Improving services for homeless adults with serious mental illness

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Agenda

- Homelessness and serious mental illness
- Primary care experiences
- Recovery among permanent supportive housing consumers
- Social skills that support housing attainment and retention
- Future directions

Who are homeless persons?

- Lack a fixed, regular, and adequate nighttime residence
- Includes persons who are unsheltered or sheltered

Persons at-risk for becoming homeless are also vulnerable

- Individuals and families who will imminently lose their primary nighttime residence
- Persons who are “doubled up”

Changes in the HUD Definition of “Homeless”
https://endhomelessness.org/resource/changes-in-the-hud-definition-of-homeless/

“Transinstitutionalization” left many persons with serious mental illness (SMI) homeless

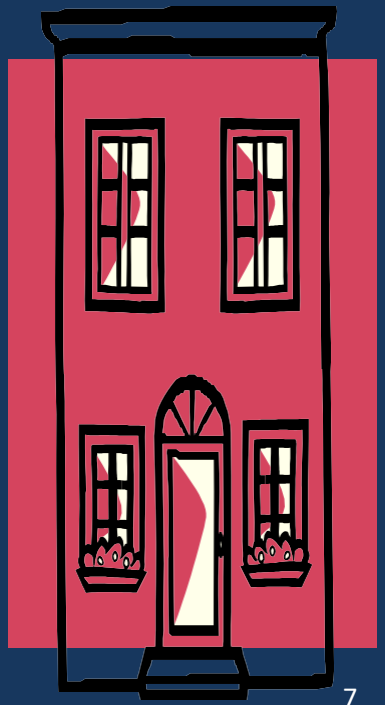
SMI and homelessness are mutually reinforcing

- Psychiatric symptoms make it difficult to obtain and sustain independent housing
- Serious symptoms often pose barriers to household tasks and social relationships
- Persons with SMI may struggle with landlord-tenant conflicts
- Homeless persons with SMI have high rates of victimization

Lamb HR& Bachrach LL, 2001; Lam JA & Rosenheck R, 1998.

We do not understand why a subset of persons with SMI experience homelessness

- A minority of persons with SMI experience homelessness
- Relationships between SMI diagnoses and other functional outcomes are much better characterized
- The temporal order of homeless experiences and SMI diagnoses may be relevant



Sullivan et al, 2000; Bowie, et al, 2010; Goldberg JF & Chengappa KN, 2009

Permanent supportive housing effectively improves housing and health for homeless persons

Traditionally, services were offered on a linear continuum of care

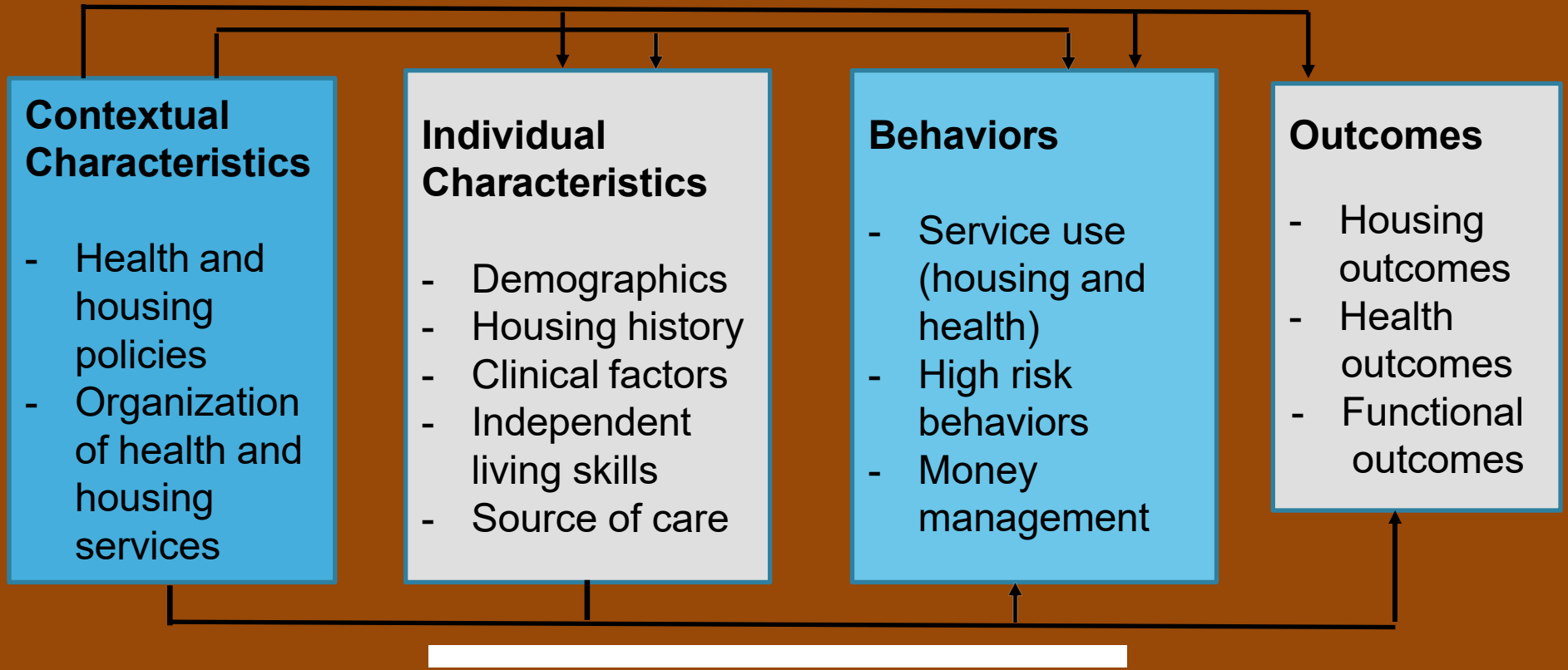
- Persons progressed along the continuum when providers deemed them “housing ready”

Housing is increasingly recognized as a basic a human right, distinct from treatment adherence

- **Permanent supportive housing**: subsidized housing in the community with adjunctive supportive services

How do we tailor services to improve outcomes for persons experiencing homelessness who have SMI?

Conceptual framework



Gelberg et al, 2000

Primary care experiences for homeless persons with SMI

Homeless persons with SMI have poor satisfaction with primary care

- High rates of chronic disease, increased morbidity and mortality, and fragmented service use
- High rates of dissatisfaction with access to primary care and the coordination of services received
- Across diagnoses, many homeless persons perceive discrimination in primary care settings

Desai et al, 2005; Lester et al, 2003; Chrystal et al 2015; Kilbourne et al, 2006; Skosireva et al, 2014

Primary care experiences are critical for homeless persons with SMI

Desai et al, 2005; Kilbourne et al, 2006; Chrystal et al, 2015

We aimed to identify service design features that optimize primary care experiences for homeless-experienced persons with SMI

- The VA Homeless-Patient Aligned Care Teams (H-PACTs) offers care tailored for homeless patients
- Do H-PACTs provide homeless-experienced persons with SMI with superior care experiences than mainstream primary care?
- Do embedded behavioral health and social services contribute to superior H-PACT experiences?

O'Toole, et al, 2016

Methods

Sample

Survey of VA primary care patients with psychotic disorder or bipolar disorder who have been homeless (n=1,095)

Survey with clinicians (n=52) at 29 H-PACTs

Primary care experience

Captured in 4 domains:

Access/coordination; patient-clinician relationship; perceived clinician cooperation; homeless-specific needs

Service integration

Counted number of services embedded in HPACTs: mental health, addiction treatment, social work, and housing

Classified HPACTs as having high (3-4) or low (0-2) service integration

Kertesz, et al, 2014

Analyses

Chi square and ANOVA

To determine how patient experience differed in HPACT vs. mainstream respondents

Multivariable logistic regression

Adjusted for demographics, housing history and need, to assess differences in experience in HPACT vs. mainstream respondents

Reran multiple logistic regression

To compare respondents from high-integration HPACTs vs. low-integration HPACTs vs. mainstream

Sensitivity analyses

Do study patterns persist with alternate definitions of service integration?

HPACT respondents had higher rates of favorable primary care experiences in all four domains

Favorable experiences with…	HPACT (n=626)	Mainstream primary care (n=343)	Total
Accessibility & coordination *	45%	28%	39%
Patient-clinician relationship *	45%	34%	41%
Perceived cooperation among clinicians *	38%	31%	35%
Homeless-specific needs *	40%	25%	35%

*p<.05

In logistic regression analyses, HPACT respondents were more likely to have favorable experiences across domains

Favorable experiences with…	HPACT (Adjusted %)	Mainstream primary care (Adjusted %)	Adjusted Odds Ratio
Accessibility & coordination *	46%	28%	2.2
Patient-clinician relationship *	47%	32%	1.9
Perceived cooperation among clinicians *	40%	29%	1.7
Homeless-specific needs *	40%	25%	2.1

*p<.05

Logistic regression analyses comparing three clinic types highlighted the value of "highly integrated" HPACTs

Favorable experiences with…	High vs. low integration HPACT	High integration HPACT vs. mainstream	Low integration HPACT vs. mainstream
Accessibility & coordination	1.7 *	3.5 *	2.0 *
Patient-clinician relationship	0.9	1.7 *	2.0 *
Perceived cooperation among clinicians	0.8	1.4 *	1.8 *
Homeless-specific needs	1.0	2.1 *	2.1 *

*p<.05

Study patterns persisted with alternate definitions of service integration

Number of services integrated into HPACTs

Was positively associated with favorable experiences in access/coordination (AOR=1.4)

Among embedded services studied, only housing was significant

Among HPACT respondents, those in clinics with housing services were 2.4 times as likely to report favorable access-coordination experiences

None of the other embedded services were associated with favorable experiences in any domain

Including mental health services

These data suggest that assignment to primary care clinics tailored for homeless persons leads to more favorable experiences than mainstream primary care

Within homeless-tailored primary care, **specific behavioral health services were not associated with patient experience**

Having more embedded services, i.e., high integration, **was associated with favorable perceptions** of clinic access/coordination

National Center on Homelessness Among Veterans Intramural Pilot (PI: Gabrielian)

Recovery among permanent supportive housing (PSH) consumers

Recovery from homelessness extends beyond housing

Parallel to recovery from serious mental illness, it encompasses a process of building a meaningful life

We know little about PSH consumers' social integration or instrumental functioning

Andresen et al, 2003; Lloyd & Waghorn, 2008; Manning & Greenwood, 2019

We aimed to identify services that may enhance recovery for consumers of VA's PSH program

What person- and program-level factors distinguish PSH consumers with…

Higher versus lower social integration

Higher versus lower instrumental functioning

Our sample (n=60) derived from a larger program evaluation of VA Greater Los Angeles' PSH program

- One-time surveys (~45 minutes)
- Medical record review
- Semi-structured interviews with a subset (n=26) of participants

Measures

Personal factors

- Demographics
- Health-related quality of life
- Mental health symptoms
- Substance use
- Diagnoses
- Cognition
- # of PSH and MH visits
- Use of vocational services

Program factors

- Case management experiences
- Accessibility of community resources
- Neighborhood safety

Recovery outcomes

- Social integration
  - Social support
  - Community involvement
- Instrumental functioning
  - Brief Instrumental Functioning Scale

Analyses

- Median split to dichotomize participants with higher vs. lower social integration composite; higher vs. lower instrumental functioning

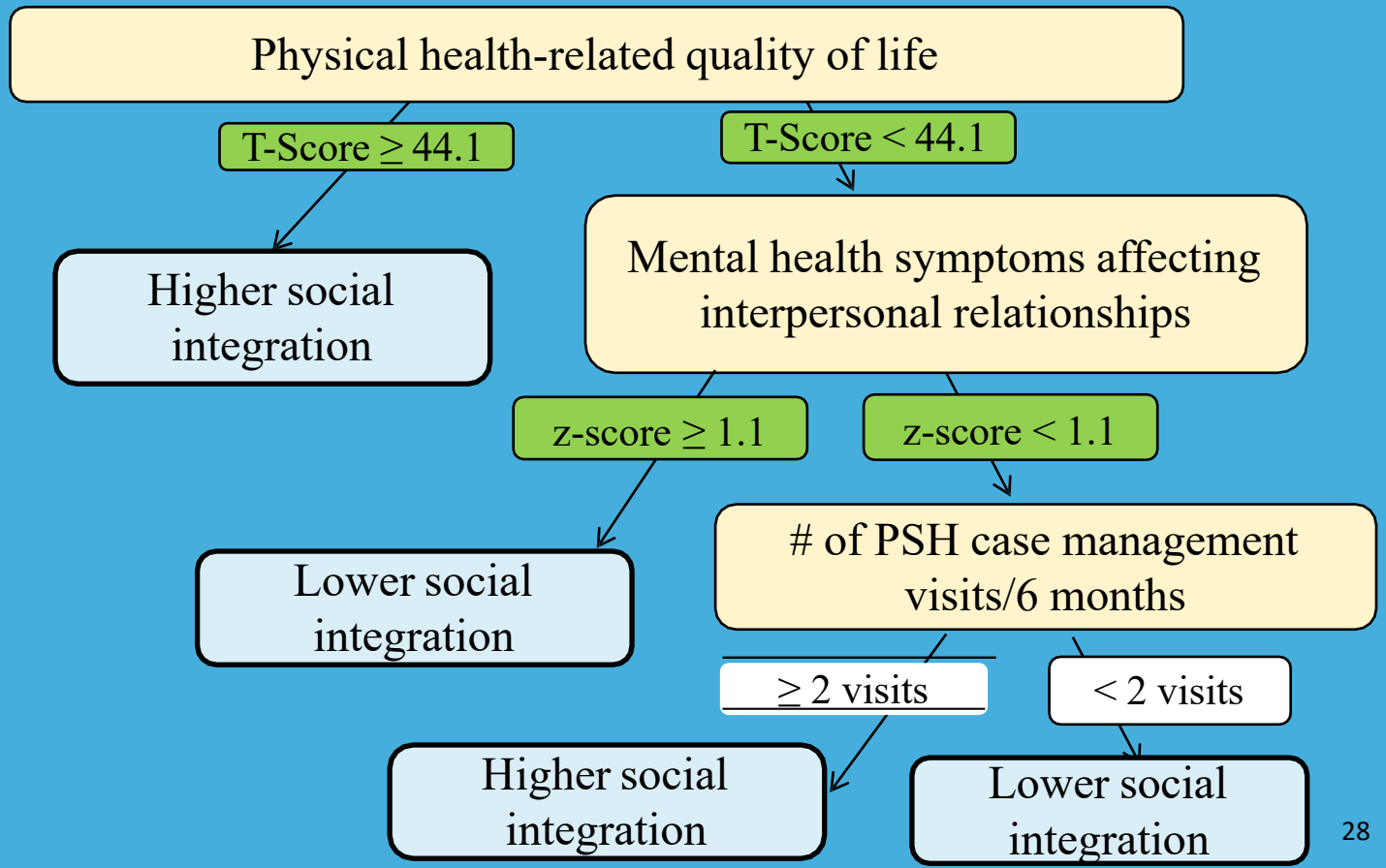
- Recursive partitioning to identify which combination of measures and corresponding scores best differentiated the two groups in each analysis

- Thematic analysis of interview data

Classifying participants with higher vs. lower social integration

N=60 participants and 33 predictor variables

Correctly classified 80% of participants



Participants did not view PSH services as associated with social integration

- Veteran peers in the PSH program were viewed as important for social support
- Housing attainment led participants' families to view them as "stable"
- Neighborhood characteristics were highly relevant to social integration

Factors associated with instrumental functioning

Quantitative analyses

- Median split differentiated participants who required no assistance with IADLs and those who required assistance in 1+ IADL
- Recursive partitioning did not yield a stable model

Salient IADL support from PSH services

- Managing health care needs
- Money management

Higher versus lower instrumental functioning

- Higher group was aware of IADL supports but declined these services
- Lower group was highly reliant on PSH services and greatly valued these supports

PSH programs may benefit from implementing services that enhance social integration for consumers with poor physical or mental health

Current services may adequately address instrumental functioning

Adapting social skills training for homeless persons with SMI

VA HSR&D CDA 15-074
(PI: Gabrielian)

Social skills training effectively improves social skills and functioning for persons with SMI

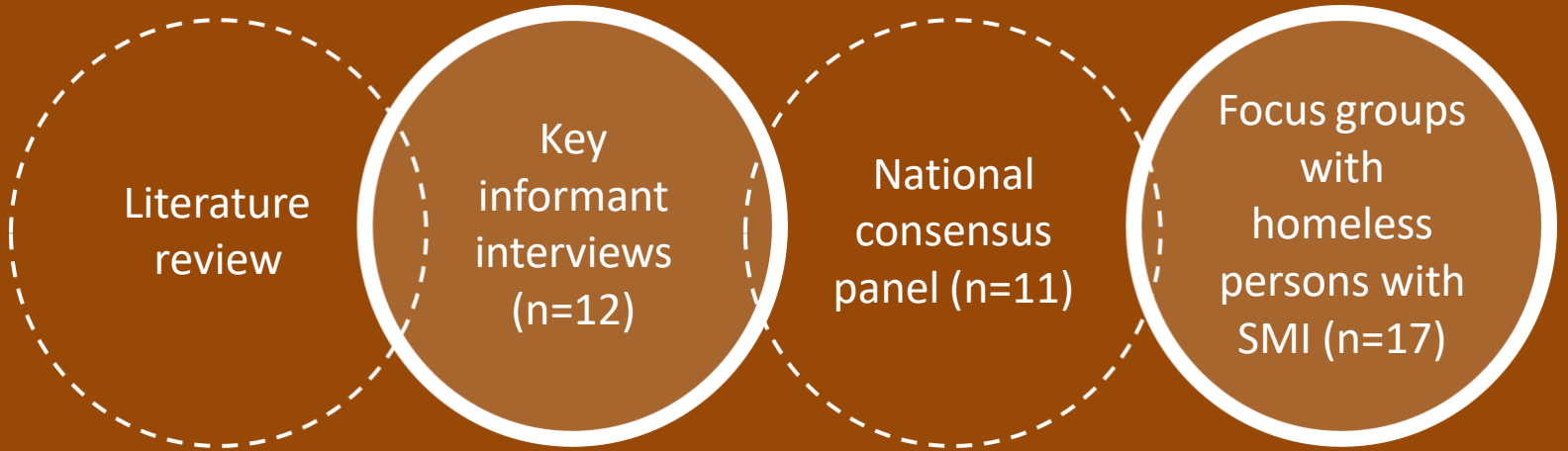
- Many social skills training paradigms are well-suited for persons with SMI who do not live independently
- Beyond potentially facilitating social integration among homeless persons with SMI, social skills training may improve housing attainment and retention
- Social skills training interventions are often implemented in mental health settings, but uncommon within homeless services

Kopelowicz et al, 2006; Gabrielian et al, 2019

We aimed to identify a set of social skills supported by diverse stakeholders as important for housing attainment and retention in this vulnerable population

Also identified contextual factors relevant to implementation of social skills training interventions in homeless program settings

Methods


Literature review
Key informant interviews (n=12)
National consensus panel (n=11)
Focus groups with homeless persons with SMI (n=17)

Consensus panel goals

Feasibility

…that a homeless person with SMI could apply the skill in his/her everyday life

Impact

…likelihood that the skill would substantially improve rates of housing attainment or retention

Context

…to identify potential barriers to and facilitators of practice change and implementation of the intervention

We identified 24 social skills in 7 domains that enable housing attainment and retention in this population

Domain	Exemplar skill
Finding and renting an apartment	Interviewing for an apartment with a landlord or property manager
Using your time well	Finding productive things to do
Getting closer to people	Making new friends
Managing finances	Developing a budget

We identified 24 social skills in 7 domains that enable housing attainment and retention in this population

Domain	Exemplar skill
Avoiding problems with drugs and alcohol	Responding to family and friends who ask you to use drugs and alcohol
Solving interpersonal problems	Making effective compromises
Managing your health	Asking questions about your medications

Contextual factors relevant to implementation of social skills training for homeless adults with serious mental illness

- Engaging participants in identifying relevant content (important social skills and relevant role-plays) may facilitate implementation

- Competing needs (food, shelter) and lack of treatment mandates in PSH programs may pose barriers to implementation

There was strong consensus that it was feasible to train this population in an identified set of social skills and that these skills can strongly affect housing attainment and retention

Future directions include research on the effectiveness and implementation of this adapted intervention

Take-home points

- Primary care models tailored for homeless persons may result in better patient experiences for homeless persons with SMI
- PSH programs may benefit from implementing supportive services that address participants' social integration
- To implement such services, achieving consensus about adaptations to existing evidence-based practices may be valuable

Future directions

- Identifying features of mental health settings that optimize care for homeless persons with SMI
- Implementation work to tailor, implement, and test psychosocial interventions that facilitate social integration within PSH
- Pragmatic trial to study the effectiveness and implementation of a tailored social skills training intervention

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Questions

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