Help USA Meyer Men Health Shelter

Nyack College School of Social Work

SWK 628- Social Work Program and Practice Evaluation

Shellyann Rowe

Title Page & Title	I
Table of Contents	Ii
Describing the Program	3
Overview of the Program	3

Program setting & Location	4
Program Logic Model	5
Program Consumers Clients & Patients Served	6
Characteristics of Program Staff	6
Program Cost and Funding	6
Program Goals & Objective	6-8
Purpose of Evaluation & Stakeholder Engagement	8
Purpose of Evaluation	8
Shareholder	8-9
Designing the Evaluation Research Plan	10

Help USA Meyer Men Health Shelter

Research Design	10
Data Collection Procedures	10-11
Data Collection Instrument (Measurement)	11-12
Sampling Plan	12
Data Analysis	12
Qualitative Data	12
Qualitative Data	12-13
References	14

Describing the Program

Overview of the program

Substance abuse is ordinarily outlined as the use of illegal drugs or misuse of prescribed drugs. If a person systematically abuses a drug for a period of time, they will become physically dependent. A substance-dependent person must have a special dose or absorption of the substance in his or her bloodstream at any given instant to deflect the unpleasant symptoms associated with withdrawal from that substance. This amount of the dosage increment as the person becomes tolerant of the substance; as his or her body acquires to the substance's presence, higher amounts are needed to produce the same effects. If the substance-dependent person unexpectedly stops using the substance, their body will react by overcompensating for the

substance's absence. Functions slowed by the abused substance will be suddenly sped up, while previously stimulated functions will be suddenly slowed. This results in several discomfort effects, known as "withdrawal symptoms." Withdrawal symptoms vary with the substance, but common symptoms include increased heart rate, tremor, insomnia, fatigue, and irritability. The different types of mental disorders are Anxiety, Attention deficit hyperactivity disorder (ADHD), Autism, Anorexia nervosa, Personality disorders, and Schizophrenia. Mental disorders are usual in the United States, and in a given year, approximately one-quarter of adults are diagnosable for one or more disorders. Mental disorders are also common among U.S. children and can be peculiarly unmanageable for themselves and their caregivers. While mental disorders are widely circulated in the population, the primary effect of illness is a focus among a much smaller ratio of about six percent, or one in 17, who sustain from a seriously devitalizing mental illness Research on psychiatric epidemiology shows that mental disorders are common throughout the United States, affecting tens of millions of people each year and that only a fraction of those affected result in treatment.

This program gear to focus on people with drug addictive problems and mental disorders. All participants in this treatment plan will be empower, throughout their treatment plan. This qualitative study reviewed documents and conducted focus groups with clients and staff of a public psychiatric hospital to identify barriers to empowerment and the conditions that must be present for client empowerment to occur through treatment planning. The conditions for empowerment were based on both psychological and organizational factors. For empowerment to occur, clients need psychiatric stability and decision-making skills. Organizations promote empowerment by ensuring that clinical staff have the time to involve clients in treatment planning, promoting staff attitudes that are polite to each of the clients' ability to participate in

treatment planning, providing clients with a range of treatment options, designing programs that have a strong philosophical commitment to client empowerment, and implementing programs properly.

The program concentration on motivating people with severe mental illness can admit clients in self-empowerment groups or individuals. The program will be consumer-run programs, performing on planning committees, such as advisory boards or consumer councils in the mental health organizations. Tributary to the program evaluation efforts. All Participation in treatment planning also can be empowering. This program will help people with mental illness to select their own goals or objective. The program treatments and activities process will best support the desire goals the participant as chosen for themselves. Every Choice they made is now considered a fundamental asset for the recovery process for this group or individual success. My program believes that people with severe mental illness can actively participate in designing their own treatment plans, are more likely to have an improved self-image, be fulfilled with the services they receive, and reach their treatment goals.

Program setting & Location

The program w has Safety Monitors, a director, a manager, an information specialist, a Drug rehabilitation specialist, Social Worker, Client Social Worker, Case Manager, a Housing Specialist, administration assistant and Clinical Medical Health Clinic. The program is geared to help people in New York City, New York State, Newark New Jersey, Philadelphia Pennsylvania, Washington, D.C. Metro Area and Las Vegas, Nevada. There is an onsite State police officer at each site because most the clients are coming out of prison and from the rehabilitation center. All clients are expected to show some forms of improvement within six months to one year. after a

year, the housing specialist will start preparing each client so they can live independently. 111 Sunken Garden Loop, New York, NY 10035 hours Mondays, Tuesdays, Wednesdays, Thursdays, and Fridays between 9 am to 5 pm. The faculties staff are multicultural to assist our diverse client's participant better.

Program Logic Model

Help USA Meyer Men Health Shelter

Program Input	**Program Activities**	**Outputs**	**Short-Term Outcome**	**Intermediate Outcomes**	**Long-Term Outcomes**
15 Safety Monitors 5 Social Worker 3 Clinical Social Workers 7 Case Workers 6 Housing Specialist 3 Clinical Medical Health Clinic 4 Nurses Practitioners 1Program Director	Health Education Addiction Counseling Substance Abuse Counseling Prescription Assistance HIV Screening. Psycho- Education	Client Focus group and individual Therapy Job Counseling Domestic Violence The program as provide services to homeless men who would otherwise not qualify for funded services because they are either too old or too young	Client will meet Twice a month for observation on Improvement in behavioral Change in decreasing the drug uses and mental disorder problems. Progress toward the goals plan by client. Assess client to see if the Medication is working.	A reduction in the quantity and frequency of the substance usage by being consistent in group therapy Decreasing on the way to abstinence. overall mental and emotional well-being of the client	Client is completely clean from the substance Continue CBT Therapy Working in a permanent Job

Program Consumers Client & Patients Served

The program has served a multi-cultural population of homeless men of all ages. We have served all ethnicity. The background of client involvement in this public mental health programs will be efficient in empowering each client. We are nonjudgmental in our assessment. This program has providers who can manage a client-driven environment effective staff participation in the design and implementation of each client. We are a driven program with clinicians that are sensitive, attentive to dynamics, and innovative strategizing necessary in a psychotherapeutic relationship. We aim to have an overall positive report on the social environment of the shelter. With less favorable perceptions of the social environment of the shelter. The program has funded through insurance and sponsorship for a different organization.

Characteristics of Program Staff

The Mental Disorder & Substance Abuse program for homeless men who have a drug addiction and mental illness is proud to work with a powerful team of motivated individuals whose aim is to run a successful program that will bring changes to the clients' lives have encountered. The magnificent team is consist of Mrs. James Thomas, license clinical social worker (CSW), Mr. William Peter, license clinical social worker (CSW), Suzanne Rose (NP), Margret Cain (NP), Brenda Charles (housing Specialist), Tommy Pear (Housing Specialist), Nickie Barber (case manager), Peter Web (case manager), Melvin Kimberly (case manager), Dr. Paul Jackson (mental health), Stacy Smith our program director, founder Shellyann Rowe and co-founder Isaiah Rowe. This team of staff is the backbone of the success of the men shelter. We collaborate to ensure that all of our clients reach success in achieving their goals.

Program Cost and Funding

This program is funded by BNY Mellon, French Toast, NYC Covid-19 Response and impact fund in the New York Community trust, capital one foundation, Robin Hood, Alexander Cohen Foundation, Walmart Foundation, the George link foundation and many more. I am an intern, so I do not have information on programs cost.

Program Goals and Objectives

The program goals and objective are to help the homeless population to get housing, a place to eat and sleep, their focus is to help building a better life for their clients get the clinic treatment they need. Objective#1: The treatment is designed to lessen the symptoms of the clients

Objective #2: and give an adverse effect of the illness and maximize the improvement on their wellness and promote advance recovery

Objective #3: NYC Elmhurst Hospital Clinic Treatment program on site provide the following services assessment, crisis intervention, and psychiatric evaluation, psychotropic medication, psychotropic treatment, psychotherapy services, and family collateral psychotropic and an interactive atmosphere.

Objective #4: provide safe affordable apartment for people who are low-income or none who have experience homelessness

Objective #5: help client to receive homelessness prevention services, Job training, Youth enrichment, and trauma Counseling.

Purpose of Evaluation & Stakeholder Engagement

Purpose of Evaluation

The purpose of the shelter and evaluation is to help men who was incarcerated and got a sudden eviction notice. To empower them to believing in themselves. The shelter evaluates these men who have serious or mild mental disorder and provide them with the necessary help they need to reach a healthy place of functioning in their lives and society. Help USA provides care for men in all walks of life no matter their conviction they are provided with a multidisciplinary approach of care both long-term and short-term outcome.

Hypothesis 1: the program treatment plan will provide services that will decrease the homeless rate and drug usage within the communities it serves. The program will engage the program directors and other caretaker in learning and developing new ideas to the benefits each client advance recovery. The program conducts monthly meetings and assessments to maintain and quantitative result and positive outcome for each recipient.

Stakeholder Engagement

Better Mortgage raise awareness for HELP USA and engage employees their mission through their online giving campaign with a personalize website design just for the company. Payroll deduction and Employer Matching makes impact easy for employees by allowing them to contribute a portion of their pre-tax wages to HELP USA or my matching their charitable contributions each year. The Home Depot Corporate Foundation Support provides support to individual experiencing homelessness as part of their annual giving portfolio.

Research Design

As an intern I was given the liberty to sit in some of the psychosocial Evaluation and do Observation Assessment in which I observe that most of the client upon entering the program was diagnose with Substance-related disorders. Disorders related to alcohol and drug use, abuse, dependence, and withdrawal. Schizophrenia and other psychotic disorders. These include the schizoid disorders (schizophrenia, schizophrenic form, and schizoaffective disorder), delusional disorder, and psychotic disorders. Mood Disorder Affective disorders such as depression (major, dysthymic) and bipolar disorders. Anxiety disorders. Disorders in which a certain situation or place triggers excessive fear and/or anxiety symptoms (e.g., dizziness, racing heart), such as panic disorder, agoraphobia, social phobia, obsessive-compulsive disorder, post-traumatic stress disorder, and generalized anxiety disorders. Somatoform disorders. Somatoform disorders involve clinically significant physical symptoms that cannot be explained by a medical condition (e.g., somatization disorder, conversion disorder, pain disorder, hypochondriasis, and body dysmorphic disorder). Factitious disorders. Disorders in which an individual creates and complains of symptoms of a nonexistent illness in order to assume the role of a patient (or sick role). Sexual and gender identity disorders. Disorders of sexual desire, arousal, and performance. It should be noted that the categorization of gender identity disorder as a mental illness has been a point of some contention among mental health professionals. Eating Disorder Anorexia and bulimia nervosa. Adjustment disorders. Adjustment disorders involve an excessive emotional or behavioral reaction to a stressful event. Personality Disorder Maladjustments of personality, including paranoid, schizoid, schizotypal, antisocial, borderline, histrionic, narcissistic, avoidant, dependent, and obsessive-compulsive personality disorders (the latter not to be confused with the anxiety disorder OCD). Disorders usually first diagnosed in infancy, childhood, or adolescence.

Some learning and developmental disorders (e.g., ADHD) may be partially psychosocial in nature.

Data Collection Procedures

HELP USA goal in collecting information is to provide you with an efficient experience that addresses your needs and is responsible with your concerns. In general, our registration forms require users to give us contact information, including name, email address, format preference, address, interests and similar information. We seek such information to facilitate your donations and communicate with you about them. In addition, we may use such information to improve marketing and promotional efforts as well as to improve our Site's services. We do not request and store sensitive information such as credit card and social security numbers from our visitors. Unless you specify that your gift be anonymous or name not be listed, we may list the names of the donors who give $1,000 or more in recognition of their generosity to our cause.

IP Address

They automatically collect an IP address from all our visitors to our site. An IP address is a number that is assigned to your computer when you use the internet. We use IP addresses to help diagnose problems with our server, administer our site, track a user's movement and analyze interests and behavior to better understand and serve you. We use such date only in the aggregate. The IP address is not linked to any personally identifiable information.

Cookies

Their Site may use "cookies" which are small files placed on your hard drive to enhance your experience while on our Site. Cookies are pieces of information that each website can send to the computer that is browsing that website and are used for record keeping at many websites.

You can configure your browser to accept all cookies, reject all or tell you when a cookie is set. You are always free to decline our cookies though it is possible some areas of our site will not function properly because of this.

Security

The security of your transactions is important to us and because of this we use up to date industry practices to safeguard your account information. We use high-grade encryption measures which secures and guards against interception of the credit card information you give us. We also employ several security tools to protect your personal information from unauthorized access from those within and outside of the organization. However, no data transmission is "totally" or 100% secure over the internet. While we will strive to protect your information, we cannot guarantee or warrant that it will remain private.

Sharing and Usage

They will never share, sell or rent individual personal information with anyone without your permission or unless ordered by the government under certain circumstances. Information submitted to us is only available to employees managing this information for purposes of contacting you or sending you emails based on your request for information and to contracted service providers for the purposes of providing services relating to our communications with you. If a user chooses to use our referral service for informing a friend about our site, we will ask for the friend's name and email address. That friend will then be sent one email inviting them to visit our Site. HELP stores this information solely for this one-time email.

Data Collection Instrument (Measurement)

Information rating will be for Substance abuse user, reduction ratings, Mental disorders, control and decrease ratings and Sex offenders, regular formative assessment ratings.; Hanson Homelessness, decreasing rating. History of mental disorders were derived from responses to the question asking, "Has a professional ever diagnosed you with any of the following conditions?" Participants were asked to check all responses that applied, including anxiety disorder, bipolar disorder, insomnia or other sleep disorder, post-traumatic stress disorder (PTSD), substance abuse or addiction (alcohol), substance abuse or addiction (other drugs), depression, and other mental disorders. In this study, such drug or alcohol addiction/dependency and/or psychiatric/psychological disorders are broadly called mental disorders. For the purpose of this study, responses were aggregated into the following five mutually exclusive categories, referred to as mental disorder categories for this study: 1) COD, defined as prior diagnosis of at least one alcohol or other drug use disorder and at least one non-drug related mental disorder; 2) One non-drug related mental disorder, defined as prior diagnosis of one non-drug related mental disorder with no alcohol or other drug use disorder; 3) Two or more non-drug related mental disorders, defined as prior diagnosis of two or more non-drug related mental disorders with no alcohol or other drug use disorder; 4) Alcohol or other drug use disorder, defined as prior diagnosis of an alcohol and/or other drug use disorder with no non-drug related mental disorder; and 5) No mental disorder, defined as no prior diagnosis of alcohol or other drug use disorder nor non-drug related mental disorder.

Sampling

The fundamental make-up of the client population of homeless shelters has changed over time. While both families and unaccompanied men are increasing among the sheltered homeless, families are increasing more rapidly. This was first observed nationally in the 1984 Survey, and is continuing. Although still nationally the largest group of clients, unaccompanied men no longer represent the majority of the sheltered homeless. This situation represents a new chapter in the evolution of homeless shelters in the United States, which historically have been associated with skid-row mission-type operations that sought to care for mostly middle-aged men, troubled by alcoholism and mental illness. While patterns of shelter use have significantly changed, unaccompanied men still constitute a major part of the homeless shelter population. In absolute numbers, there were, in 1988, an estimated 70,000 unaccompanied men in home less shelters on an average night in jurisdictions with 25,000 or more population. They are still the largest client group in the South, as well as in both medium size (52 percent) and small (45 percent) localities. In addition, two-out-of-five homeless shelters are still primarily devoted to their care, and they also repre sent over one-third of the clientele of "other" shelters. Hence, although they are a somewhat smaller proportion of the sheltered homeless population than in past years, they are still major consumers of homeless shelter care.

Data Analysis

Quantitative Data

Reference

Basavanthappa B. (2007). Substance Abuse Related Disorders. *Psychiatric Mental Health Nursing, 541-541*.

Bellenir, Karen. Mental Health Statistic (2012).

Ding, K. Slate, M, & Yang J. (2002). History of co-occuring disorders and current mental Health status among homelessness veterns *Bmc Public Health,*18(1)

Paula Ann Ford-Martin (2017) Psychosocial Disorder.pg3629

Hartmar,C.(2017). Tesimony on A Report to the secretary on The Homeless and Emergency Shelters. *Housing The Homeless,* 150-155