

Health Care for the Homeless

RESEARCH UPDATE

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Each quarter, research databases are searched for publications related to health care and homelessness. Many of the results from this customized search can also be found in a research database on the HCH Information Resource Center website at www.bphc.hrsa.gov/hchirc/bibliographies. This issue of the HCH RESEARCH UPDATE includes a sample of summaries resulting from the search of publications from (approximately) January – March 2006. Summaries are categorized into themes which vary each quarter.

ADDICTION TREATMENT

Title: Cell Phones for Ecological Momentary Assessment with Cocaine-Addicted Homeless Patients in Treatment

Authors: Freedman M, Lester KM, McNamara C, Milby JB, Schumacher JE

Source: Journal of Substance Abuse Treatment, 30(2):105-111, Mar 2006.

Summary: This is the first study to examine whether cell phones could be used to collect ecological momentary assessment (EMA) data with homeless crack cocaine-addicted adults in treatment. The study adapted an EMA method to examine behavior in real time using cell phones and computer-automated telephone interviewing. Participants treated in an intensive outpatient treatment program were given cell phones for a 2-week period to record current states of cocaine craving and using episodes. Results showed cell phone technology could reliably deliver a computerized survey; this homeless population would use a cell phone to report craving and using episodes, and drug use reported via EMA was in agreement with urine toxicology results for 73% of participants. Of 30 participants, 24 (80%) completed the full 2-week protocol. Participants indicated the survey made them more aware of phenomena leading to cravings and use, suggesting the usefulness of EMA as a potential intervention.

Title: Need and Non-Need Factors Associated with Addiction Treatment Utilization in a Cohort of Homeless and Housed Urban Poor

Authors: Kertesz SG, Larson MJ, Cheng DM, Tucker JA, Winter M, Mullins A, Saitz R, Samet JH

Source: Medical Care, 44 (3): 225-233, Mar 2006.

Summary: Research on addiction treatment utilization in indigent samples mainly has been retrospective, without measures of addictive consequences, social network influences, and motivation. Prospective assessment of factors influencing utilization could inform

policy and clinical care. We sought to identify factors associated with utilization of addiction treatment and mutual help groups among substance-dependent persons with high rates of homelessness. This was a prospective cohort of patients detoxified from alcohol or drugs at baseline who were followed for 2 years in a randomized clinical trial of linkage to primary care (n = 274). Outcomes included utilization of Inpatient/Residential, Outpatient, Any Treatment, and Mutual Help Groups. Predictor variables in longitudinal regression analyses came from the literature and clinical experience, organized according to theoretical categories of Need, and non-Need (eg, Predisposing and Enabling). Many subjects used Inpatient/Residential (72%), Outpatient (62%), Any Treatment (88%) or Mutual Help Groups (93%) at least once. In multivariable analyses, addictive consequences, motivation, and female gender were associated with most treatment types. Homelessness was associated with Residential/Inpatient (for Chronically Homeless vs. Housed). Living with one's children and substance-abusing social environment were negatively associated with Any Treatment. In this cohort of substance-dependent persons, addictive consequences, social network variables, and motivation were associated with treatment utilization. Non-need factors, including living with one's children and gender, also were significant.

Title: Comparison of ACT and Standard Case Management for Delivering Integrated Treatment for Co-Occurring Disorders

Authors: Essock SM, Mueser KT, Drake RE, Covell NH, McHugo GJ, Frisman LK, Kontos NJ, Jackson CT, Townsend F, Swain K
Source: Psychiatric Services, 57(2):185-196, Feb 2006.

Summary: Clients with co-occurring severe mental and substance use disorders are at high risk of institutionalization and other adverse outcomes. Although integrated mental health and substance abuse treatment is becoming a standard clinical approach for such clients, the optimal method for delivering integrated treatment remains unclear. This study compared integrated treatment delivered within two different models of community-based case management (assertive community treatment and standard clinical case management). A total of 198 clients in two urban sites who had co-occurring disorders and were homeless or unstably housed were randomly assigned to one of two treatment conditions and were followed for three years. Participants in both treatment conditions improved over time in multiple outcome domains, and few differences were found between the two models.

Decreases in substance use were greater than would be expected given time alone. At the site that had higher rates of institutionalization, clients who received standard case management were more likely to be institutionalized. However, in the site that had lower rates of institutionalization, no differences in the rate of institutionalization were found between the two treatment conditions. Integrated treatment can be successfully delivered either by assertive community treatment or by standard clinical case management.

Title: A Meta-Analysis of Voucher-Based Reinforcement Therapy for Substance Use Disorders

Authors: Lussier JP, Heil SH, Mongeon JA, Badger GJ, Higgins ST
Source: *Addiction*, 101(2):192-203, Feb 2006.

Summary: The objective of this study was to systematically investigate the effectiveness of voucher-based reinforcement therapy for the treatment of substance use disorders. Effect sizes and 95% confidence intervals were calculated for studies published between January 1991 and March 2004 that utilized voucher-based reinforcement therapy (VBRT) or related monetary-based incentives to treat substance use disorders (SUDs). Thirty studies involved interventions targeting abstinence from drug use using experimental designs where effects on treatment outcome could be attributed to the VBRT intervention. The estimated average effect size (r) for those studies was 0.32. Analyses of variables thought to moderate VBRT effect sizes revealed that more immediate voucher delivery and greater monetary value of the voucher were associated with larger effect sizes. Additional studies were identified wherein VBRT was used to target clinic attendance ($n = 6$) or medication compliance ($n = 4$). VBRT studies targeting attendance produced average effect sizes of 0.15 (95% CI 0.02-0.28), while those that targeted medication compliance produced an average effect of 0.32 (95% CI 0.15-0.47). No significant moderators were identified for these 10 studies. Overall, VBRT generated significantly better outcomes than did control treatments. These results further support the efficacy of VBRT, quantify the magnitude of its effects, identify significant moderators and suggest potential directions for future research.

Title: Shelter-Based Managed Alcohol Administration to Chronically Homeless People Addicted to Alcohol

Authors: Podymow T, Turnbull J, Coyle D, Yetisir E, Wells G
Source: *Canadian Medical Association Journal*, 174(1):45-49, Jan 3, 2006.

Summary: People who are homeless and chronically alcoholic have increased health problems, use of emergency services and police contact, with a low likelihood of rehabilitation. Harm reduction is a policy to decrease the adverse consequences of substance use without requiring abstinence. The shelter-based Managed Alcohol Project (MAP) was created to deliver health care to homeless adults with alcoholism and to minimize harm; its effect upon consumption of alcohol and use of crisis services is described as proof of principle. Subjects enrolled in MAP were dispensed alcohol on an hourly basis. Hospital charts were reviewed for all emergency department (ED) visits and admissions during the 3 years before and up to 2 years after program enrolment, and the police database was accessed for all encounters during the same periods. The results of

blood tests were analyzed for trends. A questionnaire was administered to MAP participants and staff about alcohol use, health and activities of daily living before and during the program. Direct program costs were also recorded. Seventeen adults with an average age of 51 years and a mean duration of alcoholism of 35 years were enrolled in MAP for an average of 16 months. Their monthly mean group total of ED visits decreased from 13.5 to 8; police encounters, from 18.1 to 8.8. Changes in blood test findings were nonsignificant. All program participants reported less alcohol consumption during MAP, and subjects and staff alike reported improved hygiene, compliance with medical care and health. A managed alcohol program for homeless people with chronic alcoholism can stabilize alcohol intake and significantly decrease ED visits and police encounters.

Title: Integrated Versus Parallel Treatment of Co-Occurring Psychiatric and Substance Use Disorders

Authors: Mangrum LF, Spence RT, Lopez M

Source: *Journal of Substance Abuse Treatment (Special Issue): Heroin Maintenance Treatment for Chronic Heroin-Dependent Individuals: A Cochrane Systematic Review of Effectiveness*, 30(1):79-84, Jan 2006.

Summary: The study examines 1-year treatment outcomes of 216 individuals with co-occurring severe and persistent mental illness and substance use disorders who were assigned to an integrated or parallel treatment condition. Comparisons indicated that the integrated group achieved greater reductions in the incidence of psychiatric hospitalization and arrest. The results of this study support the enhanced effectiveness of integrated treatment in decreasing the use of higher cost crisis-oriented services in clients with severe mental illness and substance use disorders.

Title: Cognitive Behavioural Therapy and Homelessness: A case Series Pilot Study

Author: Maguire N

Source: *Behavioural and Cognitive Psychotherapy*, 34(1):107-111, Jan 2006.

Summary: This paper describes a project set up to treat four homeless men using cognitive behavioural therapy (CBT). The referral criteria were that individuals had alcohol and/or substance misuse problems, were roofless (i.e. sleeping rough) immediately before the intervention began and found it difficult or impossible to access hostel places in Southampton. Excessive alcohol use, violence (against self, others and property) and prison sentences were all features of their presentation. The project involved three levels of CBT intervention provided by the clinical psychologist: 1) training for the staff to enable them to work within this model; 2) continued supervision within model to ensure consistency and sustainability; 3) individual formulation (description of the problem within the CBT framework) and psychotherapy. The house itself was also run on a collaborative basis. A number of measures including mental health and social functioning constructs were used to evaluate the project, in addition to some qualitative data. All residents reduced incidents of theft, violence and alcohol consumption. Risk to self and others was also reduced for all residents. Perceived self-efficacy increased slightly for all residents, and

staff perceived that they could be more effective, less hopeless, and therefore possibly less stressed as a result of training. More data will be gathered over time.

YOUTH AND YOUNG ADULTS

Title: Street-Based STD Testing and Treatment of Homeless

Youth are Feasible, Acceptable and Effective

Authors: Auerswald CL, Sugano E, Ellen JM, Klausner JD

Source: Journal of Adolescent Health, 38 (3):208-212, Mar 2006.

Summary: Current Centers for Disease Control (CDC) guidelines recommend that sexually transmitted disease (STD) screening measures for high-risk populations such as homeless youth prioritize testing in out-of-clinic settings and incorporate new approaches to STD eradication, such as field-delivered testing and treatment and patient-delivered partner therapy (PDPT). Our nonmedically trained research staff offered field-based STI testing, field-delivered therapy, and PDPT to homeless youth in the context of a longitudinal study. A total of 218 ethnically diverse (34% female) 15-24-year-old homeless youth recruited from street sites in San Francisco completed an audio computer-administered self-interview survey and provided a first-void urine sample for testing for chlamydia (CT) and gonorrhea (GC). Youth testing positive were offered field-delivered therapy and PDPT. A random subset of 157 youth was followed prospectively, of whom 110 (70%) were interviewed and 87 (55%) retested at six months. At baseline, 99% of youth in the study consented to STI testing, of whom 6.9% and .9% tested positive for CT and GC, respectively. Ninety-four percent of positive youth were treated, 50% within one week. The incidence rate for CT was 6.3 per 100 person-years and for GC was 4.2 per 100 person-years. None of the youth treated by study staff and tested six months later (n = 6) had CT or GC on follow-up testing. Field-delivered testing and field-delivered therapy are feasible, acceptable and effective interventions for the diagnosis and treatment of STDs in homeless youth. These measures along with PDPT may decrease rates of subsequent reinfection.

Title: Prevalence and Correlates of Suicidal Ideation Among

Young Injection vs. Noninjection Drug Users

Authors: Havens JR, Sherman SG, Sapun M, Strathdee SA

Source: Substance Use and Misuse, 41(2):245-254, 2006.

Summary: The objective of this study was to identify correlates of suicidal ideation and to examine the hypothesis that injection drug users (IDUs) were more likely to report suicidal ideation than non-injection drug users (NIDUs). Participants included IDUs (n = 244) and NIDUs (n = 73) from Baltimore, Maryland, aged 15-30 who began snorting or smoking heroin or cocaine/crack (NIDUs) or injecting drugs (IDUs) within the past 5 years who were recruited between August 2000 and March 2002. Among the 317 participants, 42% were female, 59% were white, and median age was 24. The prevalence of suicidal ideation was 27%. IDUs were more likely to report suicidal ideation than NIDUs (31% vs. 14%). Adjusting for age, gender, and race, IDUs were 2.4 times more likely than NIDUs to report suicidal ideation. However, on further adjustment for homelessness, depressive symptoms, and gay/lesbian/bisexual identity, IDU status was no longer independ-

ently associated with suicidal ideation. These results suggest that factors associated with injection drug users' lifestyles and mental health status may account for the higher prevalence of suicidal ideation in IDUs vs. NIDUs. Further study into these associations is warranted in identifying avenues for suicide prevention among these populations.

Title: Employment Experiences of Homeless Young Adults: Are They Different for Youth with a History of Foster Care?

Author: Lenz-Rashid S

Source: Children and Youth Services Review, 28(3):235-259, Mar 2006.

Summary: There are approximately 350,000 young people between the ages of 18 and 24 who are homeless each year in the United States and some were placed in foster care as a minor. The purpose of this study is to examine the baseline information and outcomes following an employment training program for homeless transitional youth. A comparison is made between those with a history of foster care (FC) and those without (NFC). At baseline, the FC had significantly more youth of African-American descent and significantly less Caucasian youth than the NFC. Additionally, the FC were significantly more likely to have mental health issues and current substance abuse issues than the NFC. Approximately 60% of participants from each group found employment within 3 months following the training and the mean hourly wage of all participants post-training was \$9.27 (\$9.55 NFC and \$8.88 FC). Follow-up comparisons found that having a mental health issue most significantly predicted whether a youth found employment following the employment training program, even while taking into consideration foster care history and all other control variables. Hispanic FC youth had significantly higher hourly wages after controlling for all other variables when compared to Hispanic NFC youth.

Title: Risk Factors for Cigarette, Alcohol, and Marijuana Use

Among Runaway Youth Utilizing Two Services Sectors

Authors: Thompson SJ, Zittel-Palamara KM, Forehand G

Source: Journal of Child and Adolescent Substance Abuse, 15 (1): 17-36, Dec 2005.

Summary: The high rates of Substance use among American adolescents are challenging; however, runaway youth are at particularly high-risk for substance use. Runaway youth utilizing two service sectors, emergency crisis shelters and juvenile detention centers, were recruited to evaluate differences in risk factors associated with substance use. Findings demonstrate that youth admitted to juvenile detention (n = 121) had proportionally higher levels of problem behaviors, including substance use, than youth admitted to shelter services (n = 156). Both groups of youth have significantly higher levels of substance use than national estimates. The most significant risk factor for alcohol and marijuana use among youth in both groups was using other substances. Addressing issues of substance abuse among runaway youth must be a prime objective for future research and treatment for this high-risk population.

Title: Pathways to Youth Homelessness

Authors: Martijn C, Sharpe L

Source: Social Science and Medicine, 62(1):1-12, Jan 2006.

Summary: Research documents high levels of psychopathology among homeless youth. Most research, however, has not distinguished between disorders that are present prior to homelessness and those that develop following homelessness. Hence whether psychological disorders are the cause or consequence of homelessness has not been established. The aim of this study is to investigate causal pathways to homelessness amongst currently homeless youth in Australia. The study uses a quasi-qualitative methodology to generate hypotheses for larger-scale research. High rates of psychological disorders were confirmed in the sample 35 homeless youth aged 14-25. The rates of psychological disorders at the point of homelessness were greater than in normative samples, but the rates of clinical disorder increased further once homeless. Further in-depth analyses were conducted to identify the temporal sequence for each individual with a view to establishing a set of causal pathways to homelessness and trajectories following homelessness that characterised the people in the sample. Five pathways to homelessness and five trajectories following homelessness were identified that accounted for the entire sample. Each pathway constituted a series of interactions between different factors similar to that described by Craig and Hodson (1998. Psychological Medicine, 28, 1379-1388) as "complex subsidiary pathways". The major findings were that (1) trauma is a common experience amongst homeless youth prior to homelessness and figured in the causal pathways to homelessness for over half of the sample; (2) once homeless, for the majority of youth there is an increase in the number of psychological diagnoses including drug and alcohol diagnoses, and (3) crime did not precede homelessness for all but one youth; however, following homelessness, involvement in criminal activity was common and became a distinguishing factor amongst youth. The implications of these findings for future research and service development are discussed.

Title: The National Center on Indigenous Hawaiian Behavioral Health Study of Prevalence of Psychiatric Disorders in Native Hawaiian Adolescents

Authors: Andrade NN, Hishinuma ES, McDermott JF, et al.

Source: Journal of the American Academy of Child and Adolescent Psychiatry, 45(1):26-36, Jan 2006.

Summary: The prevalence rates of disorders among a community-based sample of Hawaiian youths were determined and compared to previously published epidemiological studies. Using a two-phase design, 7,317 adolescents were surveyed (60% participation rate), from which 619 were selected in a modified random sample during the 1992-1993 to 1995-1996 school years: 590 selected randomly and 29 at risk from grades 9-12. The Diagnostic Interview Schedule for Children-Version 2.3, was used to determine DSM-III-R diagnoses. Prevalence rates, weighted for ethnicity, Center for Epidemiologic Studies-Depression scores, and suicide attempts, were calculated for any diagnosis and various disorders. Meta-analyses compared the Hawaii sample to four community-based studies (randomly selected youths from community populations) and two high-risk studies (homeless, low-income, or high unemployment

communities). Hawaiian females had the highest rate for any diagnosis (37.7%) and non-Hawaiian males had the lowest rate (19.6%). Hawaiian males (26.8%) and non-Hawaiian females (27.9%) had intermediate and comparable rates. Overall, Hawaiians had significantly higher rates (32.7%) than non-Hawaiians (23.7%) when controlling for gender, and girls had significantly higher rates (30.8%) than boys (21.1%) when controlling for ethnicity. These findings were primarily the result of the significant differences in rates regarding anxiety disorders. Meta-analyses showed the Hawaiian youth rate for any diagnosis was comparable to high-risk studies and nearly three times higher than the community studies. Hawaiian youths, especially females, are at high risk. Research on the sociocultural factors that underpin both the genesis of and protection from psychopathology is imperative for Hawaiian and non-Hawaiian mixed-ethnicity youths.

Title: Pathways In and Out of Substance Use Among Homeless Emerging Adults

Authors: Tyler KA, Johnson KA

Source: Journal of Adolescent Research, 21(2):133-157, Mar 2006.

Summary: Although high rates of alcohol and drug use have been found among homeless young people, less is known about who is responsible for their initiation, the reasons for their continued use, and why some individuals eventually transition out of using whereas others do not. Based on qualitative interviews with 40 homeless individuals 19 to 21 years of age in the Midwest, results revealed that the majority of respondents were initiated into substance use by friends and acquaintances, although family also played a significant role. Almost one half of respondents reported using substances to cope with early family abuse, stress, and life on the streets. Additionally, the majority indicated that they had no intentions of quitting. Substance misuse that is left untreated may lead to chemical dependency among homeless emerging adults and may contribute to long-term homelessness.

HOMELESS WOMEN AND FAMILIES

Title: Life Stressors are an Important Reason for Women Discontinuing Follow-Up Care for Cervical Neoplasia

Authors: Coker AL, Bond SM, Pirisi LA

Source: Cancer Epidemiology Biomarkers and Prevention, 15(2): 321-325, Feb 2006.

Summary: Although studies have addressed psychosocial factors associated with obtaining follow-up care for an abnormal Pap test, none have explored the effect of stressful life events in predicting the receipt of follow-up care for an abnormal Pap test. Data from a program (1995-2001) that provided free follow-up care for women with low-grade cervical lesions (n = 601) was used to determine whether life stressors increased risk of study discontinuation. Women were interviewed at baseline and offered followup at 4- to 6-month intervals for up to 24 months. Of the 556 women recruited and interviewed (92% response rate), 53 were referred out because they had high-grade cervical lesions and 33 had a health condition precluding followup. Among 470 women who began follow-up, 175 (37.2%) discontinued before completing three visits. Women who discontinued were significantly more likely to report

more stressful life events in the past year. Events most strongly associated with discontinuation included having a problem with a boss, severe physical partner, being homeless, and having an unplanned pregnancy. Life stressors may be important predictors of discontinuation of free follow-up care among women.

Title: Violence and Aggression in the Lives of Homeless Children

Author: Anooshian LJ

Source: Journal of Family Violence, 20(6):373-387, Dec 2005.

Summary: The present research examined the role of violence and aggression in the lives of children in homeless families, focusing on possible connections among family violence, children's aggression, and children's problems with social isolation and rejection. Measures were obtained from structured interviews with 93 sets of mothers and children. Consistent with past research, average estimates of specific violent incidents experienced by mothers (as adults) were quite high. Measures of this family violence were reliably correlated with children's behavior problems as well as with measures of aggression in peer relationships (victimization, ease of resolving fights with friends). Finally, results of regression analyses were most consistent with a model in which family violence and economic distress contributed to problematic aggressive behaviors among children; that aggression, in turn, appeared to lead to social isolation and avoidance. The overall results emphasized the need to address violence and aggression in any intervention programs for homeless children and families.

Title: Similarities in the Characteristics and Needs of Women with Children in Homeless Family and Domestic Violence Shelters

Authors: Stainbrook KA, Hornik J

Source: Families in Society-The Journal of Contemporary Social Services, 87(1):53-62, Jan-Mar 2006.

Summary: Public programs like domestic violence shelters and family shelters are developed for a specific purpose, domestic violence and homelessness respectively. Analysis comparing two separate samples (n = 147 and n = 291) of single-female-headed families using either type of shelter found many more similarities than differences between the populations. Among the similarities are the rates of mental health and substance abuse problems, lifetime rates of victimization and trauma, and issues related to poverty, including difficulty paying bills and rent. These similarities suggest families at both types of shelters may have similar service needs, and families at homeless family shelters would benefit from the wider range of services provided to domestic violence clients, including attention to trauma and violence issues.

Title: Factors Associated with Health Service Utilization Patterns in Low-Income Women

Authors: Weinreb L, Perloff J, Goldberg R, Lessard D, Hosmer DW

Source: Journal of Health Care for the Poor and Underserved, 17(1):180-199, Feb 2006.

Summary: Little is known about the relationship of demographic, health, and psychosocial factors with health services utilization over time among low-income female heads of household. In a case-control study conducted between 1991 and 1997, 273 homeless

and low-income housed mothers living in Worcester, Massachusetts were interviewed at baseline and at a two-year follow-up. The use of outpatient and emergency department care in this study sample was examined. High usage patterns were found at baseline. At the two-year follow-up, poor health status, non-White race, and fewer supportive relationships were significantly associated with frequent emergency department visits. Women with higher rates of ongoing outpatient medical care visits were more likely to have fewer social supports and more bodily pain than women with lower rates of ambulatory care usage. Mental health and victimization were not associated with service use patterns. In order to address poor women's needs in a more effective and potentially less costly way, health programs must understand their need for social support and culturally responsive services.

Title: Literacy and Perceived Barriers to Medication Taking Among Homeless Mothers and Their Children

Authors: Sleath BL, Jackson E, Thomas KC, Galloway J, Dumain L, Thorpe J, Rollins A, Morrissey J

Source: American Journal of Health-System Pharmacy, 63(4):346-351, Feb 15, 2006.

Summary: The relation of medical literacy to women-reported barriers to taking medication themselves or giving medication to their children was studied. Women in 18 homeless shelters in four counties in central North Carolina were recruited. Head-of-household homeless mothers with psychiatric or substance-abuse disorders and dependent children were eligible to participate. Trained interviewers administered a site-specific questionnaire on medication use. One hundred sixty-four homeless women participated. Forty-two percent of the women were currently taking a medication. Forty-six percent of the women stated that there was a barrier to taking their medications as prescribed. Medical literacy was not significantly related to whether women felt there were barriers to taking a medication. Seventy-five percent of the women reported having one or more children living with them. Thirty-seven percent reported having a child with asthma live with them, and 12% reported having a child with attention-deficit disorder. Forty percent reported a barrier to giving their child a needed medication. Taste was the most commonly reported barrier. Women with lower medical literacy and younger women were significantly more likely to report a barrier to giving their children a needed medication. Over 80% of women listed pharmacists as their first or second choice for receiving drug information orally. Race and perceived barriers to medication use affected the medication-taking behavior of homeless women, while their age and literacy level affected the reporting rates of the barriers to medication use for their children. Homeless women preferred receiving both written and oral drug information from a physician or a pharmacist.

Title: A Health Care Program for Homeless Children Using Healthy People 2010 Objectives

Authors: Yousey Y, Carr M

Source: Nursing Clinics of North America, 40(4):791-+, Dec 2005.

Summary: A health care program based on Healthy People 2010 objectives provides screening and treatment to homeless children residing in a homeless shelter through a nursing center located on

site. In addition to treatment for minor acute illnesses, children receive physical assessment and screening for health problems for which they are at increased risk. Interventions address these problems within the context of the complex psychosocial issues they face. Outcomes of interventions are monitored to support the value of case management and health education with these families.

Title: Marginalized Mothers: Parenting without a Home

Authors: Cosgrove L, Flynn C

Source: Analyses of Social Issues and Public Policy (ASAP), 5(1):127-143, Dec 2005.

Summary: The authors of this study used participatory and interpretive methods to capture the lived experience, strengths, and needs of homeless mothers. The interview data obtained challenge unfounded stereotypes and provide information about women's coping behaviors and resilience. The findings were developed in collaboration with shelter guests and staff and have important implications for public and university policy and shelter programs. For example, researchers need to become more aware of the limitations of current psychological theories and assessment tools designed to measure "effective coping" in disenfranchised individuals. To accomplish this goal, increased collaboration among researchers, activists, policy makers, and homeless families is recommended (e.g., by instituting roundtable discussions as a standard part of shelter programs). It is also suggested that professional staff who work with women living in poverty avoid using deficit-oriented, victim-based models of intervention, and that staff provide women with opportunities to participate in the development of the curriculum for parenting classes.

HOUSING

Title: Housing First Services for People Who Are Homeless with Co-Occurring Serious Mental Illness and Substance Abuse

Authors: Padgett DK, Gulcur L, Tsemberis S

Source: Research on Social Work Practice, 16(1):74-83, Jan 2006.

Summary: The literature on homeless adults with severe mental illness is generally silent on a critical issue surrounding service delivery—the contrast between housing first and treatment first program philosophies. This study draws on data from a longitudinal experiment contrasting a housing first program (which offers immediate permanent housing without requiring treatment compliance or abstinence) and treatment first (standard care) programs for 225 adults who were homeless with mental illness in New York City. After 48 months, results showed no significant group differences in alcohol and drug use. Treatment first participants were significantly more likely to use treatment services. These findings, in combination with previous reports of much higher rates of housing stability in the housing first group, show that "dual diagnosed" adults can remain stably housed without increasing their substance use. Thus, housing first programs favoring immediate housing and consumer choice deserve consideration as a viable alternative to standard care.

Title: Housing Instability and Food Insecurity as Barriers to Health Care among Low-Income Americans

Authors: Kushel MB, Gupta R, Gee L, Haas JS

Source: Journal of General Internal Medicine, 21(1):71-77, Jan 2006.

Summary: Homelessness and hunger are associated with poor health outcomes. Housing instability and food insecurity describe less severe problems securing housing and food. The aim of this study was to determine the association between housing instability and food insecurity and access to ambulatory health care and rates of acute health care utilization. Secondary data analysis of the National Survey of American Families was used. Participants included 16,651 low-income adults. Measurements were: self-reported measures of past-year access: (1) not having a usual source of care, (2) postponing needed medical care, or (3) postponing medication; and past-year utilization: (1) not having an ambulatory care visit, (2) having emergency department (ED) visits, or (3) inpatient hospitalization. Study results indicated 23.6% of subjects had housing instability and 42.7% had food insecurity. In multivariate logistic regression models, housing instability was independently associated with not having a usual source of care, postponing needed medical care and postponing medications, increased ED use, and hospitalizations. Food insecurity was independently associated with postponing needed medical care and postponing medications, increased ED use and hospitalizations. In conclusion, housing instability and food insecurity are associated with poor access to ambulatory care and high rates of acute care. These competing life demands may lead to delays in seeking care and predispose to acute care.

Title: 'It's Important to be Proud of the Place You Live In': Housing Problems and Preferences of Psychiatric Survivors

Authors: Forchuk C, Nelson G, Hall B

Source: Perspectives in Psychiatric Care, 42(1):42-52, Feb 2006.

Summary: It is important to understand housing and mental health issues from the perspective of psychiatric survivors. This paper reports findings from a series of focus group meetings held with survivors of mental illness to address issues concerning housing preferences and housing needs. The discussions were recorded, transcribed, and analyzed using an ethnographic method of analysis. The themes that emerged related to oppression, social networks and social supports, housing conditions, poverty and finances, and accessing services. Participants described the ongoing stigma, discrimination, and poverty that reduced their access to safe, adequate housing. Findings: They preferred independent housing where supports would be available as needed. Participants described the dilemma of having to choose between the housing they wanted and the supports they needed, since supports were often contingent upon living in a less desirable housing situation. Nurses and other mental healthcare workers need to be aware of these issues for discharge planning, community support, and ongoing advocacy. The survivor voices need to be heard by decision-makers at various levels of government in order for housing policy to become more receptive to their realities.

Title: Decreasing Psychiatric Symptoms by Increasing Choice in Services for Adults with Histories of Homelessness

Authors: Greenwood RM, Schaefer-McDaniel NJ, Winkel G, Tsemberis SJ

Source: American Journal of Community Psychology, 36(3-4):223-238, Dec 2005.

Summary: Despite the increase in consumer-driven interventions for homeless and mentally ill individuals, there is little evidence that these programs enhance psychological outcomes. This study followed 197 homeless and mentally ill adults who were randomized into one of two conditions: a consumer-driven "Housing First" program or "treatment as usual" requiring psychiatric treatment and sobriety before housing. Proportion of time homeless, perceived choice, mastery, and psychiatric symptoms were measured at six time points. Results indicate a direct relationship between Housing First and decreased homelessness and increased perceived choice; the effect of choice on psychiatric symptoms was partially mediated by mastery. The strong and inverse relationship between perceived choice and psychiatric symptoms supports expansion of programs that increase consumer choice, thereby enhancing mastery and decreasing psychiatric symptoms.

ELDERLY HOMELESS

Title: Age and Gender Differences and Predictors of Victimization of the Older Homeless

Authors: Dietz TL, Wright JD

Source: Journal of Elder Abuse and Neglect, 17(1):37-60, 2005.

Summary: Using data from the National Survey of Homeless Assistance Providers and Clients (NSHAPC) and an application of Felson's Routine Activities Theory, this paper examines gender and age differences in victimization experiences of a sample of more than 4,200 homeless and near-homeless people, mostly adults. Results suggest that there are no differences in victimization experience by homelessness status and that the negative relationship between age and victimization rates found in the general population is also found in the homeless population. However, the relationship is relatively weak and erratic, suggesting that homeless older adults who are at least 50 years old are at increased risk of becoming victims, a finding consistent with Routine Activities Theory. In addition, similar to research with other populations, younger homeless males are statistically more likely to report being victims of theft and physical assault while females of all ages are more likely to report being victims of sexual assault. However, for older homeless adults, the gender difference in likelihood of victimization disappears. Perhaps because older homeless women are labeled as easy targets, they were equally as likely as men to be victims of physical assault and theft in old age. This is also consistent with Routine Activities Theory.

DEPRESSION

Title: Brief Report: Factors Associated With Depression Among Homeless and Marginally Housed HIV-Infected Men in San Francisco

Authors: Weiser SD, Riley ED, Ragland K, Hammer G, Clark R, Bangsberg DR

Source: Journal of General Internal Medicine, 21(1):61-64, Jan 2006.

Summary: The objective of this study was to evaluate the prevalence of and factors associated with depression among HIV-infected homeless and marginally housed men. This cross-sectional study involved homeless and marginally housed men living with HIV in San Francisco identified from the Research on Access to Care in the Homeless (REACH) Cohort. The primary outcome was symptoms of depression, as measured by the Beck Depression Inventory (BDI). Multivariate logistic regression was used to identify associations of sociodemographic characteristics, drug and alcohol use, housing status, jail status, having a representative payee, health care utilization, and CD4 T lymphocyte counts. Among 239 men, 134 (56%) respondents screened positive for depression. Variables associated with depression in multivariate analysis included white race, having a representative payee, heavy alcohol consumption, and recently missed medical appointments. Depression is a major comorbidity among the HIV-infected urban poor. Given that missed medical appointments and alcohol use are likely indicators of depression and contributors to continued depression, alternate points of contact are necessary with many homeless individuals. Providers may consider partnering with payees to improve follow-up with individuals who are HIV-positive, homeless, and depressed.

PREVENTION OF HOMELESSNESS

Title: Developing Homelessness Prevention Practice: Combining Research Evidence and Professional Knowledge

Authors: Crane M, Warnes AM, Fu R

Source: Health and Social Care in the Community, 14(2):156-166, Mar 2006.

Summary: This paper presents recommendations of three kinds for the development of homelessness prevention: for practice changes, for the concerted development of evidence on the effectiveness of different measures, and for a more systematic approach to the identification and dissemination of good practice. The recommendations were developed through consultation with health-care, social service and housing provider staff. They were asked to comment on the results of a study of 131 newly homeless people, which showed that there were five prevalent 'packages of reasons' that created distinctive 'pathways' into homelessness and concluded that some cases were preventable. This article outlines the principles of homelessness prevention and recent British policy initiatives in the field, summarizes the research methodology and relevant findings, and describes the consultation. The final section discusses the discrepancy between the high priority that homelessness prevention currently receives and the primitiveness of both the evidence base and the arrangements for good practice dissemination.

HIV PREVENTION

Title: Negotiating Risk: Knowledge and Use of HIV Prevention by Persons with Serious Mental Illness Living in Supportive Housing

Authors: Kloos B, Gross SM, Meese KJ, Meade CS, Doughty JD, Hawkins DD, Zimmerman SO, Snow DL, Sikkema KJ

Source: American Journal of Community Psychology, 36(3-4):357-372, Dec 2005.

Summary: As a population, persons with serious mental illness (SMI) have an elevated risk for HIV infection. However, relatively little is known about how the risk of HIV has affected their lives, how persons with SMI evaluate their HIV risk, and what preventive measures they undertake. Furthermore, relatively little is known about community-based HIV prevention for persons with SMI as most interventions have been restricted to clinical settings. This report presents findings on the HIV-related experiences of persons with SMI living in supportive housing programs, one possible setting for implementing community-based HIV prevention with this population. The qualitative investigation interviewed 41 men and women living in five supportive housing programs. In-depth, qualitative interviews elicited discussion of research participants' (a) experiences with HIV, (b) knowledge about HIV and HIV prevention, (c) assessments of their own risk, (d) descriptions of how they apply their prevention knowledge, and (e) reports of barriers for HIV prevention. Research participants describe social networks that have substantial contact with persons affected by HIV. However, contrary to some expectations of persons with SMI, research participants report using HIV prevention knowledge in negotiating their risk of contracting HIV. The implications of these findings are discussed in terms of their relevance for implementing community-based HIV prevention for persons with SMI.

Title: **Sexual Risk Behavior among Persons Dually Diagnosed with Severe Mental Illness and Substance Use Disorder**

Author: Meade CS

Source: Journal of Substance Abuse Treatment, 30(2):147-157, Mar 2006.

Summary: Persons dually diagnosed with severe mental illness (SMI) and substance use disorder (SUD) have disproportionately high rates of HIV and other sexually transmitted infections (STIs). This study examined the relationship between multiple sexual risk behaviors among persons with active, remitted, and no SUD. Participants were 152 adults with SMI recruited from multiple treatment sites. A structured interview assessed the participants' psychiatric, psychosocial, and behavioral factors. Rates of sexual risk behavior in the past 3 months were high and differed across the SUD groups. Multivariate logistic regression models found that lifetime SUD predicted sexual activity and partner-related risk whereas active substance abuse predicted condom-related risk. The results also support indirect effects of interpersonal and psychiatric factors (e.g., romantic partnership and psychotic disorder). Findings underscore the need for integrated HIV/STI prevention interventions targeting dually diagnosed patients.

RESEARCH METHODOLOGY

Title: **Sampling with Field Burden Constraints: An Application to Sheltered Homeless and Low-Income Housed Women**

Authors: Elliott MN, Golinelli D, Hambarsoomian K, Perlman J, Wenzel SL

Source: Field Methods, 18(1):43-58, Feb 2006.

Summary: In this article, the authors present a statistically efficient, cost-effective way of collecting a probability sample in the presence

of certain field burden constraints: restrictions on the maximum number of participants that can be sampled within a given institution and a small population size relative to the sample size dictated by the study aims. The authors suggest the use of disproportionate stratified random sampling as an alternative to two-stage sampling under these circumstances and illustrate how to account, via weighting, for the participants' differential probabilities of inclusion. They describe their approach with respect to a study of impoverished women, for which this sampling scheme was quite effective.

Title: **Cost-utility Analysis of Methadone Maintenance Treatment: A Methodological Approach**

Authors: Vanagas G, Padaiga Z, Bagdonas E

Source: Substance Use Misuse, 41(1):87-101, 2006.

Summary: Economic considerations influence the substance user treatment system. These considerations influence who gets treatment and for how long, as well as determining what services they receive and in what setting. Current medical literature argues that maintenance treatment reduces risk-taking behavior, such as injection drug use and needle sharing. Treatment also reduces the mortality associated with abuse of opiates by injection and can cause decreases in costs incurred by the criminal justice system and social services agencies. This suggests the need for complex economic evaluations of a maintenance treatment to find out the optimum treatment program. This paper describes methods of economic evaluation in healthcare and reviews the methodology of cost-utility analysis in economic evaluations of methadone maintenance treatment.

RESILIENCY IN NURSES

Title: **The Healing Circle: Resiliency in Nurses**

Author: McGee EM

Source: Issues in Mental Health Nursing, 27(1):43-57, Jan 2006.

Summary: The concept of resiliency has been explored extensively in the fields of developmental psychology as an adaptive life process. Increasingly nurses have begun to study resiliency in a wide variety of settings and client populations. This article explores the concept of resiliency in nurses. Resiliency was described through the use of personal exemplar, tracing the author's odyssey of nursing homeless men in an emergency shelter. The author proposes that the traits of resiliency in nurses are widespread and largely unrecognized. There is a pressing need to cultivate and foster personal growth in nurses because we cannot give our patients what we do not possess ourselves.

CHANGING HOMELESS POPULATION

Title: **Homeless Admissions and Immigration in a State Mental Hospital**

Authors: Appleby L, Luchins DJ, Freels S

Source: Psychiatric Services, 57(1):144, Jan 2006.

Summary: We found that the proportion of homeless mentally ill persons who were hospitalized significantly increased over the three study years, from 20.2 percent in 1996 to 29.2 percent in 2003, compared with 15.3 percent in 1980. In addition, we also found

that the homeless population might be changing. The increasing proportion of homeless foreign-born patients among new admissions to a state mental hospital probably reflects both the rising number of immigrants to certain areas of the United States and their economic status. U.S. census data for 1998 indicate that nearly 30 percent of recent arrivals to the United States lived in families below the poverty line, compared with 13 percent of the native born. Although our findings are limited because they are based on a single state mental hospital, they are consistent with demographic changes in the country and possibly with patterns of hospitalization. The general psychiatric issues facing minority and foreign-born populations have been outlined by the U.S. Surgeon General, although the report only briefly discussed homelessness among immigrants. Our findings would suggest that state mental health planners must be cognizant of these changing populations and the potential for homelessness among the foreign born.

HATE CRIMES AGAINST THE HOMELESS

Title: Hate Crimes Against the Homeless: Warning-Out New England Style

Author: Wachholz S

Source: Journal of Sociology and Social Welfare, 32(4):141-163, Dec 2005.

Summary: This article reports on the hate crime victimization experienced by thirty individuals over the course of their homelessness in a New England city. In-depth interviews were conducted with the participants in order to provide a detailed, contextual account of the nature and forms of their hate crime victimization in public and semi-public spaces. Central to the article is the argument that hate crimes against homeless people function as informal social control mechanisms that impose spatial constraints, not unlike the character and objectives of the warning-out laws that were used to exclude homeless people from the public and private space of early New England communities.

MORTALITY

Title: Drastic Elevations in Mortality Among Female Injection Drug Users in a Canadian Setting

Authors: Spittal PM, Hogg RS, Li K, Craib K J, et.al.

Source: AIDS Care, 18(2):101-108, Feb 2006.

Summary: The health and social conditions of women living in Vancouver's Downtown Eastside has recently been the focus of substantial international attention. Since few studies have examined rates and correlates of death among addicted women in Canada, we have characterized patterns of mortality among female injection drug users (IDUs) in Vancouver. The Vancouver Injection Drug Users Study (VIDUS) is a prospective open cohort study of IDUs. The analyses presented here were restricted to women enrolled between May 1996 and May 2002 and who were aged 14 years or older. Between May 1996 and May 2002, 520 female IDUs have been recruited from the Vancouver area among whom 68 died during the study period. Elevated rates of mortality were observed among those who reported baseline sex trade involvement, those with HIV-infection at baseline, and those who lived in

unstable housing at baseline. In adjusted analyses, HIV infection, unstable housing and sex-trade involvement were associated with the time to death. When the number of observed deaths was compared to the number of expected deaths based on the general female population of British Columbia using indirect standardization, the rate of death among female IDUs was elevated by a factor of 47.3. In Vancouver, female IDUs have rates of mortality almost 50 times that of the province's female population. Our findings are consistent with a growing number of reports from other settings internationally, and demonstrate the need for an appropriate evidence-based strategy to address the health and social needs of addicted women.

SOCIAL SECURITY PAYMENTS AND SUBSTANCE ABUSE

Title: Effect of Social Security Payments on Substance Abuse in a Homeless Mentally Ill Cohort

Authors: Rosen MI, McMahon-TJ, Lin HQ, Rosenheck RA

Source: Health Services Research, 41(1):173-191, Feb 2006.

Summary: The objective of this study was to determine whether receipt of social supplemental security income (SSI) or Social Security disability income (SSDI) disability payments is associated with increased drug and alcohol use. Secondary analysis of data were employed for 6,199 participants in the Access to Community Care and Effective Social Supports and Services demonstration for the homeless mentally ill. The study design was an observational, 12-month, cohort study completed over 4 years. Substance abuse and other outcomes were compared between the participants who did not receive SSI or SSDI during the 12-month study, those newly awarded benefits, and those without benefits throughout the 12 months. Social Security administrative records were used to corroborate Social Security benefit status. Drug and alcohol use were measured by self-report and clinician ratings. Participants who did not receive benefits significantly reduced their substance use over time. In generalized estimating equations models that adjusted for potentially confounding covariates, participants who newly received Social Security benefits showed no greater drug use than those without benefits but had significantly more days housed and fewer days employed. Participants whose benefits antedated the demonstration and continued during the 12 months had more clinician-rated drug use over time than those without benefits. In this vulnerable population, participants with newly awarded benefits did not have any different drug use changes than those without benefits, and had relatively more days housed. The hypothesis that Social Security benefits facilitate drug use was not supported by longitudinal data in this high-risk population.