

Final Close-out Report Grant #R01 MH 69865
“Qualitative Study of Dual Diagnosed Homeless”
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a. Specific Aims. Not modified.

b. Studies and Results. The New York Services Study adhered to its schedule taking into account the lag we carried forward due to a compressed Year 1 (8 months instead of 12) at the NIMH Budget Office request. The study ended on April 30, 2008 and non-funded data analyses and reports will continue.

Phase 1 Findings. As described in previous Progress Reports and under the list of publications and presentations, the Phase 1 findings have been generative and widely disseminated. They also provided direction for Phase 2 as described below.

Phase 2 Report and Findings. All activities under Phase 2 were completed including accrual of a sample of 83 client study participants (CL-SPs), 44 case manager study participants (CM-SPs), 4 focus groups (1 per site), and 10 expert interviews.

Recruitment, tracking and retention of SPs have been very effective given the real-world constraints of working with homeless persons. This can be attributed to careful but respectful elicitation of names of contact persons and monthly tracking interviews with CL-SPs. Baseline accrual for Phase 2 ended with a slightly larger sample size of 83 (vs. 80 projected). Attrition of the CL-SPs from the full 12 months of follow-up totaled 15 (82% retention) and was comprised of 1 withdrawal of consent, 12 unable to locate and/or left the state, and 2 in prison. A total of 75 CL-SPs (90%) participated in 2 of the 3 interviews. Of these, 27 were enrolled in the housing first program and 48 in the treatment first programs. Gender representation was strong as was the presence of ethnic minority groups (see Tables).

Data Collection. Each CL-SP consented to be interviewed at 0, 6, and 12 months; two case manager (CM-SP) interviews per CL-SP were planned (only 1 CL-SP refused consent for his case manager to be interviewed). The two CM-SP interviews were scheduled for right after baseline and about six months later (earlier if the CL-SP left the program prematurely). No eligible case managers refused consent. To take into account different time points and outcomes over the 12-month follow-up, we used three versions of the Time 2 CM-SP interview: (one for clients who remained in the program, one for those who ‘graduated’ and one for those who went AWOL).

Two additional data collection tasks in Phase 2—site-specific focus groups with staff and 10 expert interviews--were completed as planned. Attendance at the focus groups ranged from 3 to 8 individuals, the smaller numbers in part a reflection of two of the programs’ reliance upon small caseloads and requisite staffing. All 10 expert interviews were completed after expending significant effort due to scheduling problems. To preserve confidentiality, the focus groups were not audiotaped, but a member of the team took detailed notes. Expert interviews were taped and transcribed verbatim.

Phase 2 data collection was informed by findings from Phase 1 regarding the differing dimensions of recovery, the importance of past service experiences (positive or negative), and the influence of social networks. Drawing from the literature on recovery, we developed a brief 7-item measure and have asked CL-SPs and their case managers

to say 'how important' they believe each is to recovery and 'how true' each is of the CL-SPs' life currently. While the basic content of the three (0,6,12 month) interviews remained consistent in its coverage of program experience, substance use/abuse, mental health status, needs, service use, recovery status on the 7-item checklist, and social networks, we added two features to obtain more information depth. In the 6 month interview, we asked the SP to talk about each recovery item in greater detail (in addition to the Likert-type response) and in the 12 month interview we added a social network elicitation device. After each CL-SP interview, an Interviewer Feedback Form (IFF) was filled out which recorded observations (non-verbal, body language, visible signs of substance abuse, mental fragility, concerns about truthfulness or completeness, suggestions for future interview follow-up questions). The number of CL-SP interviews included 83 at baseline, 73 at six-months and 68 at 12-months.

CM-SPs were asked about previous training and experience working with dual diagnosed homeless adults, their approach to case management practices, their program's philosophy of practice and their specific appraisals of the CL-SP and his/her prospects for engagement and recovery. There were 81 baseline CM-SP interviews with 44 individuals (one CL-SP refused consent for his case manager to be interviewed and one CM-SP was unable to be scheduled). Second interviews with CM-SPs numbered 60 (of which 39 were repeat interviews with the same baseline CM-SP and 21 were with new CM-SP interviewees, the latter a reflection of staff turnover.) The drop-off in the number of second interviews of case managers is also a reflection of the large number of CL-SPs who "went AWOL" from their programs (3/28 or 11% of housing first clients and 31/55 or 56% of treatment first clients).

Data Analyses. For each interview, verbatim transcriptions were entered into ATLAS/ti software (resulting in over 2,500 pages); demographic and other categorical or quantifiable data were entered into EXCEL and SPSS files. For each CL-SP, additional information consisted of: 1) Interviewer Feedback Forms (IFFs); 2) transcripts and relevant portions of the two case manager interviews; 3) psychosocial records from the referring program (containing DSM diagnosis, medications, substance use and other client information); and, 4) tracking updates covering monthly reports of service use and housing stability. These multiple sources of data per SP were used for case study analyses (to preserve each person's trajectory over time). In addition to case study analyses, coding and grounded theory analyses were used.

The study team met weekly throughout the project to debrief about the interviews, discuss any concerns about a particular participant and plan for data analysis sessions (scheduled separately). All 83 of the baseline CL-SP transcripts have been coded and co-coded. Plans for the 6- and 12-month interview analyses are to use selective portions (drawing upon baseline codes) and to incorporate information directly from them for longitudinal case study analyses. As planned, 'member checking' was held via two meetings of a Consumer Advisory Panel consisting of three CL-SPs who were asked to give feedback on preliminary findings.

A total of 58 case manager transcripts have been co-coded so far, 44% of the total number of 141 CM-SP interviews. Ongoing analysis of CM data, enhanced by Mr. Henwood's recent procurement of an NIMH pre-doctoral award, is focusing on providers' role in engagement and retention in care, as well as their endorsement of recovery-oriented services. One manuscript is under review and others are planned that investigate these differences, including how providers perceive and respond to: client

disengagement from services, the role of housing in services, integrated treatment for dual diagnoses, and facilitating supportive relationships outside of services.

As shown in the listing of manuscripts and presentations, the focus of Phase 2 data analyses thus far has been on longitudinal findings contrasting housing first and treatment first program approaches and their impact on substance use, residential stability and social relationship outcomes. In this regard, strong quantitative findings (using logistic regression) have favored housing first clients in terms of substance abstinence (odds ratio of 3.4; $p=.002$). Analyses of social relationships of the CL-SPs have shown a tendency to use 'loner talk' despite actual extent of social contacts, the bivalent nature of family relationships (both supportive and risky) and the difficulties of finding non-substance-using peers and partners. Current and future analyses will focus on additional group comparisons (e.g., case manager-client concordance on appraisals of recovery status, reasons for using or not using drugs and alcohol), on examining cross-case patterns in change over the 12 months of study enrollment, and on incorporating the focus group and expert interview data to examine practitioner attitudes and policies surrounding services for dual diagnosed homeless adults.

Phase 3. This dissemination phase is still in progress, and overlaps somewhat with the consultations cited above. In November, 2006, the NYSS project co-sponsored (with the NYU School of Social Work) a conference on mental health recovery--research and practice. The conference, which offered continuing education credits, was intended for providers working with homeless mentally ill clients and included guest speakers representing consumers and case managers. Preliminary discussion of Phase 1 findings was presented. The keynote speaker was Dr. Priscilla Ridgway from Yale University.

Within the next two months, a brief executive summary of findings will be prepared to send to all study participants who answered 'yes' to a final question regarding receipt of study findings. We also plan to disseminate widely via NYU public relations (school- and university-wide), scientific and practitioner conferences and other public venues. Dr. Padgett featured the study's methods and findings throughout the second edition of her popular qualitative methods text (*Qualitative Methods in Social Work Research*, Sage publications) released June 17, 2008.

c. Supplements. One of the NYSS team members, social work doctoral student Ben Henwood, was able to successfully obtain (on first submission) an F31 HRSA (Ruth L. Kirschstein Award) award from NIMH. This fellowship will support his doctoral training and research focusing on case managers and recovery-oriented practices with homeless mentally ill adults. This award, which began May 1, 2008 will enable Mr. Henwood to further develop his abilities to become an independent mental health services investigator.

d. Significance. The New York Services Study stands virtually alone in naturalistically studying a 'year in the life' of 68 homeless mentally ill adults with co-occurring substance use disorders who had entered a 'low-threshold' program of services. The NYSS also interviewed these individual's case managers, staff at their programs and mental health experts to further examine the service system context. While our originally planned outcome of engagement and retention was studied as planned, our in-depth longitudinal design afforded us the opportunity to examine factors that aid and impede recovery that extend beyond the service system. These include restoring social ties (or seeking new ones), identifying triggers for relapse or recovery from substance abuse, working and

earning money, ontological security and other forms of 'identity development'. Overall, our study demonstrates the value of adopting 'holistic' in-depth views of formerly homeless mentally ill persons using their own words.

The extensive list of publications and presentations below attests to the productivity and generativity of the NYSS, a level of scientific achievement that we hope to maintain in future research.

e. Plans for the Future. Building upon findings from the NYSS, a new R01 submission to NIMH is currently under review which proposes to examine early stages of recovery from individual and organizational perspectives using ethnography as well as in-depth interviews.

f. Involvement of gender and minority study participants (see attached tables)

g. Involvement of children. Children were not involved in the study as it was focused on persons with serious mental illness who were also homeless. Study findings may be applicable in terms of better understanding of precursors of these conditions and ways to improve parenting and adult life skills.

h. Availability of data and other materials. None available at this time as analyses are still ongoing and data are still being 'cleaned' and prepared for these analyses.

i. Publications and manuscripts resulting from the study

1. Padgett, D.K., Hawkins, R.L., Abrams, C., & Davis, A. (2006). In their own words: Trauma and substance abuse in the lives of formerly homeless women with serious mental illness. *American Journal of Orthopsychiatry*, 76, 461-467.
2. Padgett, D.K. (2007). Ontological security in the third decade of the 'homelessness crisis' in the United States. *Social Science & Medicine*, 64, 1925-1936.
3. Henwood, B. & Padgett, D.K. (2007) The self-medication hypothesis revisited. *American Journal on Addictions*, 16 (3), 160-165.
4. Hawkins, R.L. & Abrams, C. (2007). Disappearing acts: social networks of homeless individuals with co-occurring disorders. *Social Science & Medicine*, 65, 2031-2042.
5. Padgett, D.K., Henwood, B., Abrams, C. & Davis, A. (2008). Engagement and retention in care among formerly homeless adults with serious mental illness: Voices from the margins. *Psychiatric Rehabilitation Journal*, 31(3), 226-233.
6. Shibusawa, T. & Padgett, D.K. (in press). Out of sync: A life course perspective on aging among formerly homeless adults with serious mental illness. *Journal of Aging Studies*.
7. Henwood, B.F. & Padgett, D.K. (in press). Social networks and isolation: The role of trauma among women with histories of substance abuse, mental illness

- and homelessness. In K.S. Eggar & L.H. Moser (Eds.). *Women and addictions: New research*. Hauppauge, NY: Nova Publishers.
8. Padgett, D.K., Henwood, B.F., Abrams, C., Drake, R.E. (accepted). Social relationships among persons who have experienced serious mental illness, substance abuse and homelessness: Implications for recovery. *American Journal of Orthopsychiatry*.
 9. Padgett, D.K. & Henwood, B.F. (accepted). Obtaining large-scale funding for empowerment-oriented qualitative research: A report from personal experience. *Qualitative Health Research*.
 10. Padgett, D.K., Abrams, C., Stefancic, A., Henwood, B.F., Davis, A. (under review). Substance use outcomes in 'housing first' and 'treatment first' consumers after one year. *Community Mental Health Journal*.
 11. Stanhope, V., Henwood, B.F. & Padgett, D.K. (under review). Understanding service disengagement from the perspective of case managers.

g. Presentations by Members of the NYSS Study Team:

1. "Workshop on Tracking and Retention of Study Participants". Society for Social Work & Research annual conference, San Antonio, TX, January 2006
2. "Social Capital, Sanctuary and Trauma: Preliminary Findings from the New York Services Study". University of Pennsylvania-Rutgers University Post-Doctoral Fellows Program, March 9, 2006.
3. "Trauma, Sanctuary and Social Capital: Qualitative Findings from a Study of Formerly Homeless Adults with Co-Occurring Mental and Substance Use Disorders", Inaugural lecture at the Doctoral Practice Forum, Columbia University School of Social Work, April 17, 2006.
4. "Findings from the New York Services Study of Homeless Persons with Co-Occurring Mental and Substance Use Disorders". Invited lecture at University of Chicago School of Social Services Administration, Chicago, November 16, 2006.
5. "Voices from the Margins: In Pursuit of Recovery in the New York City Homeless Services System". Invited lecture at the Columbia University Homelessness Prevention Center, School of Public Health, New York, December 7, 2006.
6. "Revision and Review of Research Proposals to NIH". Invited pre-conference presentation at the Annual Conference of the Society for Social Work and Research, San Francisco, January 11, 2007.
7. "Preparing an All-Qualitative Research Proposal". Invited workshop at the Annual Conference of the Society for Social Work and Research, San Francisco, January 13, 2007.
8. "Theory Matters: Social Science Theories in Qualitative Research with Homeless Adults". Presentation at the Annual Conference of the Society for Social Work and Research, San Francisco, January 14, 2007.
9. "Engagement in Care and Recovery Among Homeless Mentally Ill Adults". Presentation at the Bi-Annual NIMH-Sponsored Conference on Mental Health Services Research, Washington, DC, July, 2007.
10. "Recovery among the homeless mentally ill: The impact of cumulative adversity". Presentation at the Annual Conference of the Society for Social Work and Research, Washington DC, January, 2008.

11. Invited speaker, “Cumulative Adversity and Recovery over the Life Course”, Center on Mental Health and Aging, University of Alabama, Tuscaloosa, March 10, 2008.
12. Invited panelist, “Preventing Homelessness in New York City”, LIU-Brooklyn student association ‘Common Ground’ symposium, April, 2008.
13. Invited presentation, “Recovery among the Homeless Mentally Ill: Findings from the New York Services Study”, Dartmouth Psychiatric Research Center, Dartmouth University Medical School, May 23, 2008.
14. Workshop presentation, “Housing First and Recovery” at city-wide conference for practitioners entitled “Housing, Hope and Recovery”, New York, May 27, 2008.

Future presentations:

October, 2008-- PI Dr. Padgett will participate in a joint NIDA-NIMH sponsored symposium on dual disorders at the APA Psychiatric Services Institute in Chicago.

January, 2009—An entire symposium featuring findings from the NYSS has been proposed for the Society for Social Work and Research annual conference in New Orleans.