

Help USA Meyer Men Health Shelter

Nyack College School of Social Work

SWK 628- Social Work Program and Practice Evaluation

Shellyann Rowe

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Describing the Program

Overview of the program

Help USA- Meyers Mental Health Shelter program gear focuses on people with drug addiction problems and mental disorders. The mission statement is to support the client to have a place to call home. We will provide shelter to meet people's urgent needs and the help they need for themselves, their families, and their communities to be practical. We imagine a world where secure and affordable housing is a point of departure for everyone because housing is the cornerstone from which people can create better lives. The program will reduce the symptoms and adverse effects of the disease, improve wellbeing, and facilitate healing; the professional care program will include care. The adult professional recovery program will offer the following services: outreach, initial evaluation (including health screening), psychiatric assessment, crisis intervention, administration of injectable psychotropic medication (for adult clinics), recovery of psychotropic medication, psychotherapy services, family/collateral psychotherapy, community psychotherapy, and complex management of care It is also possible to provide the following optional services: developmental testing, psychological testing, physical wellbeing, health monitoring, and clinical consultation. (NYC-HHC Elmhurst Hospital Center). Help USA- Meyers Mental Health shelter was created by now-Governor Andrew Cuomo in 1986 to resolve the country's growing homelessness problem. With the USA's support, the future is characterized by great anticipation of mixed-use developments, incorporating residential, commercial, and public space to facilitate social interaction. To help the family unit, employment programs, subsidized housing, and family centers which would break the cycle of dependence

And use the homeless to regain their lives. We have grown to become a national pioneer in the fight against homelessness from our beginning as a shelter for Brooklyn families.

Today, we serve individuals of all backgrounds, including families, people, veterans, domestic violence survivors, people with disabilities and health issues, and seniors. To create healthier lives, we have helped over 500,000 people facing homelessness and poverty.

The program will increase concentration on motivating people's mental illness; it will 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. 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 has chosen for themselves. Every Choice they made is now considered a fundamental asset for the recovery process for this group or individual success. Meyers Mental Health Shelter program believes that people with severe mental illness can actively participate in designing their treatment plans, are more likely to have an improved self-image, be fulfilled with the services they receive, and reach their treatment goals.

The program will prescribe exercise plans have emerged as effective stand-alone and adjunctive therapies to combat symptoms in patients dealing with psychological conditions such as depression, anxiety, and psychotic disorders. (Hearon, B.A., Beard, C., Kopeski, L. M., Smiths, J. A., Otto, M. W., & Bjorgvinsson, T. p. 108-115, 2017).

On average, it seems that people with severe mental disorders die earlier than the general population. A 10-25-year reduction of life expectancy occurs in patients with extreme psychiatric conditions. For most of these deaths, chronic physical illnesses such as cardiovascular, respiratory, and infectious conditions, diabetes, and hypertension are responsible.

Suicide is another serious cause of death. The mortality rate is 2 to 2.5 times higher than the death rate. In people with schizophrenia, compared with the general population. There are high mortality rates for people with bipolar mood disorders that range from 35 percent higher than the general population to twice as high. Depression is associated with a risk of dying that is 1.8 times greater. People with significant mental disabilities do not receive the same physical health treatment as the general population.

Program setting & Location

Help USA- Meyers Mental Health Shelter program have 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 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 1 Program Director	Health Education Addiction Counseling Substance Abuse Counseling Prescription Assistance HIV Screening. Psycho- Education	30 Clients participating in Health Education once a month 40 Clients get HIV screening done within one month of the starting date 40 Client will meet twice a month for observation on improvement in behavioral change in regard to drug uses, medication compliance and mental disorder problems.	Increase Clients awareness of how to be healthy Increase Clients motivation to stop using substance, comply with medication and prevent from mental illness problem	Increase health behaviors (healthy nutrition, exercise routine, use safe sex strategies, etc.) Comply with medication and stop using substance and use coping skills when having mental health problems. Decrease in frequency of substance use (change in behavior or action)	Improve health outcomes (Health related quality of life) Improve mental health outcomes Improve living conditions and quality of life Maintain working permanent job

Program Consumers Client & Patients Served

Mental Disorder & Substance Abuse

At the Meyers Mental Health Shelter, clients and patients who will be served are adult men with severe mental health problems such as schizophrenia (65%), schizoaffective (55%) and posttraumatic stress disorder(45%), bipolar disorder(36%), anxiety disorder (68%), destructive, impulsive (35%) control and behavioral disorders(47%), substance-base and addictive disorders and other based mental disorders. We aim to have an overall positive report on the shelter's social environment, With less favorable perceptions of the social environment of the shelter. The program has funded through insurance and sponsorship for a different organization. (Phalen, P. L., Muralidharan, A., Travaglini, L., Bennett, M., Stahl, N., Brown, C., Goldberg, R. p.149-155, 2020).

Characteristics of Program Staff

The Mental Disorder & Substance Abuse Meyers Mental Health Shelter will be for homeless men who have a drug addiction. 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

Meyers Mental Health Shelter program cost will be an estimated 73,000 to provide emergency shelter to families and about 38,000 to provide emergency for single-family. Funds will be altered base on the client's length of staying. BNY Mellon funds this program, 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 program costs.

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.

Goal 1: Improvement of clients' mental health outcomes

Objective#1: clients will participate in prescription assistance twice a month to comply with medication.

Objective#2: Clients will attend substance use counseling to discuss triggers and obstacles for substance abuse and learn how to maintain substance-free life.

Objective#3: Clients will attend psychoeducation to learn about mental disorder and improve their mental health.

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

Help USA provides care for men in all walks of life no matter their conviction they are provided with a multidisciplinary approach of care to clients for better mental health and mental health outcomes, examples, improving their knowledge on mental illness and importance of substance-free life. Help USA will improve the program effectiveness and report the results to stakeholders.

Therefore, the goal of this evaluation is to find out if Meyers Men Mental Shelter is sufficient to assess the efficacy of programs based on the intent of the outcome evaluation. The result assessment is to enhance the quality of life of clients' wellbeing, their health habits such as diet, exercise schedule, use safe sex, etc. comply with medications and avoid using drugs and use coping mechanisms when mental health issues arise, decrease in regular drug abuse, increase clients understanding of how to stay healthy and keep working permanently.

The following research question will be tested through this evaluation: Does participation in Meyers Mental Health Shelter program improve mental health outcomes of people with mental illness?

Hypothesis 1: If people with mental illness participate in services provided by Help USA mental health program (i.e., substance abuse, counseling, coping mechanism when mental health issues arise, decrease in regular drug abuse, increase clients understanding of how to stay healthy and keep working permanently etc.), they will improve their mental health.

Stakeholder Engagement

The primary group of major stakeholders are administrators who prepares monthly, quarterly, and annual program reports oversee the funder information system; the Program Director provides for the day to day administration, program development and clinical operations for the adult men in the Emergency Shelter and the consumers are homeless men of all ages and ethnicity and consumer are also the family members, the clients are men with mental disorder, the patients are schizophrenia disorder, bipolar disorder, depressions order, anxiety order, posttraumatic stress disorder, destructive impulsive control and behavioral disorders, substance base control and behavioral disorders. Secondary group of major stakeholders are governmental agencies funding in the Meyers Mental Health shelter, is the U.S. Department of Housing and Urban Development (HUD) began promoting homeless assistance networks called Continuums of Care (CoCs), and New York State's Homeless Housing and Assistance Program providing up to \$128 million in capital funding for projects that propose to build supportive housing units or to repair emergency shelters. The local private agencies and foundations involved with the

programs are Home Depot Corporate Foundation Support, Better Mortgage raise awareness, the minor stakeholders are the general public, National and local agencies are The Salvation Armies, Feeding America, Covenant House, Coalition for Homeless. Expert and scholars in the program area are Michael J. Smith; Ultimately, counseling is about showing you how to reach your own inner reserves of power, trust and wisdom, David A. Shapiro; Psychiatrists diagnose and treat mental illness, including such depression, anxiety disorders, substance abuse, and schizophrenia. The majority of psychiatrists rely on a combination of medications and psychotherapy. Steven K. Jones, Christopher M. Federico.(Smith, M. J. p.68.2010).

Research Design

At Meyers Mental Health Shelter, the study design that we will use here is the Pre-Post Design that is focused on facts known at intake. The pre-post design method considered What works and what does not, who improves and who does not, by virtue of care. A more relevant question to pose is "What works for whom, under what circumstances, and for how long?" The rule rather than the exception is differential findings among classes of people accessing behavioral health care services. The results for client groups need to be tailored in terms of features that moderate the likelihood of adverse results, regardless of the care obtained. (Lambert, E. W., Doucette, A., & Bickman, L. 2001).

Data Collection Procedures

The data collection procedure will involve a retrospective examination of closed case reports for clients in the shelters from the opening of the Meyers Mental Health Shelter from

September 1, 2020 to June 1, 2022 and for the general shelter from June 1, 2021 to June 1, 2022.

There are no basic distinctions between age groups, homelessness period, years of education, years of work experience, veteran status, marital status, and psychiatric diagnosis; mental conditions would be recognized for all clients. Homelessness remains a pressing and complicate social question. The National Homelessness and Poverty Law Center reports that over 3 million men, women, and children have been homeless during the past year. Demand for shelter rose by 11% in 1995. According to a December 2003 survey conducted by the U.S. The demand for shelter increased by 13 percent at the Mayors' Conference on hunger and homelessness, and this demand is still growing. About 33% of homeless men are veterans, while veterans make up just 23% of the adult male population in total. The National Alliance for Homeless Veterans reports that 299,321 veterans are homeless on any given night. Our knowledge of the diversity of the homeless community and their care needs, despite these numbers, is inadequate and their treatment services appear to be meager and insufficient. A number of medical conditions (Institute of Medicine), crime (both as victims and perpetrators), alcohol and substance use, and mental illness are manifested by homeless people. Substance abuse has been reported to be the most prevalent of these concerns. (Skinner, D. C. p. 483-497, 2005).

Data Collection Instrument (Measurement)

circle which one of these questions relates to you.

1. How happy, fulfilled, or pleased have you been over the past month with your personal life?
 - All of the time
 - Most of the time

Mental Disorder & Substance Abuse

- A good bit of the time
 - Some of the time
 - A little of the time
 - None of the time
2. How much has feeling depressed interfered with what you normally do over the past month?
- All of the time
 - Most of the time
 - A good bit of the time
 - Some of the time
 - A little of the time
 - None of the time
3. How much of the time has it been difficult for you to reason and solve problems over the last month; for example, making plans, making choices, learning new things?
- All of the time
 - Most of the time
 - A good bit of the time
 - Some of the time
 - A little of the time
 - None of the time
4. How much over the past month have you felt like crying?
- Always
 - Very often
 - Fairly often
 - Sometimes
 - Almost never
 - Never

Sampling

The population for this study here at Meyers Mental Health Shelter will be homeless males who have co-occurring disorders (CODs) of substance abuse dependence and mental illness. Homeless was defined as the condition of being without a home. The population ethnicity will be multicultural. Client from the shelter will be placed in housing or discharged between a year or two years of being in the shelter. The homeless population will be observed by their days of psychiatric hospitalizations, time in shelters, positive discharge from the shelter, medication compliance, housing placement within the first year, and appropriateness of housing placement relative to level of functioning.

Data Analysis

The Analysis is on the shelter community onsite, in New York City at Meyers Mental Health Shelter. The focus is on severe mental illnesses such as schizophrenia and other psychotic disorder. The data analysis trial is designed to prevent the recurrent of homeless among men with mental disorders. There will be an 18 months observation period to identify several temporal effects. The intervention will be in group therapeutic session, which will cover the probability of homelessness among different age groups. The data analysis will observe the demographics, the economical background, education, and family history. analysis of this study showed that homelessness varied across individuals; survival analysis showed that homelessness changed over time for the population. Taken together, these suggest that individuals differed in their temporal patterns of homelessness.

Data analysis on Mental illness & Substance Use

On a given January 2010

- 26.2% of all homeless sheltered people had a significant mental disorder. (Sagert, K. B.)
- 34.7 percent of all homeless sheltered adults have chronic drug use disorders. (Sagert, K. B.)
- 62 percent of all shelter people were male between 2009-2010 (Sagert, K. B.)

On a given January 2010

- 109,812 people were chronically homeless (Sagert, K. B.)
- 56.6% of Black / African American citizens Hispanic / Latino 28.7 percent (Sagert, K. B.)
- In New York City, 92.9% were black and 82.3% were men. (Sagert, K. B.)
- 92.9 percent were black in Philadelphia and 71.1 percent were male. (Sagert, K. B.)
- Around 50 percent of those participating in services combating chronic homelessness are African. (Sagert, K. B.)

Qualitative Data

Homeless Qualitative Data analysis at Meyers has examined optimism and hopelessness, crime and prison interactions, coping methods, and substance usage among men who have mental illnesses; the interviews are in a single adult shelter, qualitative evidence for homeless persons is available, and the lost identity is explored. Participants will be adult men who are not age-specific; 100% will have been lost before life experiences. Second,

participants presented their past selves and the lack of identity due to no permanent residence and a persistent connection to their homelessness life. The Present Self's second theme focused on its current condition. As honest, kind, caring, moral, polite, trustworthy, hard-working, resourceful, independent, generous, proud, and survivors, the participants identified themselves. The Devalued Self was the third theme. Their social discomfort and stigma due to homelessness were the subject of this theme. Marginality, mental disorder issues, substance abuse violence, and histories of violence were significant to the participants' lives. Participants also identified problems with social isolation and alienation. (Liu, W. M., Stinson, R., Hernandez, J., Shepard, S., & Haag, S. 2009).

The fourth theme was a coping strategy that discriminated against people who are homeless and the participants. The fifth event was to receive care; to be accepted as an individual; to receive tailored services in social service environments; to be part of a family or group; to have access to the resources available to meet essential needs (e.g., food, housing, clothes, medical); to have access to resources to feel self-sufficient; to have cultural opportunities (e.g., access to plays, movies, sporting events). Those who felt validated appeared to feel self-worth and to better themselves with encouragement. The writers also found eight conditions that violated integrity. The sixth was not treated as a person, human, or adult; poor service received; unequal treatment-experienced; Harassment by service providers, police, or hospital employees; feeling that others did not care; living in an atmosphere that had unfair or unreasonable rules; insufficient resources to meet basic needs, associate with others who acted poorly, and have a filthy or inadequate atmosphere, such as a shelter. Lack of self-worth, frustration, and depression research indicates that service providers' insufficient care may thwart or delay a person's self-

efficacy and his or her recovery process from homelessness as a result of feeling violated.

Furthermore, the study shows that while there were material factors. (e.g., food) associated with rehabilitation, there were also critical interpersonal problems that required attention. (Liu, W. M., Stinson, R., Hernandez, J., Shepard, S., & Haag, S. 2009).

Qualitative Research shows homeless individuals face that stigma, marginalization, and problems with their identity. Research also suggests that men differ in coping and survival strategies. And whereas the new one is the Research is sufficient to explore and illuminate the broad experiences of homelessness, and the interdependent roles of gender, especially masculinity and social class, have not been investigated by researchers. In their sense of masculinity, psychologists need to consider how homeless people build, preserve, and regain masculinity and the position that these men assume social class plays. (Liu, W. M., Stinson, R., Hernandez, J., Shepard, S., & Haag, S. 2009).

Quantitative Data

Quantitative studies on family homelessness have answered the issue of why individual families become homeless. But it has not been well discussed that some homeless families return the shelter to replicate their homelessness. This study aims to provide a detailed insight into the dynamics of homeless families by defining the physical, social, and economic features of a homeless family that influence the probability of their decision to remain, leave, and return to the shelter. Kaplan-Meier estimates of survival times and Cox Proportional Hazard regression analysis were used to analyze the relationships of variables with shelter exit and produce. This research uses a collection of 2348 historical records recorded in the Homeless Management Information System (HMIS) database for 1462 homeless families between January 1, 2015, and

December 31, 2017. The findings suggest that socioeconomic factors such as subsidized housing program participation play a significant role during a homeless episode and previous wages.

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