

Health Care for the Homeless

RESEARCH UPDATE

Volume IX, No. 2

March 2008

A publication of the National Health Care for the Homeless Council, Inc. Production and distribution are made possible by a grant from the Health Services and Resources Administration (HRSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA or the National HCH Council.

Each quarter, research databases are searched for publications related to health care and homelessness. This issue of the **HCH RESEARCH UPDATE** includes a sample of summaries resulting from the search of publications from (approximately) January –March 2008. Summaries are categorized into themes which vary each quarter.

HOMELESS CHILDREN AND ADOLESCENTS

Title: Understanding the Impact of Homelessness on Children - Challenges and Future Research Directions

Author: Buckner JC

Source: American Behavioral Scientist, 51(6):721-736, Feb 2008.

Summary: Focusing on the central aim of many published studies involving homeless children in the United States, this article summarizes findings on the effects of homelessness on children's mental health, health, developmental status, and academic achievement. Researchers have repeatedly documented that poverty is associated with higher rates of problems among both homeless and low-income housed groups of children in comparison to children in the broader population. Although the majority of studies have found homeless children to evidence greater problems than low-income housed children, results are inconsistent. Factors that may account for these discrepant findings are discussed, and recommendations for additional research are offered.

Title: Six- and Twelve-Month Outcomes among Homeless Youth Accessing Therapy and Case Management Services Through an Urban Drop-In Center

Authors: Slesnick N, Kang MJ, Bonomi AE, Prestopnik JL

Source: Health Services Research, 43(1 Pt 1):211-229, Feb 2008.

Summary: This study evaluated the impact of case management and individual therapy offered through a drop-in center for homeless youth on substance use, mental health, housing, education, employment, and medical care utilization. All youth (n=172) between the ages of 14-24 who accessed treatment services through an urban, southwestern drop-in center were included. Semistructured and self-report questionnaires were administered to youth between October 2002 and April 2005. A repeated measures design was utilized. Youth were assessed at baseline, 6

months, and 12 months postbaseline. Hierarchical linear modeling was used to test the hypotheses. Statistically significant improvements were found in substance abuse, mental health, and percent days housed up to 12 months postbaseline. Decreased alcohol and drug use was associated with an increase in housing. However, most youth did not acquire permanent housing, and education, employment, and medical service utilization did not significantly change over time. While treatment offered through drop-in centers for homeless youth can positively impact homeless youth, policy, funding, and service provision need greater focus, collaboration, and support if youth homelessness is to be successfully addressed.

Title: Sexual Orientation and Adolescent Substance Use: A Meta-Analysis and Methodological Review

Authors: Marshal MP, Friedman MS, Stall R, King KM, Miles J, Gold MA, Bukstein OG, Morse JQ

Source: Addiction, 103(4):546-556, Apr 2008.

Summary: Several decades of research have shown that lesbian, gay and bisexual (LGB) adults are at high risk for substance use and substance use disorders (SUDs). These problems may often start prior to young adulthood; however, relatively little is known about risk for substance use in LGB adolescents. The aims of this paper were to conduct a meta-analysis of the relationship between sexual orientation and adolescent substance use and a systematic review and critique of the methodological characteristics of this literature. Medical and social science journals were searched using Medline and PsychInfo. Studies were included if they tested the relationship between sexual orientation and adolescent substance use. Eighteen published studies were identified. Data analysis procedures followed expert guidelines, and used National Institutes of Health (NIH)-sponsored meta-analysis software. LGB adolescents reported higher rates of substance use compared to heterosexual youth. Effect sizes varied by gender, bisexuality status, sexual orientation definition and recruitment source. None of the studies tested mediation and only one tested moderation. One employed a matched comparison group design, one used a longitudinal design, and very few controlled for possible confounding variables. The odds of substance use for LGB youth were, on average, 190% higher than for heterosexual youth and substantially higher within some subpopulations of LGB youth

(340% higher for bisexual youth, 400% higher for females). Causal mechanisms, protective factors and alternative explanations for this effect, as well as long-term substance use outcomes in LGB youth, remain largely unknown.

Title: Feasibility Study of the Social Enterprise Intervention with Homeless Youth

Authors: Ferguson KM, Xie B

Source: Research on Social Work Practice, 18(1):5-19, Jan 2008.

Summary: To reduce mental health symptoms and high-risk behaviors and increase social support and service utilization among street-living youth, the authors conducted a pilot study to assess the feasibility of the social enterprise intervention (SEI) at a homeless youth agency. Convenience sampling was used to recruit 16 street-living youth from the agency. SEI participants received 7 months of vocational and small business training and service referrals. A comparison sample of 12 agency youth was used. Findings from independent sample t tests demonstrate that SEI participants displayed significant improvements at 9 months in life satisfaction, family contact, peer support, and depressive symptoms. Preliminary findings suggest that the SEI was feasible within the agency setting and associated with higher mental health and social outcomes.

Title: Adaptation in Homeless Children - An Empirical Examination Using Cluster Analysis

Authors: Huntington N, Buckner JC, Bassuk EL

Source: American Behavioral Scientist, 51(6):737-755, Feb 2008.

Summary: Using a person-centered analytical approach, this article examines data from the Worcester Family Research Project to determine whether homeless children (53 preschoolers and 69 school-age children) can be classified into subgroups based on measures of behavior problems, adaptive functioning, and achievement. Cluster analyses revealed two clusters: higher functioning children (doing well across all three domains, n=57) and lower functioning children (doing poorly across all three domains, n=65). These results highlight that homeless children are not a homogeneous group, that a subgroup of children are doing well despite the stresses they face, and that services and policies perhaps ought to be more specifically targeted.

Title: Long-Term Associations of Homelessness with Children's Well-Being

Authors: Shinn M, Schteingart JS, Williams NC, Carlin-Mathis J, Bialo-Karagis N, Becker-Klein R, Weitzman BC

Source: American Behavioral Scientist, 51(6):789-809, Feb 2008.

Summary: To analyze long-term consequences of homelessness, the authors compared 388 formerly homeless children 55 months after shelter entry with 382 housed peers, birth to 17, using mother- and child-reported health, mental health, community involvement, cognitive performance, and educational records. Both groups scored below cognitive and achievement norms. Small group differences favored housed 4- to 6-year-olds on cognition and 4- to 10-year-olds on mental health only. Child care and recent stressful events, which were high, were as or more important than prior homelessness. Only children living with

mothers were included, potentially biasing results. Policy implications are discussed.

Title: Psychosocial Status of Homeless Children and Youth in Family Supportive Housing

Authors: Gewirtz A, Hart-Shegos E, Medhanie A

Source: American Behavioral Scientist, 51(6):810-823, Feb 2008.

Summary: Shelter-based studies have documented risks to homeless children's development, but scant information is available about children residing in family supportive housing, a key strategy for preventing long-term homelessness. This study assessed the psychosocial and health status of 454 formerly homeless children living with their families in 17 supportive housing communities. Findings indicated that children had good access to physical health care. However, children faced significant psychosocial risks and manifested behavioral, emotional, and school challenges. Housing agencies lacked infrastructure or expertise in children's mental health. The authors propose that supportive housing provides a valuable but hitherto underused opportunity to support children's psychosocial functioning.

Title: A Dimensional Model of Psychopathology among Homeless Adolescents: Suicidality, Internalizing, and Externalizing Disorders

Authors: Yoder KA, Longley SL, Whitbeck LB, Hoyt DR

Source: Journal of Abnormal Child Psychology, 36(1):95-104, Jan 2008.

Summary: This study examined associations among dimensions of suicidality and psychopathology in a sample of 428 homeless adolescents (56.3% female). Confirmatory factor analysis results provided support for a three-factor model in which suicidality (measured with lifetime suicidal ideation and suicide attempts), internalizing disorders (assessed with lifetime diagnoses of major depressive episode and post-traumatic stress disorder), and externalizing disorders (indicated by lifetime diagnoses of conduct disorder, alcohol abuse, and drug abuse) were positively intercorrelated. The findings illustrate the utility of a dimensional approach that integrates suicidality and psychopathology into one model.

Title: Comparison of HIV Risks among Gay, Lesbian, Bisexual and Heterosexual Homeless Youth

Authors: Gangamma R, Slesnick N, Toviessi P, Serovich J

Source: Journal of Youth and Adolescence, 37(4):456-464, Apr 2008.

Summary: Youth who are homeless and gay, lesbian or bisexual (GLB) are one of the most disenfranchised and marginalized groups in our society. The purpose of this study is to examine and compare HIV in GLB homeless youth with their heterosexual counterparts. Participants for this study included 268 youth involved in treatment outcome studies with substance abusing homeless youth. Results suggest that GLB youth have greater HIV risks and that these risks are greater among bisexual females. In examining the predictors of sexual health risks, survival sex emerged as the most significant. Survival sex was high among females regardless of their sexual orientation and also among gay

males. These findings suggest that a greater emphasis needs to be paid to preventive interventions among this population.

Title: Homeless Young Adults and Behavioral Health - An Overview

Authors: Zerger S, Strehlow AJ, Gundlapalli AV

Source: American Behavioral Scientist, 51(6):824-841, Feb 2008.

Summary: Young adults (ages 18-24) are especially vulnerable to homelessness in the United States, and those experiencing homelessness exhibit high prevalence for many kinds of abuse and negative health outcomes. This article reviews common behavioral health issues facing homeless youth and assesses collective wisdom on effective treatments and services for this vulnerable population. On the whole, the research remains focused on individual-level risk and protective factors and service use patterns and preferences, which detracts from the structural issues that have shaped these individuals' experiences in the first place and are key to resolving them.

Title: Positive Impact of a Shelter-Based Hepatitis B Vaccine Program in Homeless Baltimore Children and Adolescents

Authors: Schwarz K, Garrett B, Lee J, Thompson D, Thiel T, Alter MJ, Strathdee S

Source: Journal of Urban Health, 85(2):228-238, Mar 2008.

Summary: Homeless youth are at increased risk for hepatitis B virus (HBV) infection and HBV vaccine coverage is poor in this group. The purpose of our study was to determine if a shelter-based HBV vaccine program in children and adolescents 2-18 years of age with a randomized controlled trial using a culturally appropriate HBV video could increase HBV vaccine coverage rates. Subjects were randomized to an 8 min HBV video or a control, smoking prevention video. Before exposure to the videos, HBV knowledge, and demographics were assessed in caregivers and adolescents. HBV vaccine no. 1 was offered to all subjects who did not produce a vaccine record; subsequently, an accurate HBV vaccine history was obtained from medical providers. Subjects were asked to return 1 and 3 months after visit 1, HBV vaccine was offered to all with incomplete coverage, and HBV knowledge was reassessed. There were 328 children and adolescents cared for by 170 caregivers enrolled in the study. One hundred and four had incomplete HBV vaccine coverage. Data are reported for all family units with at least one subject needing vaccine. There were 53 children and adolescents randomized to the HBV video vs. 51 to the smoking video. HBV knowledge scores of caregivers improved at Visit no. 2 vs. no. 1 in the HBV video group but not in the smoking group. Similar results were observed for adolescents in the HBV video group but not in the smoking group. Exposure to the HBV video vs the smoking video had a significant effect on return rates for vaccine at Visit no. 2 (59 vs. 31%) but not at Visit no. 3 (47 vs. 18%). The shelter-based vaccine program was very effective in increasing HBV coverage rates in the entire group of 328 children and adolescents enrolled in the study, from 68% coverage at baseline to 85% at the conclusion of the study. We conclude that shelter-based HBV vaccine programs can be highly effective in increasing vaccine coverage rates in older children and adolescents. A brief exposure to a culturally appropriate HBV

video improves HBV knowledge and may improve return rates for vaccine.

Title: Predictors of Homelessness among Street Living Youth

Authors: Slesnick N, Bartle-Haring S, Dashora P, Kang MJ, Aukward E

Source: Journal of Youth and Adolescence, 37(4):465-474, Apr 2008.

Summary: While few studies have identified predictors of exiting homelessness among adults, even fewer studies have attempted to identify these predictors among homeless youth. The current study explored predictors of change in homelessness among 180 homeless youth between the ages of 14 and 22, recruited through an urban drop-in center. All youth were assessed at baseline, 3 and 6 months. The sample included 118 males and the reported ethnicity included Latino (n = 54), Anglo (n = 73), Native American (n = 24), African American (n = 6) and mixed ethnicity or "other" (n = 23). Four distinct patterns of change in homelessness were identified among youth which included those who (1) had fairly low rates of homelessness at each follow-up point, (2) started in the mid-range of homelessness, increased at 3 months and sharply declined at 6-months (MHL), (3) reported high rates of homelessness at baseline and low rates at each follow-up point (HLL), and finally, (4) remained consistently homeless across time (HMH). These patterns of change were most strongly predicted by social connections and engagement in HIV risk behaviors. The findings from this study suggest that developing trust and linkages between homeless youth and service providers may be a more powerful immediate target of intervention than targeting child abuse issues, substance use and mental health problems.

Title: Vaccinating Adolescents in High-Risk Settings: Lessons Learned from Experiences with Hepatitis B Vaccine

Authors: Sneller VP, Fishbein DB, Weinbaum CM, Lombard A, Murray P, McLaurin JA, Friedman

Source: Pediatrics, 121 Suppl 1:S56-62, Jan 2008.

Summary: Meeting the health needs of adolescents who live in high-risk settings such as homeless shelters, migrant camps, juvenile detention centers, prisons, and other types of residential facilities presents many challenges. Although there is no doubt that adolescents in many high-risk settings are at increased risk for hepatitis B and human papillomavirus, acute medical and psychological problems may consume all of the provider's time and resources. Potential health threats such as vaccine-preventable diseases must necessarily be given lower priority. Lack of vaccination expertise, supplies, and access to records further complicate delivery of vaccines. Since the 1990s, a number of approaches have been used to deliver hepatitis B vaccine to adolescents in many high-risk settings. Close collaboration among state and federal programs, local health departments, and community-based organizations has been necessary to introduce and sustain the delivery of vaccines to these young people. Medicaid, Statute 317 of the Public Health Service Act, the Vaccines for Children program, and State Children's Health Insurance Program have been used to finance vaccinations for

adolescents 18 years or younger, and the expanded Medicaid option in the Foster Care Independence Act of 1999 has been used for adolescents older than 18 years of age. A number of states allow adolescents under age 18 to consent to their own hepatitis B vaccination under laws passed to allow treatment of sexually transmitted infections without parental consent. In this article, we present the experiences of several model programs that developed successful hepatitis B vaccination programs in venues that serve adolescents at risk, the important role of state laws and state agencies in funding immunization and other preventive health services for adolescents in high-risk situations, and discuss barriers and means to resolve them.

Title: Caring For and Connecting With Homeless Adolescents

Authors: Rew L

Source: Family and Community Health, 31 Suppl 1:S42-51, Jan-Mar 2008.

Summary: Adolescents from a variety of backgrounds are among the growing number of homeless Americans. Although they lack maturity and various skills, they manage to survive in dangerous and stressful environments. This article asserts that social policy that leads to services such as housing, education, and healthcare should be based on a philosophy, ethic, and theory of caring and connectedness, which have been shown to protect adolescents as they mature. The article includes brief descriptions of theories of caring, pathways to homelessness for adolescents, survival needs of homeless youth, and characteristics of service programs that incorporate caring and connectedness.

Title: Associations Between Housing Instability and Food Insecurity with Health Care Access in Low-Income Children

Authors: Ma CT, Gee L, Kushel MB

Source: Ambulatory Pediatrics, 8(1):50-57, Jan-Feb 2008.

Summary: Homelessness and hunger are associated with poor health care access among children. Housing instability and food insecurity represent milder and more prevalent forms of homelessness and hunger. The aim of this study was to determine the association between housing instability and food insecurity with children's health care access and acute health care utilization. We conducted a cross-sectional analysis of 12,746 children from low-income households included in the 2002 National Survey of America's Families (NSAF). In multivariate models controlling for important covariates, we measured the association between housing instability and food insecurity with 3 health care access measures: 1) no usual source of care, 2) postponed medical care, and 3) postponed medications. We also measured 3 health care utilization measures: 1) not receiving the recommended number of well-child care visits, 2) increased emergency department visits, and 3) hospitalizations. Our analysis showed that 29.5% of low-income children lived in households with housing instability and 39.0% with food insecurity. In multivariate logistic regression models, housing instability was independently associated with postponed medical care, postponed medications, and increased emergency department visits. Food insecurity was independently associated with no usual source of care, postponed medical care, postponed medications, and not receiving the recommended well-

child care visits. Families that experience housing instability and food insecurity, without necessarily experiencing homelessness or hunger, have compromised ability to receive adequate health care for their children. Policy makers should consider improving programs that decrease housing instability and food insecurity, and clinicians should consider screening for housing instability and food insecurity so as to provide comprehensive care.

Title: Making Drug and Alcohol Prevention Relevant: Adapting Evidence-Based Curricula to Unique Adolescent Cultures

Author: Steiker LK

Source: Family and Community Health, 31 Suppl 1:S52-60, Jan-Mar, 2008.

Summary: There is profound value in involving youth in the cultural adaptation of evidence-based drug prevention curricula. Presently, despite the existence of evidence-based programs, few community settings are aware of, utilizing, and following evidence-based curricula in practice. Therefore, to transfer such programs to practice, systematic adaptation procedures should be further developed, utilized, and evaluated. It is recommended that community settings adapt curricula to meet their youths' unique needs to be effective, particularly with diverse cultures.

Title: Victimization and Posttraumatic Stress Disorder Among Runaway and Homeless Adolescents

Authors: Whitbeck LB, Hoyt DR, Johnson KD, Chen X

Source: Violence and Victims, 22(6):721-734, 2007.

Summary: This article presents lifetime and 12-month prevalence rates and comorbidity for posttraumatic stress disorder (PTSD) among a sample of 428 homeless and runaway adolescents. Data are from baseline interviews of a longitudinal diagnostic study of 428 (187 males; 241 females) homeless and runaway adolescents aged 16-19 years (mean age = 17.4 years, SD = 1.05). The data were collected by full-time street interviewers on the streets and in shelters in eight Midwestern cities of various populations. About one-third (35.5%) of the runaways met lifetime criteria for PTSD and 16.1% met 12-month criteria for the disorder. More than 90% of the adolescents who met criteria for PTSD met criteria for at least one of the other four diagnoses. Multivariate analyses indicated that correlates of PTSD were age of adolescent, being female, having experienced serious physical abuse and/or sexual abuse from an adult caretaker, and having been assaulted or injured by weapon when on the street. The multiplicative interaction between sexual abuse by caretaker and sexual assault when the adolescents were on their own was statistically significant, indicating that rape victims were highly likely to meet criteria for PTSD regardless of early sexual abuse. At very high levels of early sexual abuse, the probability of meeting criteria for PTSD converges with that for sexual assault victims.

EFFECTS OF HOUSING

Title: Effects of Housing Circumstances on Health, Quality of Life and Healthcare Use for People with Severe Mental Illness: A Review

Authors: Kyle T, Dunn JR

Source: Health and Social Care in the Community, 16(1):1-15, Jan 2008.

Summary: Individuals with severe and persistent mental illness (SPMI) identify housing as an important factor in achieving and maintaining their health. However, many live in substandard accommodations that are physically inadequate, crowded, noisy and located in undesirable neighbourhoods. In much of the research on housing for persons with SPMI, the central outcome of interest is remaining housed; however, it is worth investigating whether housing has other benefits. This paper is a systematic review of studies that investigated the relationship between housing-related independent variables and health-related dependent variables. Ten online databases were searched for studies published since 1980 that had study populations of adults with SPMI, analysed primary or secondary empirical data, and measured housing-related independent variables and health-related dependent variables. Clearly defined epidemiological criteria were used to assess the strength of evidence of the selected studies. Twenty-nine studies met the suitability criteria, of which 14 reported healthcare utilisation outcomes; 12 examined mental status outcomes; and 9 reported quality-of-life outcomes. The findings of the review suggest that there is good evidence that housing interventions benefit the homeless population; however more research is needed about housing solutions for individuals with SPMI who are housed, but in precarious or inappropriate housing situations. Study methodologies could be improved by emphasising longitudinal designs that focus on participant retention and by implementing matched control groups or randomised interventions to strengthen internal validity. Ensuring that a person is adequately housed upon discharge from hospital should be a treatment priority. When housing eligibility is not dependent on psychiatric treatment compliance and sobriety, providing permanent housing minimises harm and may free people to voluntarily seek treatment. Housing that offers an unlimited length of stay is recommended because SPMI is a chronic and fluctuating condition that requires stable surroundings to maintain health.

Title: Health Status, Health Care Use, Medication Use, and Medication Adherence among Homeless and Housed People Living With HIV/AIDS

Authors: Kidder DP, Wolitski RJ, Campsmith ML, Nakamura GV
Source: American Journal of Public Health, 97(12):2238-2245, Dec 2007.

Summary: We sought to compare health status, health care use, HIV anti-retroviral medication use, and HIV medication adherence among homeless and housed people with HIV/AIDS. Data were obtained from a cross-sectional, multisite behavioral survey of adults (N =7925) recently reported to be HIV positive. At the time interviews were conducted, 304 respondents (4%) were homeless. Self-ratings of mental, physical, and overall health revealed that the health status of homeless respondents was poorer than that of housed respondents. Also, homeless respondents were more likely to be uninsured, to have visited an emergency department, and to have been admitted to a hospital. Homeless respondents had lower CD4 counts, were less likely to have taken

HIV anti-retroviral medications, and were less adherent to their medication regimen. Homeless respondents needed more HIV social and medical services, but nearly all respondents in both groups had received needed services. Housing status remained a significant predictor of health and medication outcomes after we controlled for potential confounding variables. Homeless people with HIV/AIDS are at increased risk of negative health outcomes, and housing is a potentially important mechanism for improving the health of this vulnerable group.

Title: Collaborative Mental Health Care for the Homeless: The Role of Psychiatry in Positive Housing and Mental Health Outcomes

Authors: Stergiopoulos V, Dewa CS, Rouleau K, Yoder S, Chau N
Source: Canadian Journal of Psychiatry, 53(1):61-67, Jan 2008.

Summary: Factors associated with positive outcomes for homeless men referred to a shelter-based collaborative mental health care team were examined. A chart review of 73 clients referred over 12 months was completed. Two outcome measures were examined, clinical status and housing status, 6 months after their referral to the program. Among the referred clients, the prevalence of severe and persistent mental illness and substance use disorders was 76.5% and 48.5%, respectively. At 6 months, 24 clients (35.3%) had improved clinically, and 33 (48.5%) were housed. Logistic regression identified 2 factors associated with clinical improvement: the number of visits with a psychiatrist and treatment adherence. The same 2 factors were associated with higher odds of housing, and presence of substance use disorder was associated with lower odds of housing at 6-month follow-up. Care by a mental health specialist is positively associated with improved outcomes. Strategies to improve treatment adherence, access to mental health specialists, and innovative approaches to treatment of substance use disorders should be considered for this population. Having a psychiatrist as a member of a shelter-based collaborative care team is one possible way of addressing the complex physical and mental health needs of homeless individuals.

Title: Rates And Risk Factors for Homelessness After Successful Housing in a Sample of Formerly Homeless Veterans

Authors: Connell MJO, Kaspro W, Rosenheck RA
Source: Psychiatric Services, 59(3):268-275, Mar 2008.

Summary: Research suggests that subsidized housing combined with mental health services may be an effective intervention for successfully placing individuals who have a mental illness and a history of homelessness into community housing. However, there is limited longitudinal information available about the risk of loss of housing after a successful exit from homelessness. The study presented here examined the risk and predictors of returning to homelessness after successful housing in a sample of 392 formerly homeless veterans involved in an experimental trial of case management plus rent subsidy vouchers, case management only, or standard care. Over the course of a five-year period, 44% of all participants experienced a period of homelessness for at least one day after successful placement into housing. Cox regression analysis found that participants in the case management plus

voucher condition had significantly longer periods of continuous housing, compared with participants in the other two groups. Other predictors of decreased housing tenure were drug use and a diagnosis of post-traumatic stress disorder. Subsidized housing vouchers, combined with intensive case management, are advantageous both for facilitating the initial transition from homelessness to being housed and for reducing the risk of discontinuous housing, even among individuals with more severe substance abuse problems.

NURSING INTERVENTIONS

Title: Nursing Care Management at a Shelter-Based Clinic: An Innovative Model for Care

Authors: D'Amico JB, Nelson J

Source: Professional Case Management, 13(1):26-36, Jan-Feb 2008.

Summary: The objectives of this study were to: (1) Describe the nurse care manager role at a shelter-based clinic for women and children who have experienced domestic violence (DV). (2) Develop an innovative model for nursing care management in this unique setting and discuss implications for its implementation in other shelter-based clinics. (3) Provide historical benchmarking data on the use of health-related community resources and common barriers to obtaining these services among women and children following a nurse care management intervention. A clinic-based, nurse care management model was developed and implemented at a not-for-profit emergency residential shelter for women and children who have experienced DV. However, DV victims do not just appear in the community: nurse case managers encounter DV in every healthcare setting from hospitals to physician offices/clinics. A shelter-based clinic is a safe, confidential, and easily accessible place for women and children victimized by DV to receive immediate care and ongoing assistance for health-related needs. The nurse care manager, who practices in this setting and utilizes motivational interviewing techniques, has a unique opportunity to empower and support women to make informed decisions regarding the health and well-being of themselves and their children. Provision of nursing care management services in a shelter-based clinic is an innovative approach to improving outcomes and reducing the burden of suffering among women and children who leave abusive situations. The nurse care manager role and, specifically, the model of care described in this project, which includes motivational interviewing techniques, may be generalized to other shelter-type settings to promote sustained, healthy lifestyle practices for victims of DV. Benchmarks developed in this study serve as an initial approach to evaluating outcomes when applying this nursing care management model in practice. Future studies on the effectiveness of this approach among victims of DV are warranted.

Title: Efficacy of Nurse Case-Managed Intervention for Latent Tuberculosis Among Homeless Subsamples

Authors: Nyamathi A, Nahid P, Berg J, Burrage J, Christiani A, Aqtash S, Morisky D, Leake B

Source: Nursing Research, 57(1):33-39, Jan-Feb 2008.

Summary: The efficacy of a nurse case-managed intervention was evaluated in subsamples of participants with one of the following characteristics: female gender, African American ethnicity, recruited from a homeless shelter, a history of military service, lifetime injection drug use, daily alcohol and drug use, poor physical health, and a history of poor mental health. The objective of the study was to determine whether a validated nurse case-managed intervention with incentives and tracking would improve adherence to latent tuberculosis infection treatment in subsamples of homeless persons with characteristics previously identified in the literature as predictive of nonadherence. A prospective 2-group site-randomized design was conducted with 520 homeless adults residing in 12 homeless shelters and residential recovery sites in the Skid Row region of Los Angeles from 1998 to 2003. Daily drug users, participants with a history of injection drug use, daily alcohol users, and persons who were not of African American race or ethnicity had particularly poor completion rates, even in the nurse case-managed intervention program (48%, 55%, 54%, and 50%, respectively). However, the intervention achieved a 91% completion rate for homeless shelter residents and significantly improved latent tuberculosis infection treatment adherence in 9 of 12 subgroups tested (odds ratios = 2.51-10.41), including daily alcohol and drug users, when potential confounders were controlled using logistic regression analysis. Nurse case management with incentives appears to be a good foundation for increasing adherence to 6-month isoniazid treatment in a variety of homeless subgroups and, in particular, for sheltered homeless populations. However, additional social-structural and environmental strategies are needed to address those at greatest risk of nonadherence.

HOMELESS WOMEN

Title: "The Street Will Drive You Crazy": Why Homeless Psychotic Women in the Institutional Circuit in the United States Often Say No to Offers of Help

Author: Luhrmann TM

Source: American Journal of Psychiatry, 165(1):15-20, Jan 2008.

Summary: Many people who struggle with psychotic disorder often refuse offers of help, including housing, extended by mental health services. This article uses the ethnographic method to examine the reasons for such refusal among women who are homeless and psychiatrically ill in the institutional circuit in an urban area of Chicago. It concludes that such refusals arise not only from a lack of insight but also from the local culture's ascription of meaning to being "crazy." These data suggest that offers of help—specifically, diagnosis-dependent housing—to those on the street may be more successful when explicit psychiatric diagnosis is downplayed.

Title: Ethnic Differences in the Correlates of Mental Distress Among Homeless Women

Authors: Austin EL, Andersen R, Gelberg L

Source: Women's Health Issues, 18(1):26-34, Jan-Feb 2008.

Summary: Homeless women experience high rates of mental distress. We sought to determine whether ethnic differences exist in the relationship between the predisposing and enabling

domains of the Gelberg-Andersen Behavioral Model for Vulnerable Populations and mental distress. We selected 821 homeless women in the Los Angeles area using a representative probability sampling design and invited them to participate in face-to-face interviews. The sample was 67% African American, 17% Hispanic, and 16% White. We identified a number of ethnic differences in the correlates of mental distress. Being partnered or married was associated with greater distress among African American and White women, and experiencing competing needs was predictive of distress for African Americans and Hispanics. A variety of factors contribute to mental distress among different ethnic groups of homeless women; these differences should be considered in the development of culturally appropriate services designed to address mental health problems among homeless populations.

Title: Homeless Women: Who is Really at Risk for Unintended Pregnancy?

Authors: Gelberg L, Lu MC, Leake BD, Andersen RM, Morgenstern H, Nyamathi AM

Source: Maternal and Child Health Journal, 12(1):52-60, Jan 2008.

Summary: The study objective was to identify correlates of failure to use contraception among homeless women at risk for unintended pregnancy. A representative sample of 974 homeless women surveyed in Los Angeles County in 1997 included 457 who were at risk for unintended pregnancy. Logistic regression modeling was used to identify important predictors of contraceptive nonuse or rare use in the past year. One third of the sample used contraception rarely or never in the past year. Having a partner, being monogamous, and not engaging in sex trade predicted contraceptive nonuse or rare use. Partner dislike and uncertainty about which contraceptive to use were also associated with failure to use contraception. Having a regular source of care and having been encouraged to use contraception protected against failure to use contraception. Homeless women, including those at apparently low risk for unintended pregnancy, need to be targeted with integrated services that include education, a regular source of medical care, and encouragement to use contraception.

SENIOR SERVICES

Title: Project FIND: a Profile of a Community-Based Senior Services Agency

Author: Lockwood A

Source: Care Management Journal, 8(4):194-202, 2007

Summary: Project FIND has been providing innovative supportive housing, nutrition, and social support to homeless and low- and moderate-income seniors on New York City's West Side since 1967. This article profiles this nonprofit, community-based agency, which was established to meet the needs of the frail and isolated elderly, and has continued to grow and evolve in response to changing demographics, neighborhood gentrification, and needs of both the homeless as well as the active "younger old." The article describes creative programming that has distinguished Project FIND's response to seniors' needs beyond basic housing and nutrition. It also explores what it takes to successfully provide

senior services using limited resources and examines challenges for the future both nationally and for the agency.

Title: The Outcomes of Rehousing Older Homeless People: A Longitudinal Study

Authors: Crane M, Warnes AM

Source: Ageing and Society, 27 (Part 6):891-918, Nov 2007.

Summary: Older people who become homeless have attracted increasing attention in North America, Western Europe and Australia over the last 20 years, but there have been few projects dedicated to their support, and even fewer studies of the outcomes. This paper reports a longitudinal study of the resettlement of 64 older people who were rehoused into permanent accommodation from homeless people's hostels in England. Their progress was monitored for two years by face-to-face interviews. The theoretical model was that the outcomes of rehousing are a function of personal factors and behaviour, the support that people receive, and the characteristics of the new home. After 24 months, 28 respondents were housed and 'settled', 10 were housed but 'unsettled', 11 had abandoned their accommodation, and six had been evicted (nine had died or ceased contact). The factors that significantly associated with remaining housed and settled included: previous stable accommodation histories, revived contacts with relatives, taking up activities, and regular help from housing-support workers. Unsettledness and tenancy failure associated with prolonged prior homelessness, worries about living independently, and continuing contacts with homeless people. Rehousing older homeless people successfully is difficult, particularly among those with long histories of homelessness and instability, and more needs to be known about the types of accommodation and the types of support that promote tenancy sustainment.

SUBSTANCE USE & MENTAL ILLNESS

Title: The Association Between Acculturation and Needle Sharing Among Puerto Rican Injection Drug Users

Authors: Delgado M, Lundgren LM, Deshpande A, Lonsdale J, Purington T

Source: Evaluation and Program Planning, 31(1):83-91, Feb 2008.

Summary: Base-line data from a community-based HIV outreach effort serving Puerto Rican injection drug users (IDUs) in Massachusetts identified that approximately half of their clients were born on the mainland and half on the island. Logistic regression methods examined the relationship between place of birth, primary language spoken, primary residence of family and needle sharing for a sample of 200 Puerto Rican IDUs residing in Massachusetts. Focus groups were used to interpret quantitative findings. A logistic regression model indicated that Puerto Rican IDUs born on mainland USA were 2.1 times more likely to share needles than IDUs born in Puerto Rico, after controlling for gender, age, education, drug overdose, incarceration history and psychiatric status. Also, Puerto Rican IDUs who were older had overdosed on drugs in the past year, had been incarcerated in their lifetime, and were homeless were significantly more likely to report having shared needles in the past 6 months compared to their counterparts. Focus group interviews with Puerto Rican

outreach workers and individuals in recovery suggested that differences in needle sharing by mainland versus island born IDUs may be due to cultural differences in interpretation of the interview questions. Researchers examining HIV risk behaviors among culturally diverse substance abusers need to conduct more mixed-method studies to identify if different cultural groups understand quantitative measures differently. Incarceration may be a significant risk factor in the continued spread of HIV among IDUs and expanded HIV prevention efforts need to be developed that specifically target this high-risk group.

Title: Substance-Induced Suicidal Admissions to an Acute Psychiatric Service: Characteristics and Outcomes

Authors: Ries RK, Yuodelis-Flores C, Comtois KA, Roy-Byrne PP, Russo JE

Source: Journal of Substance Abuse Treatment, 34(1):72-79, Jan 2008.

Summary: The degree of substance-induced syndrome (SIS) was evaluated in 5,116 acutely hospitalized suicidal psychiatric inpatients. Admission and discharge severity ratings were made by academic attendings using structured forms. Outcome variables analyzed include ratings of psychiatric symptom severity on admission and discharge, length of stay, severity of SIS, and severity of alcohol/drug problems. Suicidal inpatients rated with a high degree of SIS were more likely to be homeless, to be unemployed, to be uncooperative, to have shorter lengths of stay, and to show a more rapid improvement in symptoms. These patients represent a subgroup of the co-occurring disorders population having a high degree of addiction severity with temporary substance-induced suicidal syndromes and are subjected to the most expensive level of care in the mental health system. Implications of these findings include the fact that psychiatric inpatient services need to provide intensive addiction intervention treatment and that outpatient addiction services need improved capability and capacity to care for suicidal patients.

Title: Tripling of Methamphetamine/Amphetamine Use among Homeless and Marginally Housed Persons, 1996-2003

Authors: Das-Douglas M, Colfax G, Moss AR, Bangsberg DR, Hahn JA

Source: Journal of Urban Health, 85(2):239-249, Mar 2008.

Summary: Methamphetamine/amphetamine (MA)-related morbidity and mortality has been increasing in the United States. MA use is associated with high-risk sexual behavior and syringe-sharing practices. Homeless and marginalized housed persons (H/M) have high rates of substance use and mental health disorders. Little is known about trends of MA use among the H/M. The objective of this study was to quantify increases in MA use among H/M in San Francisco and to determine which demographic and behavioral subgroups have experienced the greatest increases in MA use. We conducted serial cross-sectional population-based studies in three waves: 1996-1997, 1999-2000, and 2003 and studied 2,348 H/M recruited at shelters and lunch lines. The main outcome was self-reported current (30-day) MA use. We found a tripling of current MA use among H/M persons from 1996 to 2003, with a sevenfold increase in smoked MA use.

MA use doubled to tripled in most demographic and behavioral subgroups, whereas it quadrupled in those under age 35, and there was a fivefold increase among HIV-infected persons. The increase in MA use among H/M places a vulnerable population at additional increased risk for HIV infection and MA-use related morbidity and mortality. Among HIV-infected H/M, the increase in MA use has important public health implications for the development and secondary transmission of drug-resistant HIV caused by synergistic neurocognitive decline, poor adherence to HIV medications, and increased sexual risk behavior. Clinicians caring for H/M persons should inquire about MA use, refer interested MA users to MA dependence treatment programs and provide targeted HIV sexual risk reduction counseling. For HIV-infected H/M MA users, clinicians should closely monitor adherence to HIV or other chronic medications, to avoid unnecessary morbidity and mortality. Further research is needed to elucidate the most effective prevention and treatment for MA use and dependence among the H/M.

Title: Engagement and Retention in Services among Formerly Homeless Adults with Co-Occurring Mental Illness and Substance Abuse: Voices from the Margins

Authors: Padgett DK, Henwood BA, C-Davis A

Source: Psychiatric Rehabilitation Journal, 31(3):226-233, Win 2008.

Summary: This qualitative study analyzed 72 interviews with 39 formerly homeless psychiatric consumers to develop a grounded theory model of engagement and retention in mental health and substance abuse services. Person-centered themes included severity of mental illness and substance abuse (the latter also conflicting with programmatic abstinence requirements). System-related themes inhibiting service use included program rules and restrictions and a lack of one-on-one therapy. Those promoting service use were acts of kindness by staff, pleasant surroundings, and the promise (or attainment) of independent housing. Implications of these findings are discussed in terms of integrating consumers' opinions about services to enhance treatment engagement and retention.

Title: Enhanced Outpatient Treatment for Co-Occurring Disorders: Main Outcomes

Authors: Sacks S, McKendrick K, Sacks JY, Banks S, Harle M

Source: Journal of Substance Abuse Treatment, 34(1):48-60, Jan 2008.

Summary: This study, which was conducted in an outpatient substance abuse treatment program, randomly assigned clients with mental health symptoms to either a control group, which received basic program services, or an experimental group, which was configured as a modified therapeutic community (TC) track, with the addition of modified TC features and three specific elements-psychoeducational seminar, trauma-informed addictions treatment, and case management. The experimental group had significantly better outcomes as compared with the control group on measures of psychiatric severity and on the key measure of housing stability; no difference was observed for substance use, crime, and employment. The findings must be qualified because

(a) only 3 of 34 representative measures (< 10%) showed significant differential treatment effects and (b) analysis revealed partial implementation of the enhancements. The study provides modest support for the effectiveness, on specific outcomes, of outpatient substance abuse treatment programs that add modified TC features and targeted interventions to strengthen their capacity to treat co-occurring disorders.

Title: Are the Responses of Clients with Psychiatric and Addiction Disorders Using Services for the Homeless Valid?

Authors: Bonin JP, Fournier L, Blais R, Perreault M, White ND

Source: Canadian Journal of Psychiatry, 52(12):798-802, Dec 2007.

Summary: This study aimed to verify the validity of self-reported data on service use from clients with mental or substance abuse disorders in Montreal and Quebec services for homeless individuals. Methods included comparison of the self-reported data from the Enquete chez les personnes itinérantes (Fournier, 2001) on health service use with official data from Quebec health services (MEDECHO and RAMQ). The analysis shows a moderate-to-high level of concordance between the self-reported and the official data. Almost every item analyzed presents moderate but significant intraclass correlation coefficients for general and psychiatric hospitalization and use of psychiatric medication, but lower and nonsignificant coefficients for medical hospitalization. Participant characteristics such as mental disorders, homeless status, and substance abuse problems do not seem to have an impact on data validity. The answers on health service use from individuals with mental health problems, homeless status, or substance abuse problems are generally valid in the results presented. Thus the self-reported data from these individuals seems to be a generally valid source of data and an affordable one for research on service use or other domains.

Title: Implications of Medicaid Coverage in a Program for Latino Substance Users

Authors: Bachman SS, Walter AW, Kuilan N, Lundgren LM

Source: Evaluation Program and Planning, 31(1):74-82, Feb 2008.

Summary: This cross-sectional study explored baseline differences between Medicaid covered and uninsured clients (n=368) in the Project La Voz, a community outreach program targeting Latino substance users. Independent variables included client demographics, health status and health service use; the dependent variable was Medicaid coverage vs. uninsured. Bi-variate analyses and three binomial logistic regression models were conducted. The first logistic regression model examining client characteristics indicated that La Voz enrollees with Medicaid coverage were more likely to be women, reside in stable housing, and report poor health status. Employment and educational status were not significantly associated with having Medicaid. A second model, examining the association between health care utilization in the past 30 days and Medicaid coverage, indicated that LaVoz enrollees with Medicaid were significantly more likely to have entered substance use treatment. In the third model, client characteristics and health care use were examined in one model; all variables remained significant except for gender. Massachusetts' recent health care reform efforts include substance abuse

treatment benefits through Medicaid. Specific strategies are needed to ensure that Latinos substance abusers, particularly those who are homeless, gain Medicaid coverage and then have access to needed services.

Title: Recent Drug Use, Homelessness and Increased Short-Term Mortality in HIV-Infected Persons with Alcohol Problems

Authors: Walley AY, Cheng DM, Libman H, Nunes D, Horsburgh CR, Saitz R, Samet JH

Source: AIDS, 22(3):415-420, Jan 30, 2008.

Summary: This study assessed the impact of recent heavy alcohol use, heroin/cocaine use, and homelessness on short-term mortality in HIV-infected persons. Survival in a longitudinal cohort of 595 HIV-infected persons with alcohol problems was assessed at 6-month intervals in 1996-2005. The time-varying main independent variables were heavy alcohol use (past 30 days), heroin/cocaine use (past 6 months), and homelessness (past 6 months). Date of death was determined using the Social Security Death Index. Outcomes were limited to deaths occurring within 6 months of last assessment to ensure recent assessments of the main independent variables. Cox proportional hazards models were fit to the data. Death within 6 months of their last assessment occurred in 31 subjects (5.2%). Characteristics at study entry included mean age 41 years, 25% female, 41% African-American, 24% with CD4 cell count < 200 cells/ μ l; 41% taking antiretroviral therapy, 30% heavy alcohol use, 57% heroin or cocaine use, and 28% homelessness. Heroin or cocaine use and homelessness, but not heavy alcohol use, were associated with increased mortality in analyses adjusted for age, injection drug use ever, CD4 cell count, and current antiretroviral therapy. Recent heroin or cocaine use and homelessness are associated with increased short-term mortality in HIV-infected patients with alcohol problems. Optimal management of HIV-infected patients requires regular assessments for drug use and homelessness and improved access to drug treatment and housing

MONEY MANAGEMENT

Title: Caregivers as Money Managers for Adults with Severe Mental Illness: How Treatment Providers Can Help

Authors: Elbogen EB, Wilder C, Swartz MS, Swanson JW

Source: Academic Psychiatry, 32(2):104-110, Mar-Apr 2008.

Summary: This study reviewed the prevalence, benefits, and problems associated with families who, either informally or formally as representative payees, manage money for adults with severe mental illness. Based on empirical research and clinical cases, suggestions are offered for minimizing downsides and capitalizing upon benefits of family money management. The findings and case vignettes demonstrate four specific strategies for treatment providers: facilitating collaboration, increasing knowledge about disability funds, improving money management skills, and developing plans for financial decision making. By following these recommendations and becoming aware of whether their clients had family money managers, clinicians can promote independent functioning and family support for a substantial number of people with severe mental illness.

INCARCERATION AND HOMELESSNESS

Title: Jail Incarceration, Homelessness, and Mental Health: A National Study

Authors: Greenberg GA, Rosenheck RA

Source: Psychiatric Services, 59(2):170-177, Feb 2008.

Summary: This study sought to investigate the rates and correlates of homelessness, especially mental illness, among adult jail inmates. Data from a national survey of jail inmates (N= 6,953) were used to compare the proportion of jail inmates who had been homeless in the previous year with the proportion of persons in the general population who had been homeless in the previous year, after standardization to the age, race and ethnicity, and gender distribution of the jail sample. Logistic regression was then used to examine the extent to which homelessness among jail inmates was associated with factors such as symptoms or treatment of mental illness, previous criminal justice involvement, specific recent crimes, and demographic characteristics. Inmates who had been homeless (that is, those who reported an episode of homelessness anytime in the year before incarceration) made up 15.3% of the U. S. jail population, or 7.5 to 11.3 times the standardized estimate of 1.36% to 2.03% in the general U. S. adult population. In comparison with other inmates, those who had been homeless were more likely to be currently incarcerated for a property crime, but they were also more likely to have past criminal justice system involvement for both nonviolent and violent offenses, to have mental health and substance abuse problems, to be less educated, and to be unemployed. Recent homelessness was 7.5 to 11.3 times more common among jail inmates than in the general population. Homelessness and incarceration appear to increase the risk of each other, and these factors seem to be mediated by mental illness and substance abuse, as well as by disadvantageous sociodemographic characteristics.

Title: Critical Time Intervention for Reentry from Prison for Persons with Mental Illness

Authors: Draine J, Herman DB

Source: Psychiatric Services, 58(12):1577-1581, Dec 2007.

Summary: Critical time intervention (CTI) is a nine-month, three-stage intervention that strategically develops individualized linkages in the community and seeks to enhance engagement with treatment and community supports through building problem-solving skills, motivational coaching, and advocacy with community agencies. It is an empirically supported practice shown to enhance continuity of care for people with mental illness after discharge from homeless shelters and psychiatric hospitals. This article describes CTI as a promising model to provide support for reentry from prison for people with mental illness. A conceptual model is presented for evaluating the impact of CTI on the transition from correctional settings to the community. The model is potentially useful for further development of mental health service-driven models of reentry process and outcome. Although CTI is a potentially useful model for reentry services for this population, challenges remain in adapting it to specific correctional facilities, justice systems, and community contexts.

TUBERCULOSIS

Title: Successful Use of Rifampicin for Hispanic Foreign-Born Patients with Latent Tuberculosis Infection

Authors: Haley CA, Stephan S, Vossell LF, Sherfy EA, Laserson KF, Kainer MA

Source: International Journal of Tuberculosis and Lung Disease, 12(2):160-167, Feb 2008.

Summary: Four months of rifampicin (4R) is recommended for the treatment of latent tuberculosis infection (LTBI), although data regarding its use are limited. The majority of tuberculosis (TB) cases in the USA occur among foreign-born persons. This study aimed to determine tolerability, hepatotoxicity and completion rates associated with 4R among foreign-born persons. We retrospectively evaluated 4R treatment among a cohort of predominantly Hispanic foreign-born LTBI patients in four Middle-Tennessee public health clinics from February 2000 to February 2004. Patients' charts were reviewed to abstract demographic, social and clinical data. 4R completion rates, new symptoms and hepatotoxicity were evaluated. Of 749 patients treated, 571 (76%) completed 4R. Among all subjects, Hispanics had a lower risk of non-completion than non-Hispanics. Among non-Hispanic subjects, the risk of non-completion was higher for Blacks than non-Blacks, but was lower for foreign-born than non-foreign-born subjects. During treatment, 85 subjects (11%) developed new symptoms, and hepatotoxicity occurred in three patients: With high completion rates and minimal side effects, 4R is a favorable LTBI treatment regimen for Hispanic and other foreign-born patients.

Title: Safety of Upper-Room Ultraviolet Germicidal Air Disinfection for Room Occupants: Results from the Tuberculosis Ultraviolet Shelter Study

Authors: Nardell EA, Bucher SJ, Brickner PW, Wang C, Vincent RL, Becan-McBride K, James MA, Michael M, Wright JD

Source: Public Health Reports, Volume 123, Jan-Feb 2008.

Summary: We evaluated the safety of room occupants in the Tuberculosis Ultraviolet Shelter Study (TUSS), a double-blind, placebo-controlled field trial of upper-room ultraviolet germicidal irradiation (UVGI) at 14 homeless shelters in six U.S. cities from 1997 to 2004. Data collection involved administering questionnaires regarding eye and skin irritation to a total of 3,611 staff and homeless study subjects. Among these subjects, there were 223 reports of eye or skin symptoms. During the active UV period, 95 questionnaires (6%) noted such symptoms, and during the placebo period, 92 questionnaires (6%) did so. In the 36 remaining cases, either the UV period when symptoms took place as unknown or the symptoms spanned both periods. There was no statistically significant difference in the number of reports of symptoms between the active and placebo periods. One definite instance of UV-related keratoconjunctivitis occurred, resulting from a placement of a bunk bed in a dormitory where a single bed had been used when the UV fixtures were first installed. These findings demonstrate that careful application of upperroom UVGI can be achieved without an apparent increase in the incidence of the most common side effects of accidental UV overexposure.