collapsing identity

Participants reporting this pattern experienced relatively low risk in childhood. They reached key education milestones, completing high school or higher. They took technical jobs, primarily in natural resources, but due to economic shocks beginning in 2008, lost their careers. With that economic shift, they began to lose their sense of identity. Their substance use took over as their families broke apart, and their homes were repossessed. Most demonstrated a deep need for help in forming coherent individual and shared identity moving forward.

Age 10	Age 12	Age 14	Age 18	Age 31	Age 34	Age 35	Age 37	Age 38	Age 40	Age 43
Parents divorce	Adults swore at me, insulted me	Truancy, skipped school	Alcohol, tobacco or other drug use	Fired or unable to find work	Broke up with long-term partner/ divorce	Eviction, foreclosed or repo	Lived on streets with no form of shelter	Sent to jail or prison	Excluded from housing due to felony	Services at rescue mission
							Lost belongings to police			Poor physical health
							Ordered by court to pay fees or fines			

Composite 4: Health-driven vulnerability

These participants experienced several ACEs as well as school challenges in childhood. Importantly, they had early and frequent health difficulties, including emergence of mental health disorder in adolescence. People in this group reported a diagnosed disability. They were in various stages of seeking Social Security Disability Insurance (SSDI), veterans' or other disability benefits. Those who had completed the relevant benefit claims process had secured subsidized or shared housing. The others remained in shelter care or unhoused on the streets while waiting for resolution of their applications. Most reported loss of a loved one, which meant the loss of practical support for navigating disability and other systems. Individuals facing health-driven vulnerability have a critical need for problem solving and supports in navigating the demands of the service system, such as case management.

Age 3-5	Age 6	Age 7	Age 8	Age 12	Age 13	Age 16	Age 17	Age 26	Age 28	Age 29	Age 32
Adult at home had alcohol or drug problem	Adults swore at me, insulted me	Parents separated or divorced	Did not get medical or medicine when needed	Failed a class or repeated a grade level	Unwanted sexual contact	Diagnosed with mental health disorder	Diagnosed with disability	Loved one passed away	Eviction, foreclosed or repo of car	Received services at rescue mission	Poor physical health
		Homeless as child	Enrolled in special ed	Truancy/ skipped school		Attempted suicide			Fired or unable to find work		

Composite 5: Rebound and rebuild

Participants reporting this pattern described extremely challenging childhood conditions, including early houselessness. Some were unaccompanied and unhoused as teenagers. Most had a tumultuous early adulthood that included further victimization and intergenerational repetition of adversities such as loss of parental rights. Nevertheless, this group presented as currently housed. They described processes, such as getting clean and therapy, that resulted in building life skills, support systems, and community resources. No one said it was easy—they emphasized the need for scaffolding and accountability as well as motivation (such as reunification with children) in stabilizing their lives. This group expressed dreams for the future that included marriage, housing and career.

Age 5	Age 6	Age 7	Age 10	Age 13	Age 16	Age 17	Age 21	Age 27	Age 30	Age 33	Age 37
Adult at home had alcohol or drug problem	Adults swore at me, insulted me	Parents separated or divorced	Homeless as a child	Truancy/ skipped school	Alcohol, tobacco or other drug use	Loved one passed away	Experienced domestic violence	Broke up with long-term partner/ divorce	Lost child(ren) to DCF or custody	Received services at rescue mission	Subsidized housing/Sec 8
Basic needs not met		Unloved, not wanted, unprotected by family		Placed in foster/ kinship care	Failed a class or repeated a grade level				Sent to jail or prison		