



## BEAVER COUNTY OFFICE OF BEHAVIORAL HEALTH and DEVELOPMENTAL SERVICES

### 2019 ANNUAL EVALUTION REPORT

Greetings!

We are in the midst of unprecedented times, working together to fight COVID-19 while keeping in mind both our own families and the vulnerable families and individuals that we work with. Beaver County's COVID-19 rate is lower than many other Counties in Pennsylvania, so Good Job and please continue to maintain social distancing and safe practices!

I am happy to bring you some positive and encouraging news during this difficult time. This first annual evaluation report shows some of the successes we have experienced this past year. It focuses on the outcomes of four county grants that demonstrate the effectiveness of our human services.

The grants, funded by multiple sources, include three funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). They are the ***Housing Opportunities Managed with Evidence-based Services (HOMES)*** and two Criminal Justice System Collaboration Projects: ***Collaborative Options Utilizing Re-entry, Treatment, and Supports (COURTS)*** and ***Magisterial Court Diversion (MCD)***. ***“Let Us Know”***, a grant funded by the Bureau of Justice Administration, is a community-based substance use education program. (In addition, the Beaver County Drug Abuse Coalition continues its good work, developing effective community prevention programs.)

Thank you all for the amazing work that you do!

Gerard Mike  
Administrator

#### **HOUSING OPPORTUNITIES MANAGED WITH EVIDENCE-BASED SERVICES (HOMES)**

People with mental health (MH) and/or substance use disorders (SUD) are often precariously housed and particularly vulnerable for homelessness; these illnesses are common, recurrent, and generally serious (SAMHSA). In 2018, the Department of Housing and Urban Development (HUD) estimated that on a single night approximately 553,000 people were experiencing homelessness in the United States. Between 2017 and 2018, the percent of people unsheltered increased by 2.0%. More than 33% of unsheltered individuals were families and 15% were individuals under age 25 and alone. Approximately 13,500 people experienced homelessness in Pennsylvania; more than 38% were families, and about 400 were homeless, unaccompanied youth. While the overall rate of homelessness decreased in Pennsylvania from 2017 to 2018, the unemployment rate rose to 4.2% and the poverty rate has remained at approximately 12.0% of the total population in 2018. This relatively flat poverty rate has contributed to a rising number of households “doubling up” and facing severe housing cost burdens, translating to rent or mortgage payments taking up at least half of a person or family’s income (Crossroads). Beaver County leads Pennsylvania in addressing homelessness, as they have the lowest rate of homelessness in the state, based on a point in time assessment on January 24, 2018 (PA State Data, 2018).

## Addressing Local Need and Challenges

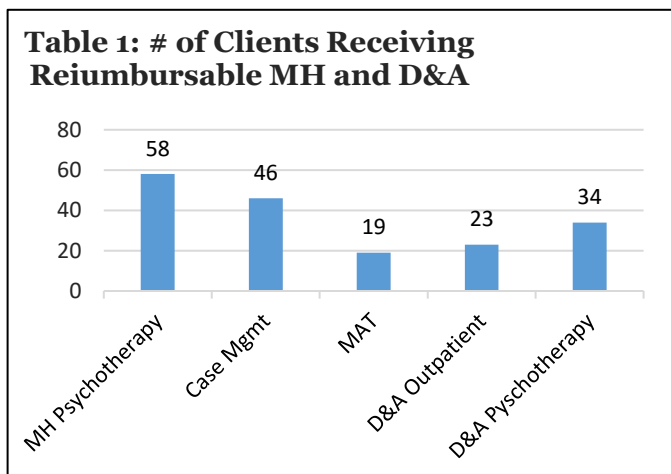
In 2016, the **Housing Opportunities Managed with Evidence-Based Services (HOMES)** program was launched in Beaver County to provide housing and other community-based supports to Beaver County residents with serious mental illness (SMI), SUD, or co-occurring mental health and substance use disorders (COD) who also experienced homelessness. Outreach efforts and collaboration among providers have been critical to the success of the project.



**Number of Persons Served.** Between 2016- 2018, 452 people were served by HOMES, and 335 people were enrolled in the project. **R.O.O.T.S.** (now Deliverance Ministries), a faith-based provider of peer services, did an impressive job with screens, services and follow-up.

**Homeless Rates.** Most enrolled clients lived or stayed in the Aliquippa, Beaver Falls, or Ambridge areas and nearly 70% were at imminent risk of homelessness, such as doubled up or living with someone else. The vast majority of clients screened positive for COD and received both mental health and substance use services and other community-based services (e.g., vocational supports, etc.).

**Demographics.** Approximately half of all enrolled clients were women with children, and more clients identified as African-American than another race. Their average age was 41.5 years old with about 50.0% under the age of 40. The challenges facing this project included structural issues such as: the men's shelter closed; available transitional housing declined; housing price and rent prices increased (due, in part, to construction of the Shell Cracker plant); and the length of time necessary to place individuals in permanent housing increased. Individual client challenges include history of behavioral health issues, history of criminal involvement, history of lockout/eviction, and owing back rent.



**Service Referrals.** Primary service referrals included housing and peer supports. Other supports included vocational and educational supports, representative payee/budgeting supports, case management, treatment (inpatient, outpatient), recovery supports, and medication management.

**Project Outcomes.** Client outcomes include successful service coordination and referral. Based on client interviews at enrollment and six months, the project saw improved client outcomes that included reductions in substance use, reductions in criminal involvement, increases in mental health functioning, and increases in the percent of clients employed/attending school and/or permanently housed. Outcomes with the greatest changes were increases in employed/in school and/or permanently housed, with a **30% increase in the number of persons permanently housed after 6 months in the program.**

<b>Table 2: Project Outcomes</b>		
N=122		
Outcome	% Intake	% 6 Mths
No Alcohol/Illegal Drugs	50.6%	63.0%
No Past 30 Day Arrests	95.9%	99.6%
Improved MH Functioning	83.0%	88.1%
Currently Employed/Attending School	20.2%	35.4%
<b>Permanently Housed</b>	<b>12.9%</b>	<b>43.2%</b>

**Special Populations.** Many clients enrolled in HOMES are women under the age of 55 with children. A smaller number are older adults with long histories of chronic homelessness and/or substance use. Both groups face unique challenges in securing and retaining permanent housing. Some women with children have prior criminal involvement and/or histories of eviction/lockout, and/or back rent owed, while older adults have been more reluctant to seek treatment and/or recovery supports for SUDs. Both groups have struggled with financial literacy. These challenges, coupled with increasingly fewer affordable housing options within the County, have been met with many creative solutions. They include identification of and collaboration with private landlords to house clients; tenant advocacy and education; assignment of a representative payee; increased recovery support circles; and individualized supports.



***HOMES Program Successes***

HOMES has had tremendous success in helping clients with behavioral health concerns secure and retain permanent housing. Focused outreach efforts throughout the County have been instrumental in identifying eligible clients, and strong collaborative partnerships have increased client engagement in available services. Chief among successes has been the Representative Payee Program.

***Representative Payee Program.*** The Representative Payee Program works with clients to promote a higher level of independent living through guidance, education, and support to prevent eviction, loss of utility services, or lack of food. The program also works to prevent debt and financial exploitation. Individuals are usually referred to the program through their case manager. Most have services and supports in place but fiscal mismanagement jeopardizes maintaining them. The Payee is designated to receive an individual’s Social Security and/or Railroad Retirement disability benefits, to budget these funds for the individual’s basic living expenses and to notify Social Security of the deposition of these funds. Children of parents that receive Social Security and/or Railroad Retirement disability benefits are also beneficiaries of the Representative Payee Program. The Representative Payee provides the following services: Individualized assistance with budgeting and money management; assistance with housing issues and locating and accessing housing resources; collaboration with community partners to support the individual’s recovery and community integration; improved housing stability; tools to understand and acquire budgeting skills; and information and assistance for accessing community supports.

**Representative Payee Success Story:** Upon entry to the BC-HOMES program, one Social Security Income (SSI) recipient, requested and was assigned a Representative Payee. The client had a history of unstable housing because their partner routinely didn't pay an agreed-upon portion of the household bills. This problem was identified and addressed at the client's monthly budget meeting. The Payee was both encouraging and supportive of the client and taught them budgeting skills. The client changed their living arrangement and with the support of the Payee, successfully handled the household expenses independently. The Payee also assisted with securing SSDI benefits after the death of the client's parent. After a long period of stable housing, the client was able to return to work and finally achieve the goal of homeownership.



The client attributes this success in acquiring budgeting skills, wages, and SSDI income to their BC-HOMES Representative Payee, operated by the **Mental Health Association**.

## **CRIMINAL JUSTICE SYSTEM COLLABORATION PROJECTS**

### **Collaborative Options Utilizing Re-entry, Treatment, and Supports (COURTS) Magisterial Court Diversion (MCD)**

Beaver County Behavioral Health (BCBH) recognizes the importance of partnering with the county's criminal justice system. Early collaboration with the Beaver County Jail resulted in the development of mental health and substance use assessment and treatment services for individuals while incarcerated. Ongoing collaboration between these systems has many benefits, including: improved public safety through reductions in re-arrests and re-incarcerations; improved health and quality of life for individuals that may have unmet mental health and/or substance use treatment needs; and improved social supports for participants through access to housing, education, and employment services.

This partnership is further demonstrated by BCBH's membership on the County's Criminal Justice Advisory Board (CJAB). The CJAB is a leadership advisory board that supports local planning and problem solving in the criminal justice system. Comprising top-level county officials, the CJAB takes a systemic and policy-level perspective in addressing issues affecting the criminal justice system. Subcommittees of the CJAB support ongoing cross-system collaboration, strategic planning, and program development. These subcommittees use the Sequential Intercept Model (SIM) (Munetz & Griffin, 2006) to help guide their cross-system collaborative planning efforts. The SIM is an effective strategic planning tool for diverting people with mental health and substance use disorders from the criminal justice system.

Two recent grants funded by SAMHSA, **Collaborative Options Utilizing Re-entry, Treatment, and Supports (COURTS)** and **Magisterial Court Diversion (MCD)**, support the ongoing collaborative strategic planning and diversion program development in Beaver County.

The **COURTS** grant enhanced collaborative cross-system planning and training, and established the Behavioral Health Municipal Court Diversion program. This program was developed along with the Beaver County District Attorney's Office, with technical assistance provided by the National GAINS Center. The **MCD** grant further supports and expands this program.



Successful participants in this program complete a co-occurring substance use and mental health evaluation, agree to behavioral health case management and regular contact with their case

manager, post a \$1 bond, and comply with all conditions set by Beaver County Pre-Trial Services (urine and drug tests, and meetings with their probation officer). Participants must also participate in any recommended treatment, as well as attend four community wellness classes that cover topics such as community resources, benefits, employment support, and recovery concepts.

This program diverts individuals from deeper involvement in the criminal justice system and allows their charges to be dismissed. Other supports available with this program include vocational and educational supports, peer assistance, and access to housing specialists. Since the program start in June 2017 through February 2020, the Behavioral Health Municipal Court Diversion Program has served a total of 409 unique participants (with three individuals going through the program twice<sup>1</sup>). Of the 354 participants that have completed the program, **235 were successful (66.4%)** and 119 have been unsuccessful (33.6%). 58 clients are still active.

Demographic information indicates an enrolled population more male (61.1%) than female, and more Caucasian (75.8%) than either African-Americans or clients of other races. Approximately 56.0% of clients were 30 years of age or younger (31.9 average). Based on their needs, more clients were referred to a Critical Time Intervention drug and alcohol case management program (DACM) (45.7%) than to either a Blended Case Manager (BCM) (13.1%), or the Forensic Diversion Specialist (FDS) (approximately 40.0%). Along with case management, primary service referrals for clients included treatment and supports for co-occurring mental health and substance use disorder (COD) and substance use disorder (SUD). Vocational/educational services were also provided with more frequency.

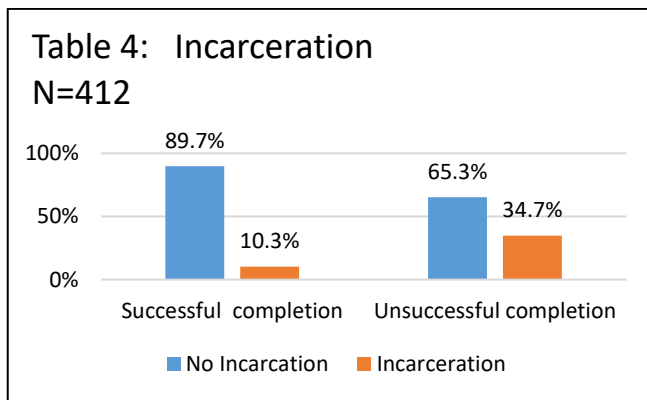
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<sup>1</sup> A client may complete the Diversion program (successfully or unsuccessfully), reoffend, and be reoffered Diversion. These clients have been treated as separate clients except in the case of demographic information.

## COURTS & MCD (continued)

Client outcomes indicate success in service coordination and referral. Based on client information at the time of enrollment and six months later, the program saw improved client outcomes. The outcome with the greatest change from enrollment to six months was the **19.8% reduction in any alcohol and/or illegal drug use.**

Outcome	% Intake	% 6 Mths
<b>No Alcohol/Illegal Drugs</b>	<b>29.1%</b>	<b>48.9%</b>
No Past 30 Day Arrests	87.8%	99.2%
Improved MH Functioning	61.1%	74.4%
Currently Employed/Attending School	60.6%	61.3%
Permanently Housed	41.0%	42.3%



Importantly, the program also saw a **24.4% reduction in subsequent incarceration.** Only 10.3% of clients who completed the program successfully were subsequently incarcerated, compared to 34.7% of individuals who did not successfully complete the program.

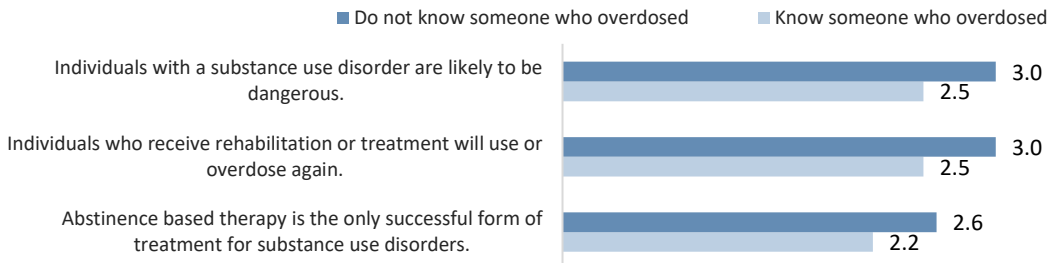
## Beaver County DAC (DRUG ABUSE COALITION)

The Beaver County Drug Abuse Coalition (DAC) is a cross-collaboration of professionals and persons with lived experience that focuses on substance use disorders (SUD), treatment options and recovery program needs of the community. The DAC has grown over the years to include representation from providers, funding administrators, district attorney, emergency medical services, police, prevention and peers.

In 2019, the DAC hosted over 300 people at the 6th Town Hall Meeting and included dynamic speakers to educate and update the community about the current opioid epidemic and how it is being addressed. Speakers included Carlton Hall, a public health specialist, focusing on everyone's role in Strategic Prevention, as well as Chico Ficeraï sharing her experience as a mother with a child with SUD and how the 6 Steps to Sanity Support Group helped her. In addition, Beaver County gave updates on local and national statistics and services.

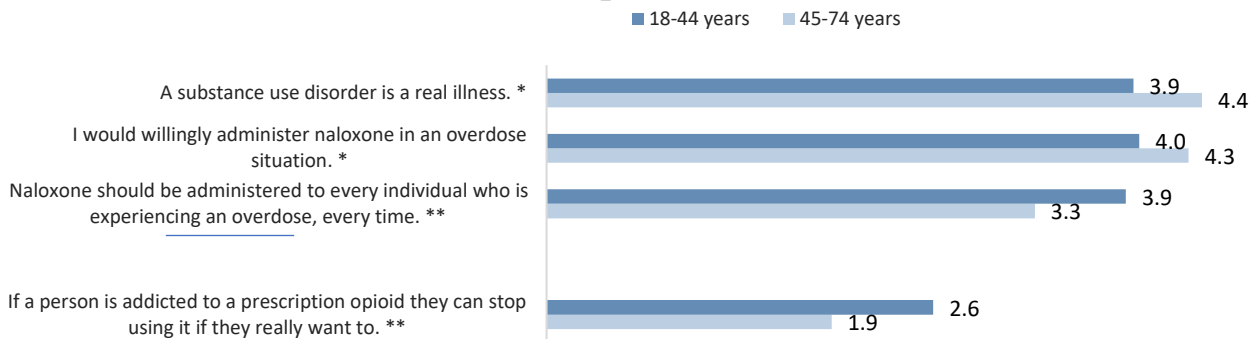
An important component in the fight against drug abuse is addressing stigma. Through the support of the DAC and a Comprehensive Opioid Abuse Program "Let Us Know" grant from the Bureau of Justice Assistance, over 150 adults and Youth Ambassadors were surveyed, measuring myths and misconceptions about opioids, addiction, treatment options and people who misuse opioids. Significant differences in stigmas by age were found. Older respondents reported less stigma in terms of seeing SUD as an illness, administration and use of naloxone and understanding addiction. BH/MH staff reported significantly fewer stigmas compared to respondents working in the legal and medical fields. Youth, who had no experience with someone who had overdosed, were significantly more likely to be unsure about the relationship between treatment and relapse, effectiveness of various treatment options, and if individuals with substance use disorders were dangerous.

**Table 5: Let Us Know Survey (youth)**  
**Youth Respondents n = 47**



Five point rating scale-1=strongly disagree, 2=disagree, 3=not sure, 4=agree, 5=strongly agree.  
 Rehabilitation  $t(44.88) = 2.14$ ; Adults  $t(43) = 2.31$ ; Abstinence  $t(44) = 2.02$ . All significant at  $p < .05$ .

**Table 6: Let Us Know Survey (adult)**  
**Adult Respondents n = 107**



Five point rating scale-1=strongly disagree, 2=disagree, 3=not sure, 4=agree, 5=strongly agree.  
 Significant at \* $p < .05$  and \*\* $p < .01$ .

A primary focus of the “Let Us Know” grant addresses the need to educate the community about the effectiveness of Naloxone and how to use and access it. **Over 700 individuals**, including treatment providers, teachers, Housing Authority staff, business leaders, hotel staff and community members received Naloxone training, as well as access to free Naloxone through Beaver County Behavioral Health and the District Attorney’s Office. All K-9 Officers working with Police and Fire Departments were provided Naloxone. This education and access to Naloxone appears to contribute to the overall decrease in opioid overdose deaths in Beaver County.



The Beaver County Drug Abuse Coalition plans to continue to increase its cross-collaboration in order to continue to assess and update strategies needed for the community regarding SUD. The planning for the 2020 Town Hall Meeting is already underway. In addition, Naloxone training and distribution will continue with a new partner, Heritage Valley Health System. Through the leadership of Kate Lowery, Beaver County SCA and Dr. Quynh Chu, Heritage Valley Family Medicine Center, regular Naloxone trainings will be provided and open to the community at the Carnegie Free Library in Beaver Falls.

(Left: Carlton Hall, public health specialist, explains the importance of everyone’s role in Strategic Prevention. Town Hall, 2019.) Photo credit: Keystone Wellness Programs