



## Research & Trends Snapshots – A11 Screening for Homelessness

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## **Screening Questions**

- 1. For the past 60 days, have you been living in stable housing that you own, rent, or stay in as part of a household?
  - Yes  $\rightarrow$  Question 2
  - No → Homeless
- 2. Are you worried or concerned that in the next 60 days you may not have stable housing that you own, rent, or stay in as part of a household?
  - Yes  $\rightarrow$  At risk
  - No → Negative

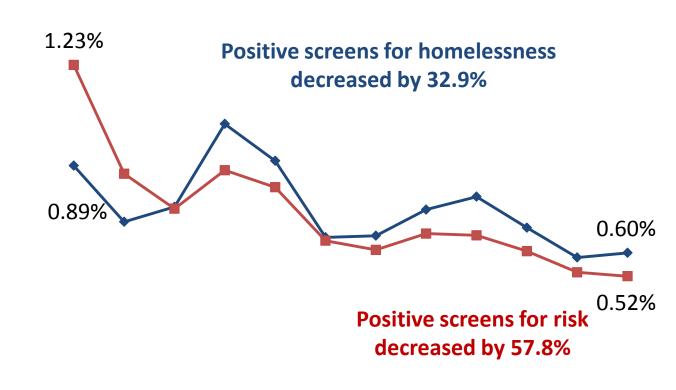
## **Screening Questions**

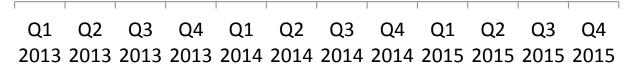
- Veterans who screen positive are asked:
  - Where have you lived for MOST of the past 2 months?
    - Apartment/house/room
    - With friend/family
    - Motel/hotel
    - Hospital, rehabilitation center, drug treatment center
    - Homeless shelter
    - Anywhere outside
    - Other
  - Would you like to be referred to talk more about your housing situation?

#### Positive Screens, FY 2013–2015

3,529,695
Veterans were screened during
FY 2015

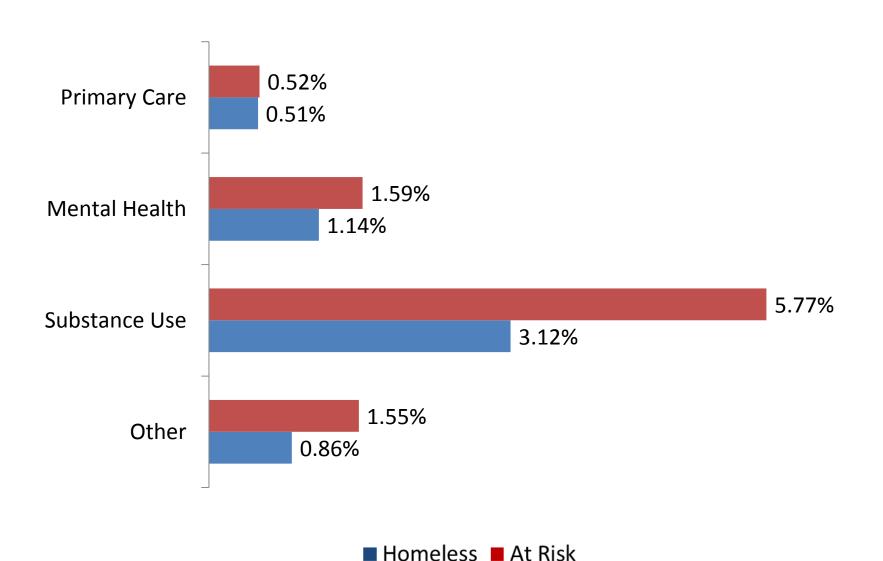
- 0.65% (23,103)
   screened
   positive for
   homelessness
- 0.57% (20,230)
   screened
   positive for risk



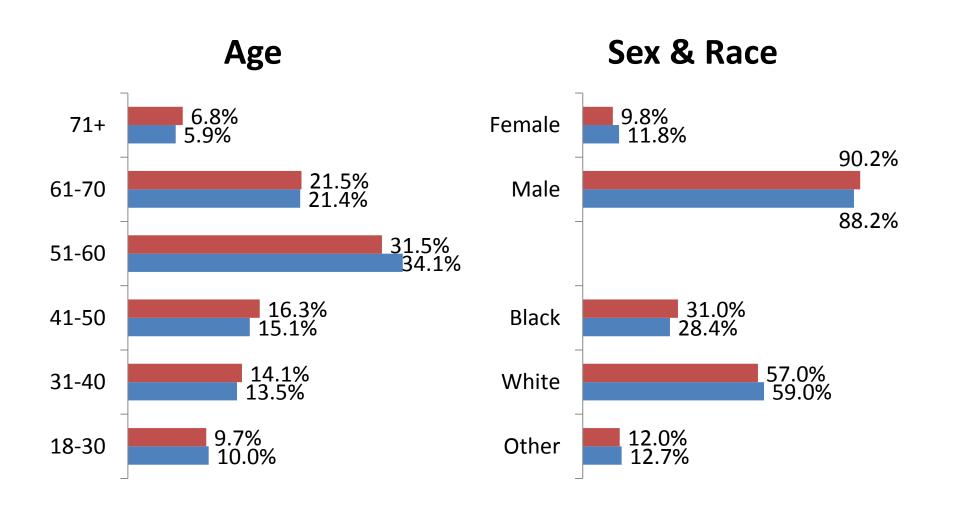


■ Homeless
■ At Risk

## Positive Screens by Clinic, FY 2015

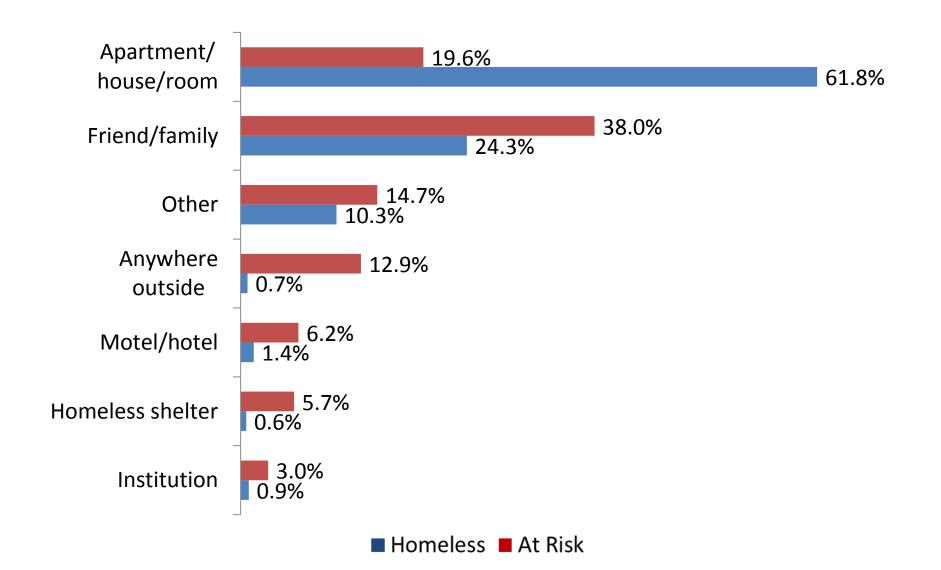


## Demographics, FY 2015

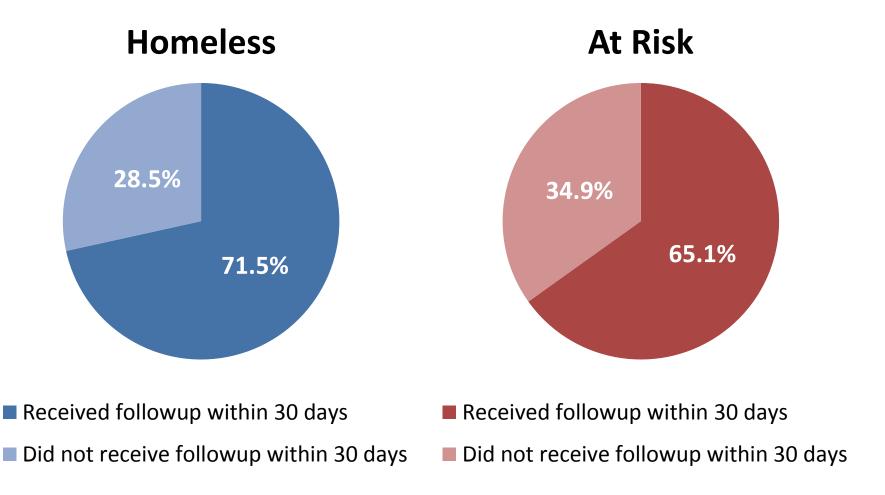


■ Homeless
■ At Risk

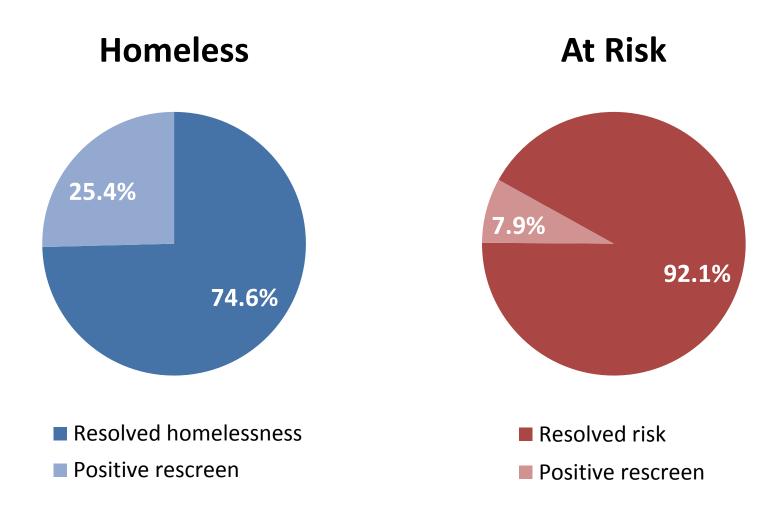
## Current Living Situation, FY 2015



## Receipt of Followup Services, FY 2015



## Resolution of Housing Instability, FY 2015



#### **Unsheltered Veterans**

#### Increased Risk of Persistent Homelessness

- 11.1% of Veterans who screened positive for homelessness were unsheltered
- Unsheltered Veterans were 2.7 times more likely to rescreen positive 6–12 months later
  - 40.1% unsheltered Veterans
  - 17.7% sheltered Veterans

#### Predictors of Unsheltered Status

- Male sex
- Age 40–69 years
- Non-Hispanic
- White
- Did not serve in OEF/OIF/OND
- Not service-connected
- Substance use disorder (SUD)
- Serious mental illness (SMI)
- Frequent inpatient admissions
- Infrequent outpatient care

#### **Future Work**

- Validate the screening questions and assess correlates of homelessness and risk among Veteran users of VHA healthcare services
- Assess the effectiveness of the screening questions at linking Veterans with services
- Evaluate the psychometric properties and efficacy of an existing instrument to identify and quantify risk of homelessness among Veterans in VA and the community

Byrne, T. H., Montgomery, A. E., & Fargo, J. D. (2016). Unsheltered homelessness among Veterans: Correlates and profiles. *Community Mental Health Journal*, *52*(2), 148–157.

Montgomery, A. E. (2016). *Universal screening for homelessness and risk in the VHA: Fiscal Year 2015 Annual Report*. Philadelphia, PA: National Center on Homelessness Among Veterans.

Montgomery, A. E., Byrne, T. H., Treglia, D., & Culhane, D. P. (2016). Characteristics and likelihood of ongoing homelessness among unsheltered Veterans. *Journal of Health Care for the Poor and Underserved*, 27, 911–922.





# Research & Trends Snapshots – A3 Effective Eviction Prevention Interventions for HUD-VASH

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## Negative Consequences of Eviction

- Ongoing residential instability<sup>1</sup>
- Relocation to neighborhoods with higher poverty and crime<sup>2</sup>
- Relocation to substandard, lower-quality housing, which may directly impact health<sup>1,3,4</sup>
- Material hardship<sup>5</sup>
- Homelessness<sup>6–8</sup>

#### **HUD-VASH**

- Permanent supportive housing program that combines permanent, subsidized housing with support services to help Veterans maintain housing<sup>9,10</sup>
- High rate of housing retention, but exits may be associated with a number of factors
  - Nonpayment of rent<sup>11</sup>
  - Use of emergency services<sup>12</sup>
  - Substance abuse<sup>7,13,14</sup>
- HUD-VASH has unique capacity to assess wide range of data related to Veteran participants—collected in real time that may identify Veterans at increased risk of eviction

#### Methods

 Latent class analysis to describe Veterans evicted from HUD-VASH

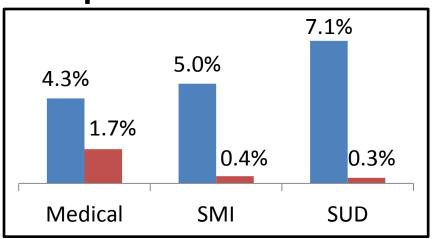
- Logistic regression—controlling for demographics, diagnoses, acute services use during the 90 days prior to exit—to identify Veterans at increased risk of exiting due to eviction rather than accomplishing goals
  - Acute care hotspot at least 2 emergency visits or 1 inpatient admission in 30 days

## Sample: Demographics

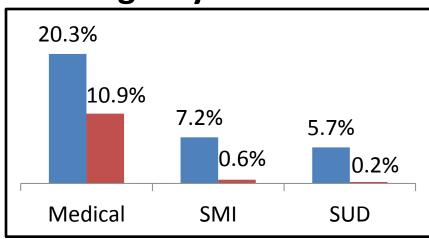
Characteristics	Evicted	Accomplished Goals	Total	р
N	4,692 (23.2)	15,491 (76.8)	20,183	
Female	9.1	14.5	13.2	<.0001
Age				<.0001
< 35	11.3	10.5	10.7	
35–49	21.7	21.0	21.2	
50–64	62.0	59.3	59.9	
> 64	5.1	9.2	8.2	
Combat exposure	4.8	5.4	5.3	.0130
OEF/OIF	9.9	10.2	10.2	.4618
Service-connected disability	41.4	46.8	45.5	<.0001
Diagnoses				
Medical	36.2	31.1	32.3	<.0001
Serious Mental Illness (SMI)	52.6	41.0	43.7	<.0001
Substance Use Disorder (SUD)	47.0	17.8	24.6	<.0001

## Services Use 90 Days Prior to Exit

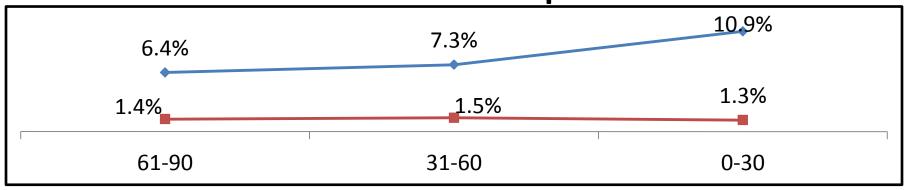
#### **Inpatient Admissions**



#### **Emergency Room Visits**



#### **Acute Care Hotspots**



Accomplished Goals Evicted

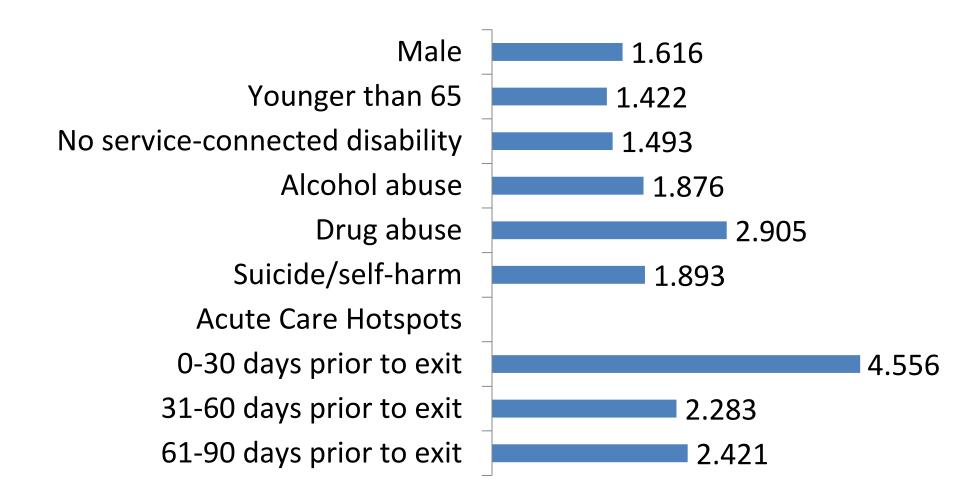
Characteristics	Older, low income, low acute care	Older, heavy disease burden, some acute care	Heavier disease burden, more acute care	Young, female, combat exposure
Prevalence	46.9	21.7	15.1	16.2
Female	5.1	5.7	5.0	29.1
Age < 35	1.0	0.2	4.4	62.2
Age > 50	79.2	85.3	74.1	0.5
OEF/OIF	0.4	0.0	2.6	57.3
SC disability	30.4	42.9	43.3	69.2
Diagnoses				
Medical	14.3	74.8	78.4	8.3
SMI	27.5	76.9	96.9	51.5
SUD	23.1	77.4	96.4	29.3
Acute care hotspots				
0-30 days pre-exit	1.1	9.7	57.2	3.4
31-60 days pre-exit	0.8	6.9	37.7	1.8
61-90 days pre-exit	0.8	7.5	29.8	2.5

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## Odds of Exiting HUD-VASH Due to Eviction



## Utility of Predictive Model

Patterns of health services use can predict eviction

 High use of acute care within 30 days of exit is strongest, allowing little time to alert the program and intervene

 Other variables (e.g., nonpayment of rent) may also predict eviction, but are not readily available

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# Research & Trends Snapshots – A6 Subpopulation Deeper Dive: Female Veterans

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#### Prevalence

- Number of women Veterans has nearly doubled in the past decade; fastest growing segment of Veteran population<sup>1,2</sup>
- Significant growth in the size of the female Veteran homeless population
  - Underrepresentation → overrepresentation<sup>3,4</sup>
  - 1–2 % of all women Veterans, 13–15% of women Veterans living in poverty will experience homelessness over the course of a year<sup>5</sup>
- 9.1% (4,338) of Veterans who were homeless at one point-in-time in January 2015 were female<sup>4</sup>
  - 62.4% were sheltered
  - 37.6% were unsheltered

#### Risk Factors

- Women Veterans are 2.1–3.4 times as likely as their non-Veteran counterparts to experience homelessness<sup>5</sup>
- Demographics
  - Younger age<sup>5-7</sup>
  - Disability<sup>6,8</sup>
  - Black<sup>5,9</sup>
  - Unemployed<sup>8</sup>
  - Unmarried<sup>7-9</sup>
- Mental health and substance abuse<sup>8,10,11</sup>

#### **Risk Factors**

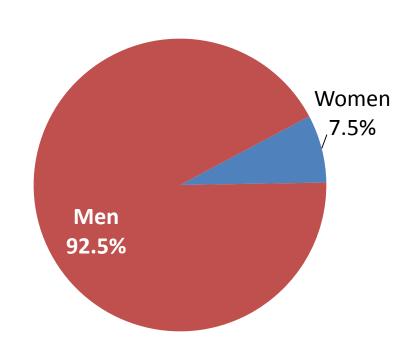
- Experience of trauma and post-traumatic stress disorder (PTSD)<sup>6,11</sup>
  - Intimate partner violence (IPV)<sup>8,10,12-16</sup>
  - Military sexual trauma (MST)<sup>8,17</sup>
  - Combat and other sources of trauma<sup>18</sup>

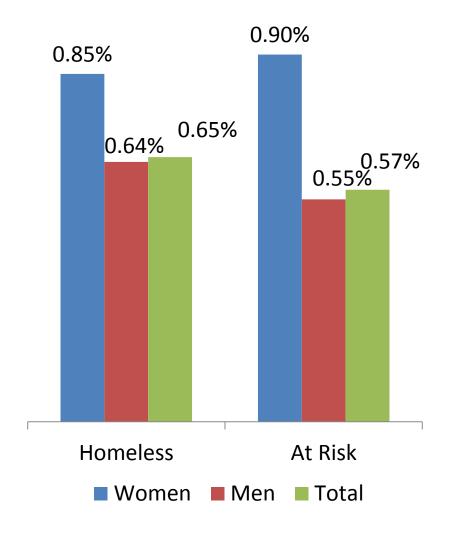
## **Screening Questions**

- 1. For the past 60 days, have you been living in stable housing that you own, rent, or stay in as part of a household?
  - Yes  $\rightarrow$  Question 2
  - No → Homeless
- 2. Are you worried or concerned that in the next 60 days you may not have stable housing that you own, rent, or stay in as part of a household?
  - Yes  $\rightarrow$  At risk
  - No → Negative

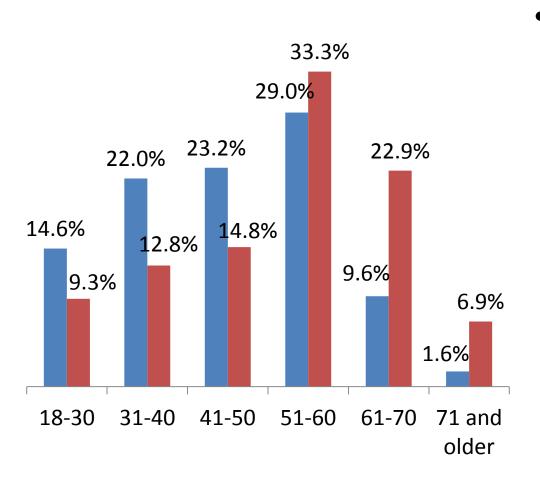
## Rates of Positive Screens, FY 2015

3,529,695 Veterans were screened



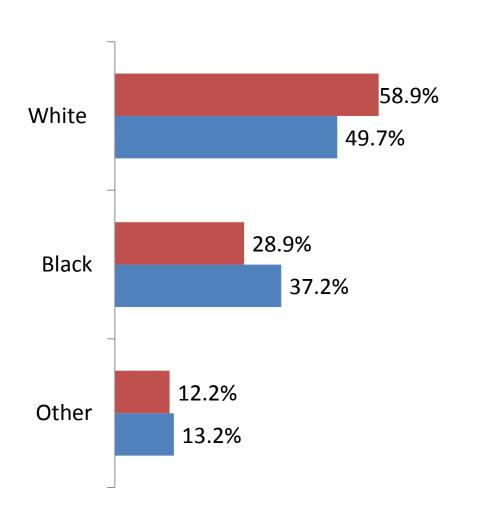


## Age



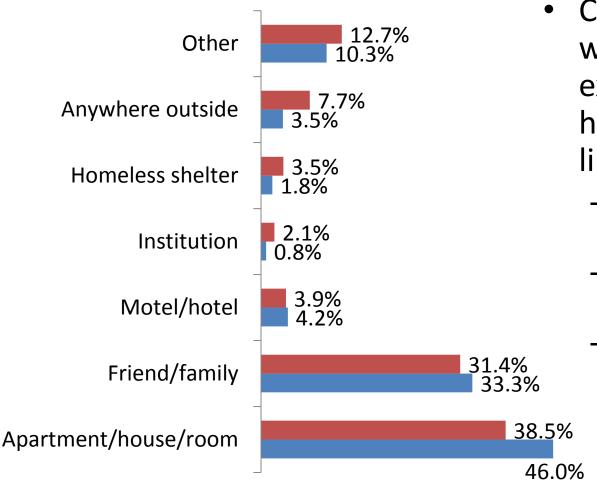
- Compared with men, women
   Veterans
   experiencing
   homelessness are
  - Younger<sup>20</sup>
  - More frequently
     OEF/OIF
     Veterans<sup>20,21</sup>
  - Responsible for dependent children<sup>21</sup>

#### Race & Other Characteristics



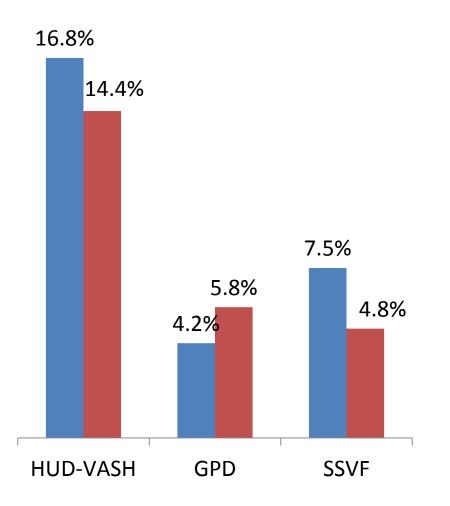
- Increased odds of homelessness among women Veterans who identify as black or unmarried<sup>9</sup>
- Compared with men, women Veterans experiencing homelessness are less likely to
  - Have a history of incarceration <sup>20,21</sup>
  - Be disabled or retired<sup>21</sup>
  - Have a substance use disorder<sup>20,21</sup>

## **Living Situation**



- Compared with men, women Veterans experiencing homelessness are less likely to
  - Be literally or chronically homeless<sup>20,21</sup>
  - Live in an unsheltered situation<sup>22</sup>
  - Repeatedly screen positive for homelessness<sup>23</sup>

## Use of VHA Homeless Programs



 No sex-specific "risk" for use of VHA homeless programs <sup>6</sup>

 Women more likely to enter HUD-VASH; men more likely to enter GPD <sup>20,21</sup>

#### Needs

- Build on strengths of women Veterans experiencing homelessness and tailor interventions accordingly<sup>20,21</sup>
- Address specific needs of younger women<sup>2,5,6,21</sup>
  - Assistance reentering civilian life, reproductive care, childcare, education
- Address experience of trauma
  - Ensure access to mental healthcare, especially related to MST, PTSD<sup>24,25</sup>
  - Carefully assess for trauma<sup>10,18</sup>
  - Use trauma-informed models of care<sup>17,21</sup>

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