Behavioral Health Services for Homeless Youth (BHHY)

Presentation to The Youth Committee of the
Interagency Council on Homelessness
August 22, 2019
441 4th Street NW, WDC 20001

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SAMHSA Grant for the Benefit of Homeless Individuals (GBHI)

The purpose of this program is to support the development and/or expansion of local implementation of a community infrastructure by integrating critical services for youth and families experiencing homelessness using:

- Behavioral Health Treatment
- Services for Substance Use Disorders
- Co-Occurring Mental Health and Substance Use Disorders
- Permanent Housing

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Behavioral Health
Services for Homeless Youth (BHHY)

▸ Five Year Grant Period: November 30, 2018 to November 29, 2023
▸ Target Population: Youth ages 17-24 who are experiencing homelessness and living with substance use, mental health, or co-occurring disorders
▸ Target Number Served: 40 youth per year for total of 200 youth over 5 year period
▸ Length of Treatment: Six months

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LAYC BHHY Team

▸ Elizabeth Mohler, Project Director and Clinical Supervisor
▸ Tyvon Hewitt, Outreach Worker/Case Manager
▸ Dora Guevara, Substance Use Disorders Treatment Counselor
▸ Charley Goldman, Mental Health Treatment Counselor
▸ Monica Morales, Program Coordinator

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BHHY Goals and Measurable Objectives

Short-term Outcomes:
- Learn about substances/impact on health
- Improve problem solving/coping skills
- Improve communication skills
- Learn to identify triggers
- Learn to regulate emotions
- Better equipped to handle crisis situations
- Learn life skills
- Learn about available community resources

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BHHY Goals and Measurable Objectives

Intermediary Outcomes:
- Decreases or abstains from substance use
- Emotional status improves
- Behavior improves
- Improves the ability to build and sustain healthy relationships
- Symptoms subside
- Utilizes community resources

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BHHY Goals and Measurable Objectives

Long-term Outcomes:
- Maintains a sustained decrease or abstinence from substance
- Improves overall functioning

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BHHY Goals and Measurable Objectives

Measurable Objectives:
- Youth will maintain a 65% attendance rate for individual counseling sessions
- Parent/caring adult will maintain a 65% attendance rate for appropriate counseling sessions
- 50% of youth will successfully complete the program by meeting their treatment goals
- 60% of youth will maintain functioning at six-month follow-up
- 50% of youth receiving SUD treatment will maintain abstinence or reduction from substance use at six-month follow-up

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BHHY Treatment Approaches

- Evidence Based Practices (EBPs): Motivational Interviewing, Trauma Focused – Cognitive Behavioral Therapy, Adolescent Community Reinforcement Approach
- Case Management: linkage to community resources, psycho-education, advocacy
- Life-Skills Groups: money management, time management, communication and healthy relationships
- Referrals to drug testing for youth

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Demographics of BHHY clients served to date

- Number of clients served: 17

- Age range 18-24

- 53% black
- 35% white
- 12% multiracial

- 58% identified as male
- 34% identified as female
- 8 % identified as gender non-binary

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Demographics of BHHY clients served to date

Housing Status:
- 35% living in a shelter
- 35% couch surfing with family or friends
- 18% living in a housing program
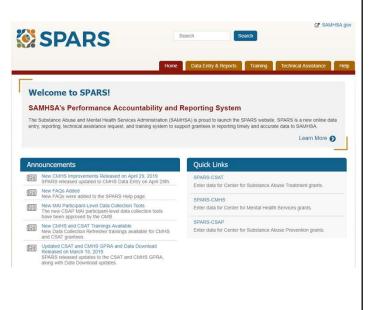- 12% living on the street or without consistent shelter

Substances Used:
- 76% use cannabis
- 65% use alcohol
- 12% use other substances (including opiates and hallucinogens)

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GPRA Tool

- Primary tool to assess indicators of abstinence from substance use, housing status, employment status, criminal justice system involvement, access to services, retention in services, and social connectedness
- Administered by counselor
- Entered into SPARS database
- Three periods of data collection: baseline, 6 month, and discharge

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Supplementary Performance Measures

- ‣ Enrollment, demographics, and discharge data
- ‣ Counseling and case management attendance, parent engagement, referrals, modalities used
- ‣ Collected in ETO by all staff as applicable as youth enroll into the program and receive services

eto

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Data Quality Assurance

- ‣ Evaluation team and program staff review data for completeness and accuracy on a quarterly basis and allow time for correction (SPARS and ETO data)
- ‣ In cases where the participant drops out of the program or is unavailable for a final session, counselor will attempt the contact the client for GPRA

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Focus Groups and Interviews

- One-on-one program staff interviews 6 months after implementation
- Steering Committee focus group every 12 months

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Data Analysis – Quantitative

Evaluation Question	Data Collection Instrument	Data Analysis
How did dosage, modality, or staff member affect the achieved outcomes?	Mental Health attendance and case notes and GPRA	Descriptive statistics and regression analysis
How did the achieved outcomes differ across client or caregiver individual factors?	GPRA	Descriptive statistics and regression analysis
How sustainable were the results over time?	GPRA	Descriptive statistics and regression analysis

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Data Analysis – Qualitative

Evaluation Question	Data Collection Instrument	Data Analysis
To what extent has the program met its goals and objectives? Have any modifications been made to the program?	One-on-one program staff interviews	Coding and thematic analysis
Were there any barriers to program implementation? What efforts were made to overcome barriers? How different was the program implemented from the original plan? What adjustments were made to the original plan? What were the reasons for the changes?	Steering Committee focus group	Coding and thematic analysis

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Reporting and Quality Improvement

▸ Yearly report to SAMHSA will include results of quantitative and qualitative analyses

▸ Six-month qualitative report from one-on-one interviews

▸ Bi-annual meetings to discuss to discuss performance measures, meetings will discuss findings from most recent annual assessment if applicable during time of year

▸ Discuss successes and barriers

▸ Opportunity for course correction and program modification

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Questions? For more information about BHHY or to make a referral contact bhreferrals@layc-dc.org

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