



Evaluation of Project Metamorphosis: An On-Demand Treatment Program for Homeless Youth

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What is Project Metamorphosis?

- Multi agency collaborative grant project created in 2001 to integrate alcohol & drug and mental health treatment into a comprehensive approach to engage and encourage homeless youth to exit street life.
- Expands on existing continuum of service partners (Homeless Youth Continuum) formed in 1998 to meet the short-term needs of homeless youth while providing them with the resources necessary to transition from street life.
- Continuum of services across agencies include outreach, pre-treatment engagement activities, case management, wrap-around services, detoxification, residential and outpatient substance abuse treatment services, mental health counseling, and aftercare.



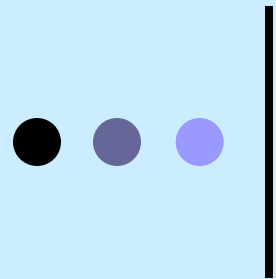
Partnering Agencies

- DePaul Treatment Centers, Inc.
 - Residential and outpatient chemical dependency treatment
- Janus Youth Programs
 - Street outreach, shelter, and transitional living services
- New Avenues for Youth
 - Day services, case management, transitional living, alternative schooling, employment services, recreational opportunities (typical age 13-18)
- Outside In
 - Free medical services, day services, case management, on-site transitional living, employment services, recreational opportunities (typical age 16-21)



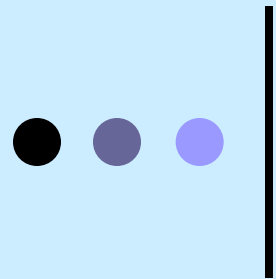
Goals of Project Metamorphosis

- Engage homeless youth in alcohol and drug education and treatment (detoxification, residential, and outpatient)
- Assist youth in exiting street life and moving toward healthy, stable lifestyle by decreasing drug and alcohol use and increasing mental health
- Create a clean and sober community among the homeless youth
- Support youth through recovery process (before, during, and after treatment)
- Provide cross-cultural training between collaborating agencies to create shared philosophies and blending of the Alcohol and Drug Treatment and Homeless Youth agency cultures in order to improve prospect of treatment success for alcohol and drug and mental health issues among homeless youth
- Integrate alcohol and drug specialist, mental health specialist, and peer recovery mentors across agencies serving homeless youth



Underlying Practices

- Maintaining sensitivity to homeless youth culture
- Focusing on positive youth development
- Keeping recovery process client-driven: “meeting the youth where they are”
- Providing non-judgmental, unconditional support
- Building trusting long-term relationships with youth



Key Components of Project Metamorphosis

- Outreach
- Clean and sober recreational activities
- Motivational Interviewing
- Recovery Mentors
- Case Management
- In-house Alcohol and Drug Specialist
- Detoxification, residential, and outpatient chemical dependency treatment services
- Mental Health Counseling
- Psychiatric Services/Medication Management
- Assertive Continuing Care



Evaluation Activities

- Baseline, 3-month, 6-month, and 12-month interviews with participating homeless youth
 - Global Appraisal of Individual Needs (GAIN)
 - Government Performance and Results Act (GPRA)
- Staff Survey (Winter 2007)
 - 64 participants
 - Board members, administrative staff, and clinical or recovery mentor staff
 - Little representation from one agency ($n = 3$)
- Staff Interviews (Summer 2007)
 - 19 participants across all participating agencies
 - Clinical staff, recovery mentors, and those who supervise or work directly with direct line staff

Youth Study Population— Demographics

Characteristic	Count	Percent
Gender		
Males	41	57.7
Females	29	40.8
Transgender	1	1.4
Age		
17 and under (18 to 24)	18	25.4
18 to 24	53	74.6

Characteristic	Count	Percent
Race		
White	46	64.8
Black/African American	2	2.8
Asian	1	1.4
Native Hawaiian/Pacific Islander	0	0
Alaska Native	0	0
American Indian	0	0
More than 1 race identified ^a	17	23.9
Hispanic/Latino only	5	7.0
Race unknown	0	0
Latino		
Yes	14	19.7
No	67	80.3

^a 9 respondents identifying with more than one race indicated being Native American.



Youth Study Population— 3- and 6-Month Retention

Retention as of October 12, 2007

Timepoint	Number Eligible	Percent Retained
3 month interview	89	80
6 month interview	71	85



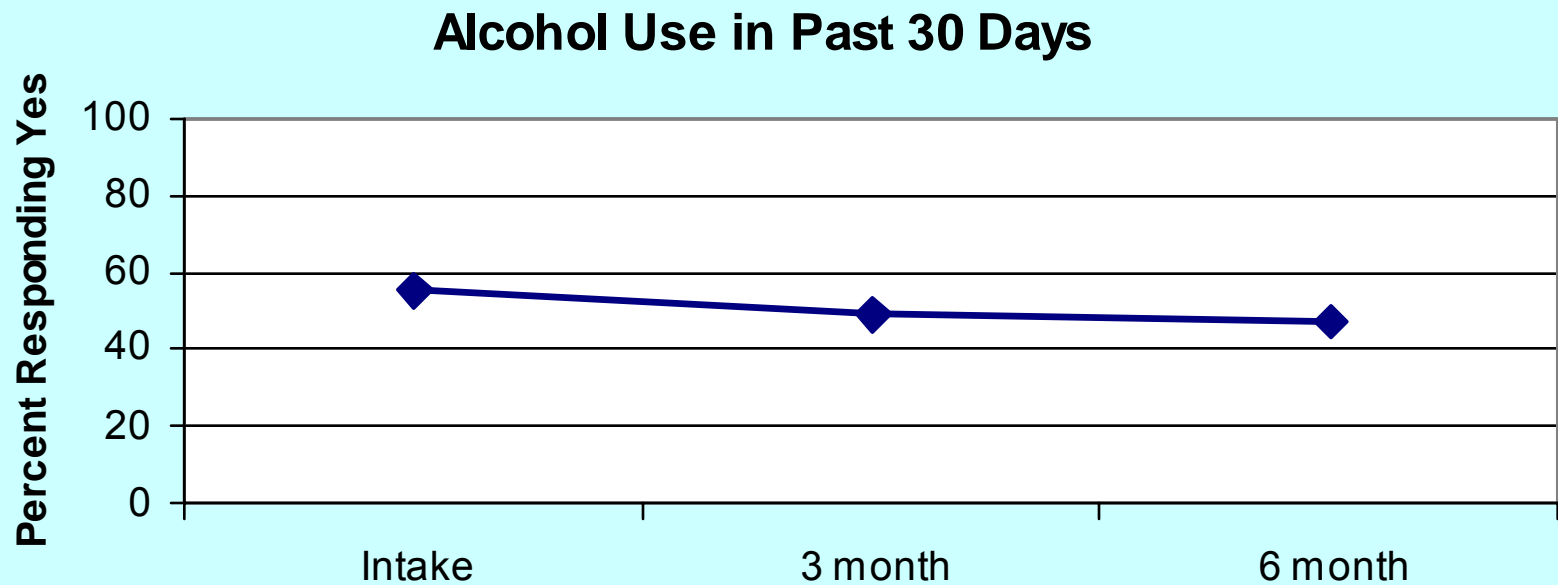
Services Received by Youth

**Receipt of MH and AOD Treatment in 30 days
prior to 3- and 6-month Interviews**

Type of Service	Mental Health		Alcohol and Drug	
	3 Month	6 Month	3 Month	6 Month
Emergency Room	0%	2.0%	0%	2.0%
Inpatient	27.5%	11.8%	31.4%	19.6%
Outpatient	17.6%	15.7%	31.4%	23.5%

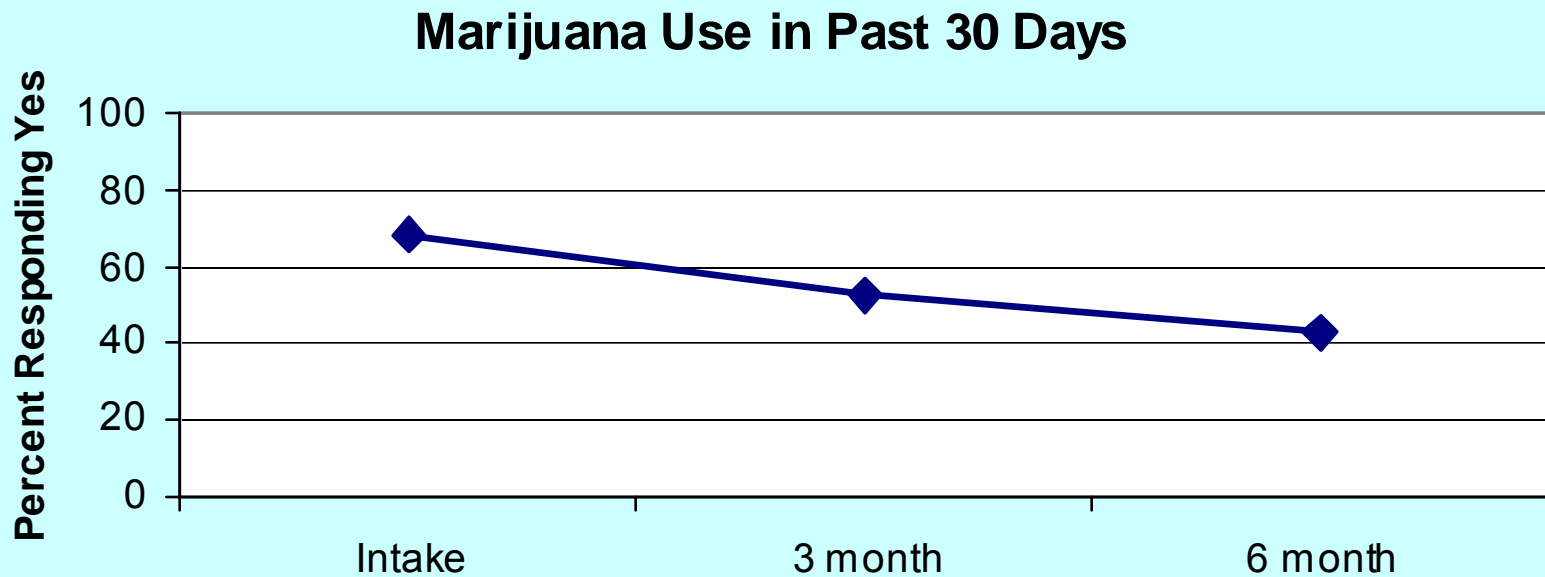
n = 51

Youth Outcomes—Alcohol and Drug Use



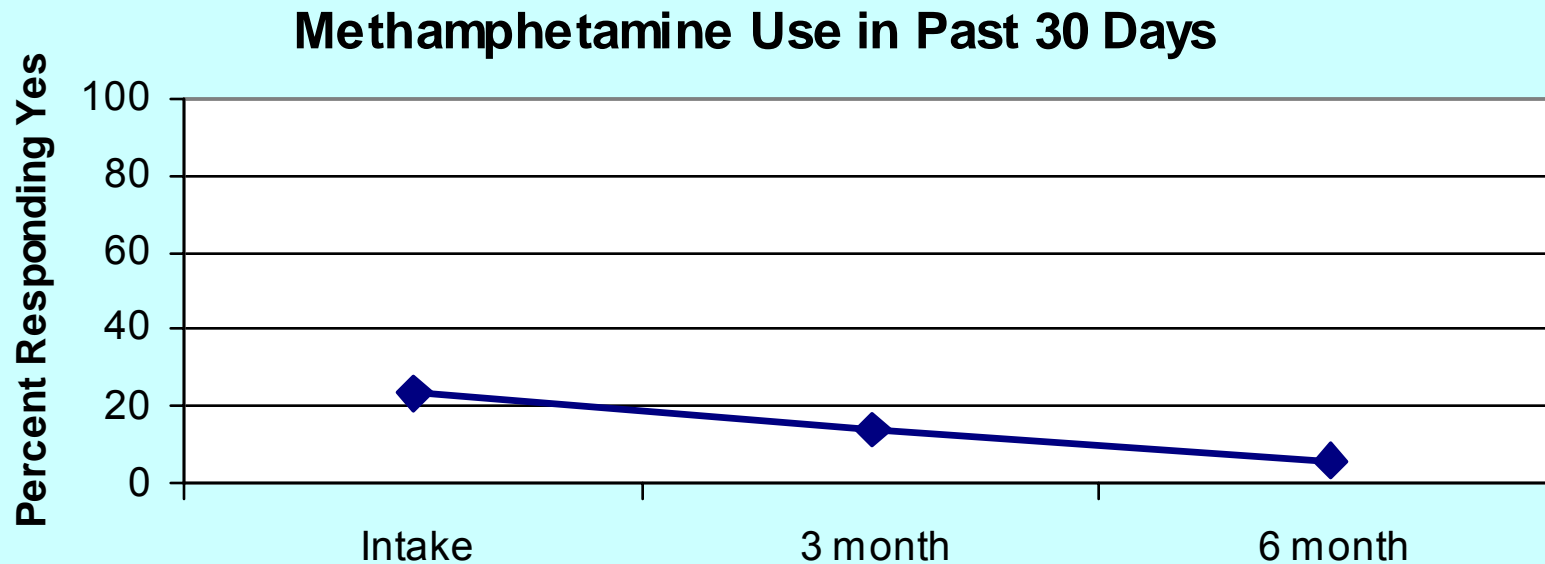
- There were no significant differences in alcohol use between any of the 3 timepoints.

Youth Outcomes—Alcohol and Drug Use



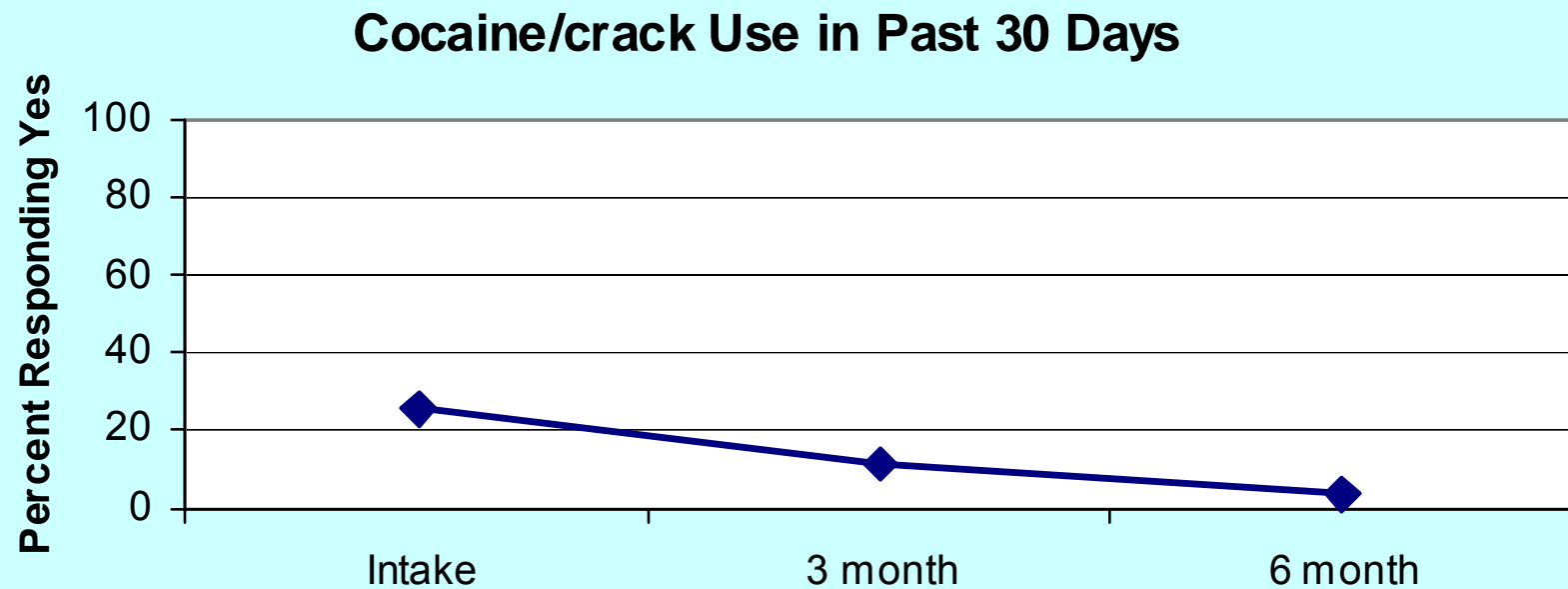
- Use of marijuana was significantly higher at intake (67%) than at 6-months (43%).
- $X^2 p = .01$

Youth Outcomes—Alcohol and Drug Use



- Use of methamphetamines was four times higher at intake (24%) than at 6-months (6%).
- $X^2 p = .01$

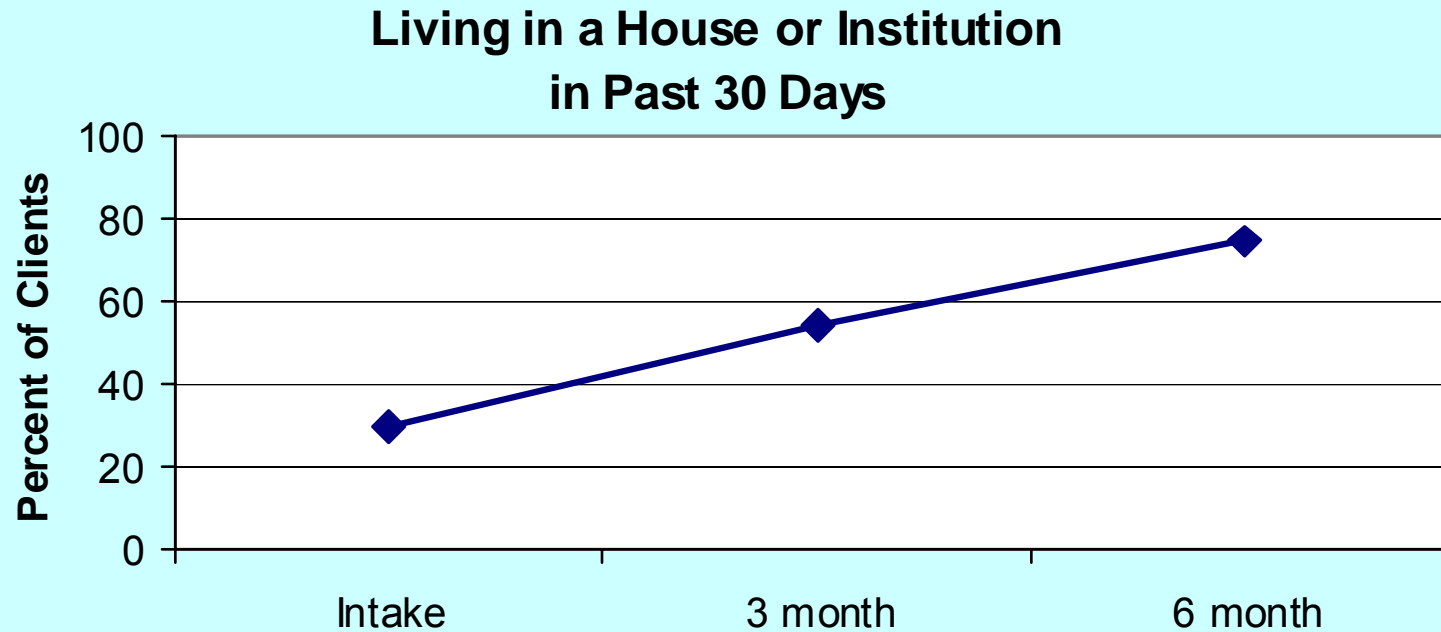
Youth Outcomes—Alcohol and Drug Use



- Use of cocaine/crack decreased significantly between intake (26%) and 6-months (4%).
- $X^2 p < .01$



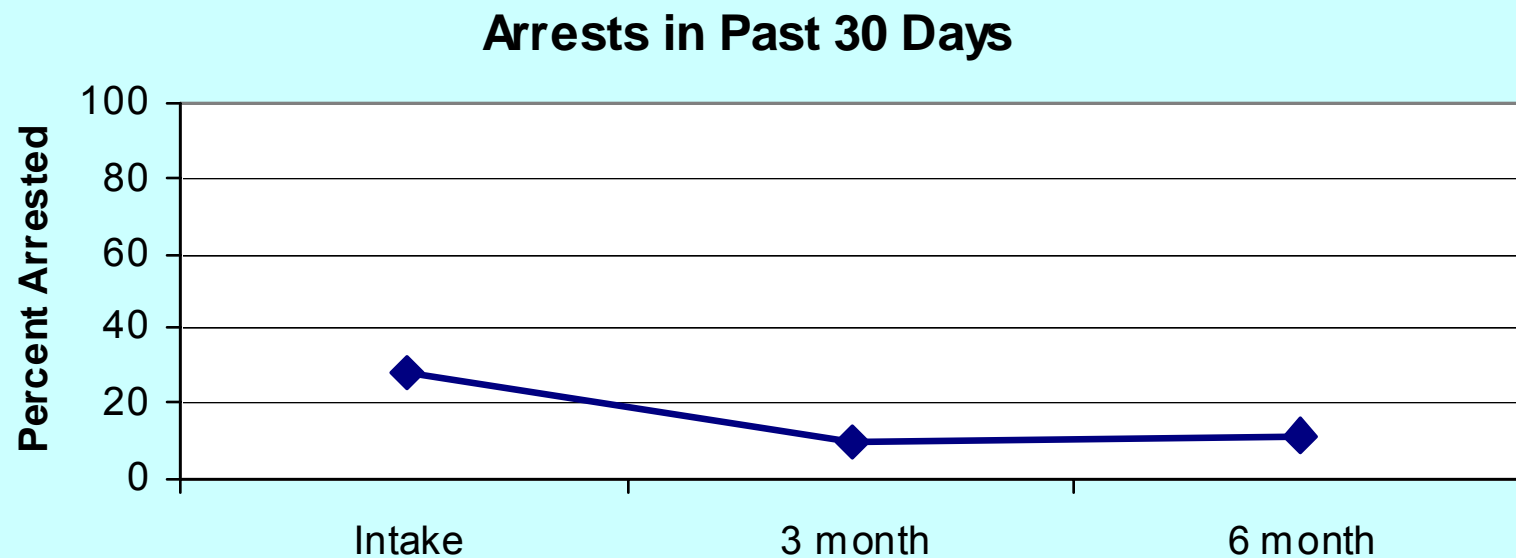
Youth Outcomes—Housing



- The percent of youth that were housed or living in an institution at 6-months (75%) was more than twice that at intake (36%).
- $X^2 p = < .01$



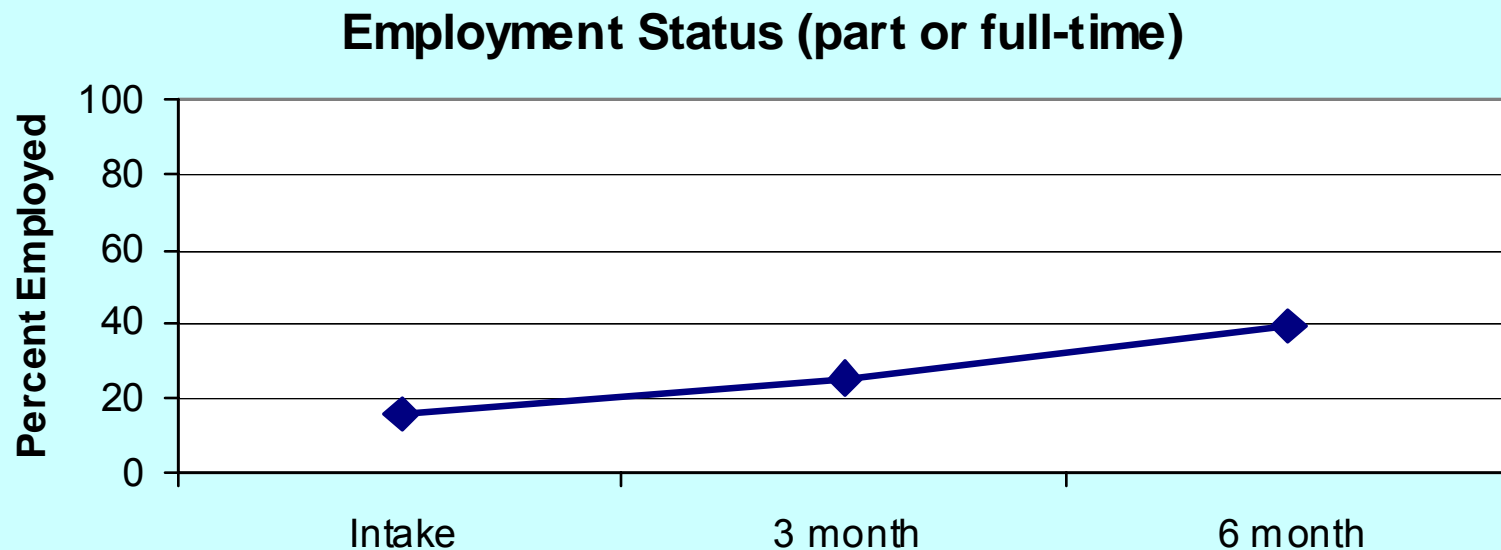
Youth Outcomes—Arrests



- Youth were more likely to have been arrested in the 30 days prior to Intake (28%) than in both the 30 days prior to 3-months (10%) and prior to 6-months (12%).
- $X^2 p = .02$ and $= .04$ (respectively)



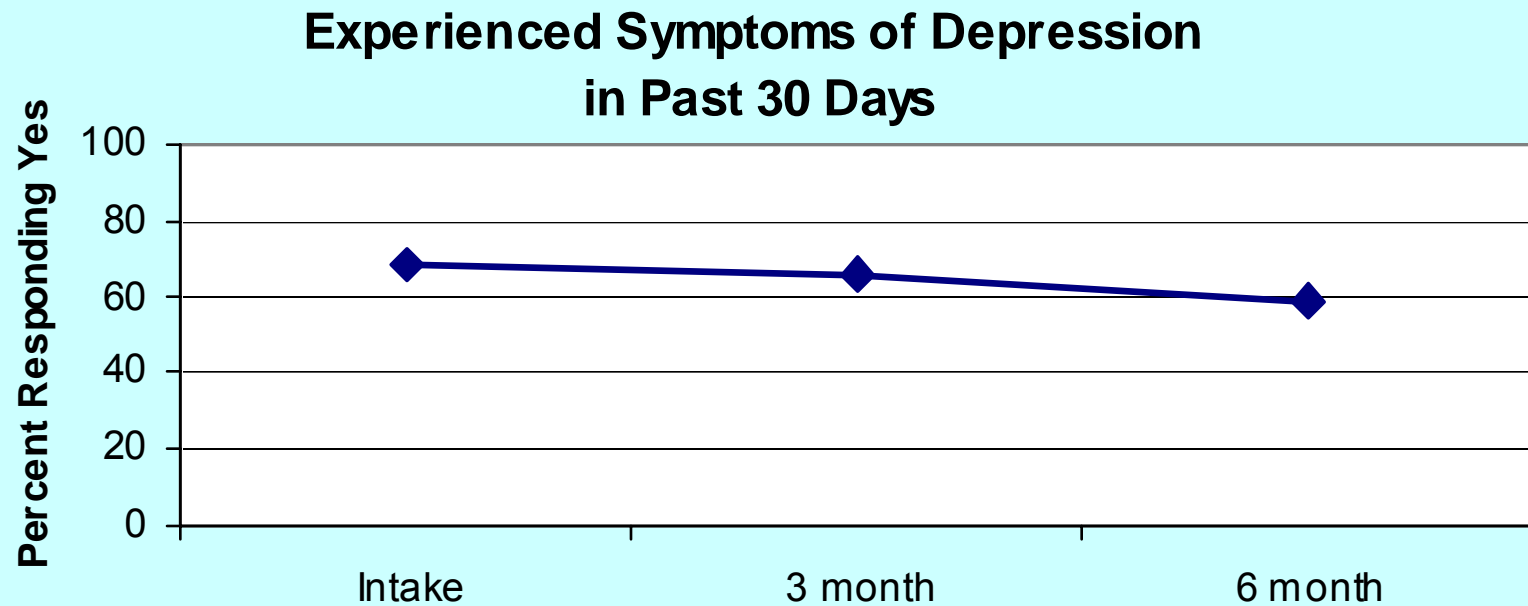
Youth Outcomes—Employment



- Youth were more than twice as likely to be employed at 6 months (39%) than at Intake (16%).
- $X^2 p < .01$



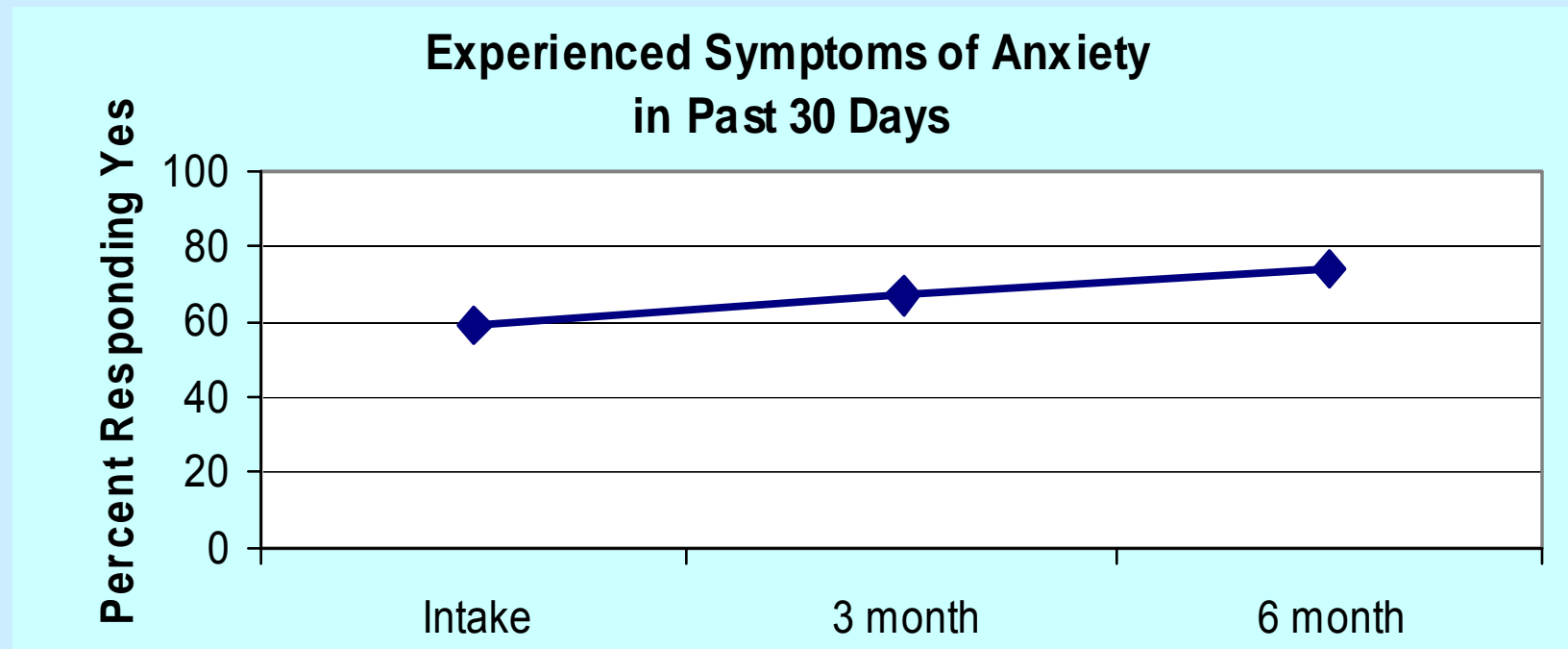
Youth Outcomes—Mental Health



- There were no significant differences in symptoms of depression between any of the 3 timepoints.

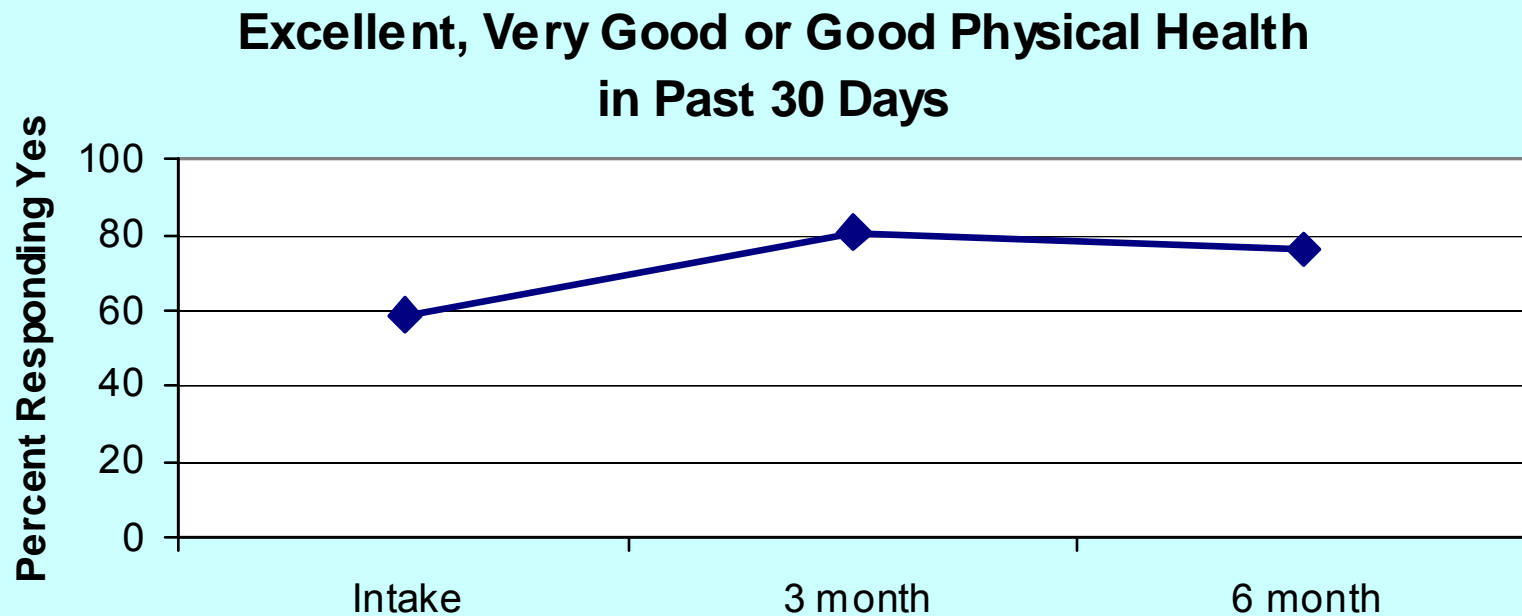


Youth Outcomes—Mental Health



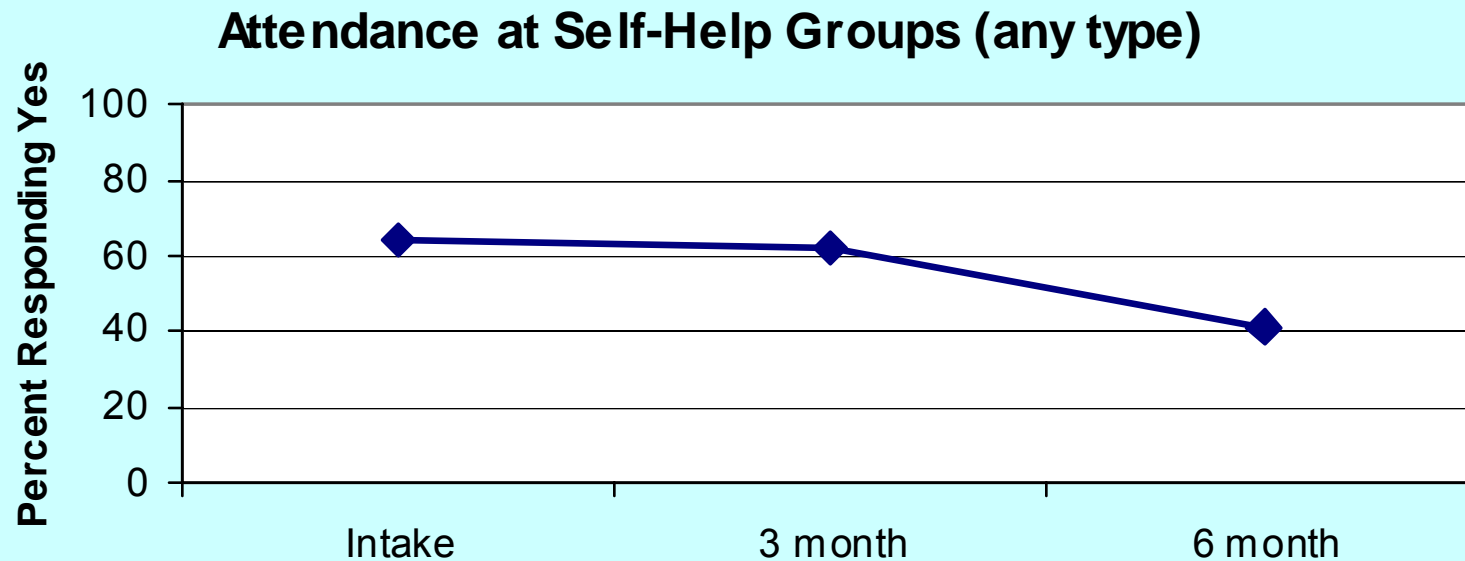
- There were no significant differences in symptoms of anxiety between any of the 3 timepoints.

Youth Outcomes—Physical Health



- Youth were more likely to report being in excellent, very good, or good overall health at both 6-months (77%) and at 3-months (80%) than at Intake (57%).
- $X^2 p = .02$ and $= .05$ (respectively)

Youth Outcomes—Social Connectedness



- Youth had a negative change in attendance at self-help groups as they were less likely to have attended self-help groups in the 30 days prior to 6-months (41%) than at both intake (64%) and 3-months (63%).
- $X^2 p = .02$ and $= .03$ (respectively)



Summary of Findings

- AOD and MH Treatment Services
 - 40% of youth received both AOD and MH treatment at 3-month follow-up
 - Both AOD and MH treatment services declined from 3 to 6-months including attendance at self-help groups
 - Only a small percentage of youth receiving inpatient AOD or MH treatment 30 days prior to 3-month follow-up reported receiving outpatient AOD or MH treatment 30 days prior to 6-month follow-up (12% and 4%, respectively)



Summary of Findings

- Youth Outcomes
 - Reductions in drug use (marijuana, methamphetamine, cocaine) seen at 3-month and continue to decrease at 6-month follow-up with exception of alcohol
 - No improvement in symptoms of depression and trend towards greater reporting of anxiety over time
 - Significant improvement in several life domains: living situation; legal involvement; employment; physical health



Discussion

- Integration of alcohol and drug agency into homeless youth continuum successful strategy for increasing awareness of AOD problems among homeless youth providers and reducing drug use among homeless youth
- Mental health issues also common among homeless youth and may be exacerbated as dependence on alcohol and drug use and/or other part of homeless culture decreases suggesting need for improved integration of mental health services and providers (e.g., universal screening; continuum of treatment options)
- Decreases in AOD and MH treatment along with decreases in attendance to self-help groups may suggest need for expanded continuum of AOD/MH support
- No change in percentage of youth reporting any alcohol use worthy of further exploration (e.g., treatment delivery; staff philosophies; housing regulations)



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