

# Health Care for the Homeless

## RESEARCH UPDATE

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*Each quarter, more than 18 databases are searched for research publications and projects related to health care and homelessness. Results of this customized search will be added to a comprehensive research database on the HCH Information Resource Center website ([www.prainc.com/hch](http://www.prainc.com/hch)). This issue of the HCH RESEARCH UPDATE includes a sample of summaries resulting from the search of publications from January-April 2003. Summaries are categorized into themes which will vary each quarter.*

### SUBSTANCE USE & TREATMENT

#### **Title: Assessing Limiting Factors To The Acceptance Of Antiretroviral Therapy In A Large Cohort Of Injecting Drug Users**

**Authors:** Clarke S; Delamere S; McCullough L; Hopkins S; Bergin C; Mulcahy F

**Source:** HIV Medicine, 4(1):33-7, Jan 2003.

**Summary:** A comprehensive questionnaire was designed to assess the knowledge and understanding of injecting drug users (IDUs) regarding their HIV disease, and to determine any factors that may increase the acceptance of antiretroviral therapy (ART) by this group. Twenty percent of the total IDU cohort attending the GUIDE (GenitoUrinary Medicine and Infectious Diseases) clinic participated in the study. Fifty-two percent had been homeless in the past 5 years and 84% are unemployed. Seventy-two percent of patients did not complete second level education and 10% were illiterate. Fifty-one percent had siblings or parents with a history of injection drug misuse, and 25% had at least one sibling also HIV positive. Forty-seven percent started using drugs before the age of 13 years, and the most common initial drug was heroin. Ninety-five percent had attended for methadone maintenance therapy (MMT), with 39% currently attending for daily therapy. The majority of patients were unable to simply explain or interpret CD4 cell counts and 'viral loads'. Fifty-seven percent of patients were receiving highly active antiretroviral therapy (HAART). There was a statistically significant association between patients receiving HAART and both attendance at a primary care physician for methadone maintenance therapy, and weekly take-outs of methadone. There was also an association between adherence to HAART and attendance at a methadone maintenance clinic. This study highlights the chaotic lifestyle and complex social background of

the IDU. Such factors were not, however, associated with acceptance of HAART. The primary factor associated with both the acceptance of and adherence to HAART was regular and stable attendance for methadone therapy.

#### **Title: Predicting Long-Term Treatment Utilization Among Addicts Entering Detoxification: The Contribution of Help-Seeking Models**

**Authors:** Kleinman BP; Millery M; Scimeca M; Polissar NL

**Source:** Journal of Drug Issues, 32(1):209-30, Winter 2002.

**Summary:** Detoxification is the entry point into the drug treatment system for many heroin and cocaine addicts. In this paper, we examine both sociodemographic predictors of utilization of long-term treatment and constructs based on theories of help seeking. Data for this paper were collected from 279 heroin and cocaine-dependent individuals, at entry into two detoxification programs and 30 or more days later to determine their long-term treatment status in the 30 days following detoxification. We find that homeless individuals, those on parole, and those who have used drugs for fewer than 20 years are more likely than their counterparts to be in treatment. Even when an array of sociodemographic characteristics are controlled, constructs drawn from the theory of planned behavior (Ajzen, 1988), intention to enter treatment, behavioral beliefs favoring treatment, and perceived behavioral control (self-efficacy) contribute significantly to the prediction of treatment utilization.

#### **Title: Utility of the Time-Line Follow-Back To Assess Substance Use Among Homeless Adults**

**Authors:** Sacks JA; Drake RE; Williams VF; Banks SM; Herrell JM

**Source:** Journal of Nervous and Mental Disease, 191(3):145-53, Mar 2003.

**Summary:** Assessing substance use of homeless persons is a critical task. This study examines the test-retest reliability, concurrent validity, and sensitivity to change of the Time-Line Follow-Back interview, a calendar instrument used to assess days and quantities of alcohol use and days of illicit drug use, in the multisite Collaborative Program to Prevent Homelessness (CPPH). The Time-Line Follow-Back was reliable for assessing use during the past month and the recent six months. Results

from the Time-Line Follow-Back were correlated with other self-reports of use, with research diagnoses of substance use disorder, and with clinician ratings of severity of substance abuse. The Time-Line Follow-Back detected changes in clients with severe mental illness and in those with less severe psychiatric problems

#### MANAGED CARE

**Title: How Did The Introduction Of Managed Care For The Uninsured In Iowa Affect The Use Of Substance Abuse Services?**

**Authors:** Ettner SL; Argeriou M; McCarty D; Dilonardo J; Liu H

**Source:** Journal of Behavioral Health Services Research, 30(1):26-40, Jan-Feb 2003.

**Summary:** Concerns about access under managed care have been raised for vulnerable populations such as publicly funded patients with substance abuse problems. To estimate the effects of the Iowa Managed Substance Abuse Care Plan (IMSACP) on substance abuse service use by publicly funded patients, service use before and after IMSACP was compared; adjustments were made for changes in population sociodemographic and clinical characteristics. Between fiscal years 1994 and 1997, patient case mix was marked by a higher burden of illness and the use of inpatient, residential nondetox, outpatient counseling, and assessment services declined, while use of intensive outpatient and residential detox services increased. Findings were similar among women, children, and homeless persons. Thus, care moved away from high-cost inpatient settings to less costly venues. Without knowing the impact on treatment outcomes, these changes cannot be interpreted as improved provider efficiency versus simply cost containment and profit maximization.

#### HOSPITAL DISCHARGE

**Title: Involuntary Outpatient Commitment And Homelessness In Persons With Severe Mental Illness**

**Authors:** Compton SN; Swanson JW; Wagner HR; Swartz MS; Burns BJ; Elbogen EB

**Source:** Mental Health Services Research, 5(1):27-38, Mar 2003.

**Summary:** This study took preliminary steps to explore the relationship between involuntary outpatient commitment (OPC) and the risk of homelessness among individuals with severe mental disorders. Involuntarily hospitalized patients were randomly assigned to be released or maintained under OPC following hospital discharge. Multivariate analyses demonstrated that involuntary OPC was associated with a significant decrease in the risk of homelessness during the first 4 months following hospital discharge for participants with severe functional impairment at baseline. OPC did not appear to affect risk of homelessness among participants with mild-to-moderate functional impairment. Co-occurring substance abuse, treatment nonadherence, and outpatient services intensity were found to be strongly associated with episodes of homelessness. This study suggests that involuntary OPC may provide a short-term reduction in the risk of homelessness among a subgroup of treatment-reluctant individuals with severe mental disorders combined with severe functional impairment.

#### FOLLOW-UP CARE

**Title: Determinants Of Receipt Of Ambulatory Medical Care In A National Sample Of Mentally Ill Homeless Veterans**

**Authors:** Desai MM; Rosenheck RA; KasproW WJ

**Source:** Medical Care, 41(2):275-87, Feb 2003.

**Summary:** This study used the Behavioral Model for Vulnerable Populations to identify determinants of receipt of outpatient medical care within 6 months of initial contact with a national homeless veterans outreach program. Homeless veterans were contacted through the program in 1999 (n = 26,926). Data from structured interviews conducted at the time of program intake were merged with Veterans Affairs administrative data to determine subsequent medical service use. Logistic regression modeling was used to identify predisposing, enabling, and need factors from traditional and vulnerable domains predictive of receiving medical care. Overall, 41.8% of subjects received at least one medical visit in the 6 months after program intake; of these, 48.7% had three or more visits. In multivariate analyses, the likelihood of receiving medical care was, among other things, positively associated with age, female gender, and placement in residential treatment and negatively associated with duration of homelessness and being contacted through outreach versus referred or self-referred into the homeless program. Mental illness did not appear to be an additional barrier to initiating medical care; however, a diagnosis of substance abuse or schizophrenia was associated with a decreased likelihood of receiving three or more visits. A majority of homeless veterans contacted through a national outreach program failed to receive medical services within 6 months of program entry. Vulnerable-domain factors were important supplements to traditional variables in predicting use of medical services in the homeless population. Greater efforts are needed to ensure that mentally ill homeless persons are successfully linked with and engaged in medical treatment.

**Title: Health Status, Service Use, And Costs Among Veterans Receiving Outreach Services In Jail Or Community Settings**

**Authors:** McGuire J; Rosenheck RA; KasproW WJ

**Source:** Psychiatric Services, 54(2):201-7, Feb 2003.

**Summary:** Compared client characteristics, service use, and health care costs of a group of veterans who were contacted while incarcerated at the Los Angeles jail and a group of homeless veterans who were contacted in community settings. Between May 1, 1997, and October 1, 1999, 1,676 veterans who were in jail and 6,560 community homeless veterans were assessed through a structured intake procedure that documented their demographic, clinical, and social adjustment characteristics. Data on the use and costs of health services during the year after outreach contact were obtained. Chi square and t tests were used for statistical comparisons. The veterans who were contacted in jail obtained higher scores on several measures of social stability but had higher rates of unemployment. They had fewer medical problems but higher levels of psychiatric and substance use problems, although the rate of current substance use was lower among these veterans than among the community homeless veterans. One-year service access for the jailed veterans was half that of the community homeless veterans. No differences were observed in the intensity of use of mental health services among

those who used services, but the jailed outreach clients used fewer residential, medical, and surgical services.

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**Title: Up From The Streets: A Follow-Up Study Of People Referred To A Specialist Team For The Homeless Mentally Ill**

**Authors:** Power C; Attenborough J

**Source:** Journal of Mental Health (UK), 12(1):41-9, Feb 2003.

**Summary:** In 1991 the START team was formed as part of the UK's homeless mentally ill initiative to reduce homelessness and increase access to mental health services for this marginalized group. This study identified the characteristics of homeless clients who were 'lost' after referral to statutory health and social services departments. A retrospective case note review of a consecutive series of 100 homeless people (aged 17-71 yrs) with mental health problems referred to a specialist team was conducted. Follow-up was 4 years after initial contact. Their last known address or caseworker was used to gain information regarding their housing status and whether they were in contact with mental health services. There was no evidence that loss of contact with services related to age, forensic history, or substance misuse. Clients referred to the team on more than one occasion were marginally more likely to remain in contact with services. 10% of the sample had returned to the homeless circuit; 49% were resettled to more permanent accommodation. 43% were not in contact with services while 55% were still in contact 4 years later. This study supports the suggestion that with specialist intervention and support people with mental health problems who are homeless can live a more settled existence.

## HOUSING PROGRAMS

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**Title: Outcomes Of Homeless Adults With Mental Illness In A Housing Program And In Case Management Only**

**Authors:** Clark C; Rich AR

**Source:** Psychiatric Services, 54(1):78-83, Jan 2003.

**Summary:** The effectiveness of two types of service programs in ameliorating homelessness among individuals with severe mental illness was compared. Homeless persons with severe mental illness were recruited into the study on their entry into one of two types of homeless service programs. The first was a comprehensive housing program, in which consumers received guaranteed access to housing, housing support services, and case management. The second was a program of case management only, in which consumers received specialized case management services. In a quasi-experimental or nonrandom-assignment design, participants responded to instruments measuring housing status, mental health symptoms, substance use, physical health, and quality of life at baseline (program entry) and at six months and 12 months after entry. The baseline interview was completed by 152 participants and at least one of the two follow-up interviews by 108 participants. High-, medium-, and low-impairment subgroups, based on psychiatric symptoms and degree of alcohol and illegal drug use, were formed by means of a propensity score subclassification. Persons with high psychiatric symptom severity and high substance use achieved better housing outcomes with the comprehensive housing program than with case management alone. However, persons with low and medium symptom severity and low levels of alcohol and drug use did just as well with case management

alone. The results suggest that the effectiveness, and ultimately the cost, of homeless services can be improved by matching the type of service to the consumer's level of psychiatric impairment and substance use rather than by treating mentally ill homeless persons as a homogeneous group.

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**Title: The New York-New York Housing Initiative And Use Of Public Shelters By Persons With Severe Mental Illness**

**Authors:** Metraux S; Marcus SC; Culhane DP

**Source:** Psychiatric Services, 54(1):67-71, Jan 2003.

**Summary:** The study examined changes in the use of shelters in New York City by mentally ill persons with a history of homelessness who received housing placements through the New York-New York (NY/NY) housing initiative between 1990 and 1999 and the impact of the initiative on the overall demand for shelter beds in the city. Computerized service records on housing, shelter use, and health care services were linked to create an integrated data set for 3,167 persons who received NY/NY housing placements, which provided mental health services, and for a matched control group of persons with mental illness who used shelters but did not receive housing placements. Regression analyses were used to assess the relationships between shelter use and receipt of a placement. Differences in postplacement shelter use between NY/NY housing recipients and the matched control group were then examined at an individual level and a population level. Heavy users of the shelter system were more likely to be placed in NY/NY housing. In the two-year postplacement period, persons who received a NY/NY housing placement used, on average, 128.2 fewer shelter days than those in the control group. In 1996, the NY/NY housing initiative reduced the average nightly census in New York City shelters by an estimated 4.6 percent. Providing housing combined with mental health services is an effective approach to reducing shelter use among mentally ill persons who have a history of homelessness.

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**Title: The Relationship Between Depression And Substance Abuse Among Multiple-Diagnosed Homeless Population In Services-Enhanced Transitional Housing**

***\*\*Note: Not a peer-reviewed publication\*\****

**Author:** Chu DM

**Source:** Dissertation Abstracts, 63(5-B):2576, Dec 2002.

**Summary:** In the attempt to study the effects of housing on substance use among a homeless, multiple-diagnosed population, the relationship between substance use and depression was examined. A quasi-experimental, simple time series design with repeated measures was utilized in order to assess changes in mental health and substance use at baseline, 6- and 12-month follow-ups. Archival datasets of the Bridge Project were analyzed. All participants received subsidized housing and money management services and had direct access to comprehensive services through the Bridge Project program. Data were available for 156 participants. Examining the past 6 months, there was a significant decrease in the total frequency of substance use and a significant decrease in the total number of substances used over time. However, there was no significant change in any specific substance over time. With regard to substance use during the past 30 days, there was a significant decrease in number of days heroin was used over time, but there

was no significant change in the total frequency of substance use and in the total number of substances used over time. Contrary to prediction, there was no significant change in level of depression over time. Additionally, substance use during the past 6-months at baseline was significantly correlated with mental health variables at baseline. However, there was not a significant relationship between substance use and mental health variables at 6- and 12-month follow-ups. Moreover, substance use during the past 30 days was positively correlated with mental health variables at baseline and 12-month follow-ups. Lastly, contrary to prediction, utilization of treatment services did not have a direct effect on level of substance use and depression. The reduction of heroin use and frequency and number of substances used is an important harm reduction (HR) outcome and provides support for the effectiveness of the Bridge Project program in bringing about positive behavioral change among homeless substance abusers. More research is needed to increase field knowledge and understanding of the interplay between transitional housing, integrated services, and harm reduction.

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**Title: Two Genealogies Of Supported Housing And Their Implications For Outcome Assessment**

**Authors:** Hopper K; Barrow SM

**Source:** Psychiatric Services, 54(1):50-4, Jan 2003.

**Summary:** Drawing on ongoing fieldwork in New York City, the authors distinguish two "genealogies," or developmental traditions, of supported housing. "Housing as housing" originated in the mental health field to champion normalized, less-structured alternatives to clinically managed residential programs. "Integrated housing development" traces its origins to the movement to combat homelessness by preserving and creating affordable housing. The authors detail the distinctive premises, guiding concerns, and developmental logic of each lineage, contrasting the consumer advocate focus of the first genealogy with the emphasis on housing supply of the second. As housing and service investment strategies, the two approaches run different risks, speak to distinctive constituencies, and play to specific strengths. The authors argue that any attempt to take the measure of their success or to assess their comparative value as social investments must go beyond client outcome and come to terms with discrepant notions of the social good that they represent.

**SMOKING**

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**Title: Smoking Characteristics Of A Homeless Population**

**Authors:** Butler J; Okuyemi KS; Jean S Nazir N; Ahluwalia JS; Resnicow K

**Source:** Substance Abuse, 23(4):223-31, Dec 2002.

**Summary:** When addressing tobacco control and smoking cessation measures, the homeless have been perceived as a difficult to reach population. The purpose of this study was to examine the smoking characteristics of a homeless population. Data were derived from a larger study that examined smoking among inner-city residents. Homeless smokers (n = 107) were compared to nonhomeless smokers (n = 491) on socio-demographics, smoking characteristics, motivation to quit, and smoking cessation experiences. Results showed that homeless smokers were more likely to be white, smoke more cigarettes per day, initiate smoking at a younger age, and have a longer

smoking history. Knowledge about the risks of smoking and the benefits of quitting was equally high in both groups. Homeless smokers were less likely to be preparing to quit smoking compared to nonhomeless smokers. These factors place homeless smokers at increased risk of tobacco-related diseases. Programs are needed to design and test effective cessation interventions for homeless smokers.

**WOMEN WITH CHILDREN**

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**Title: "Homelessness Is Not A Choice!" The Plight Of Homeless Women With Preschool Children Living In Temporary Shelters**

**Author:** Averitt SS

**Source:** Journal of Family Nursing, 9(1):79-100, Feb 2003.

**Summary:** The purpose of this study was to describe the lived experiences of homeless women with preschool children living in temporary shelters. Two shelters were selected as sites for data collection: a large metropolitan shelter housing up to 110 women and children and a small shelter providing housing for up to six families. Six focus groups were conducted that included a total of 29 participants. An interpretive phenomenological approach to data analysis was used. Themes and exemplars were identified. The interpretation of the data was brought back for group validation to assure the analysis presented an accurate reflection of the women's voices. The findings from this study may be used to understand the experiences of homeless women with preschool children living in temporary shelters. Shelter sites offer nurses a unique practice setting in which innovative interventions could be designed to promote the health and welfare of homeless women and their children.

**HEPATITIS**

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**Title: Comparison Of Conventional And Accelerated Hepatitis B Immunisation Schedules For Homeless Drug Users**

**Authors:** Wright NM; Campbell TL; Tompkins CN

**Source:** Communicable Disease and Public Health, 5(4):324-6, Dec 2002.

**Summary:** This historical control study examines the uptake of two hepatitis B immunisation schedules at an inner city primary care centre for homeless people in Northern England. Originally homeless patients disclosing current or past illicit drug use were offered hepatitis B immunisation. In 1999 a conventional hepatitis B vaccine schedule was offered (immunisations at 0, 1, and 6 months) whereas in 2000 an accelerated schedule was introduced (immunisations at 0, 7 and 21 days). There was an increase in the uptake of hepatitis B vaccination by homeless drug users once the accelerated schedule was introduced. Furthermore, the completion rates for the accelerated vaccination regimen were almost seven times higher than for the conventional one. This indicates that the accelerated hepatitis B schedule should be the regime of choice for patients with a current or past history of drug use.