Research & Trends Snapshots – A11
Screening for Homelessness

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Birmingham VA Medical Center, Health Services Research
University of Alabama at Birmingham, School of Public Health
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 → 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 → At risk
   – No → Negative

(Montgomery, 2016)
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
Positive Screens by Clinic, FY 2015

- Primary Care
  - Homeless: 0.51%
  - At Risk: 0.52%

- Mental Health
  - Homeless: 1.14%
  - At Risk: 1.59%

- Substance Use
  - Homeless: 3.12%
  - At Risk: 5.77%

- Other
  - Homeless: 0.86%
  - At Risk: 1.55%

Legend: Homeless (blue), At Risk (red)
Demographics, FY 2015

**Age**

- 71+: Bar heights are 6.8% and 5.9%.
- 61-70: Bar heights are 21.5% and 21.4%.
- 51-60: Bar heights are 31.5% and 34.1%.
- 41-50: Bar heights are 16.3% and 15.1%.
- 31-40: Bar heights are 14.1% and 13.5%.
- 18-30: Bar heights are 9.7% and 10.0%.

**Sex & Race**

- Female: Bar heights are 9.8% and 11.8%.
- Male: Bar heights are 90.2% and 88.2%.
- Black: Bar heights are 31.0% and 28.4%.
- White: Bar heights are 57.0% and 59.0%.
- Other: Bar heights are 12.0% and 12.7%.

Legend:
- Blue: Homeless
- Red: At Risk
Current Living Situation, FY 2015

- **Apartment/house/room**: 61.8% Homeless, 19.6% At Risk
- **Friend/family**: 38.0% Homeless, 24.3% At Risk
- **Other**: 14.7% Homeless, 10.3% At Risk
- **Anywhere outside**: 12.9% Homeless, 0.7% At Risk
- **Motel/hotel**: 6.2% Homeless, 1.4% At Risk
- **Homeless shelter**: 5.7% Homeless, 0.6% At Risk
- **Institution**: 3.0% Homeless, 0.9% At Risk
Receipt of Followup Services, FY 2015

Homeless
- Received followup within 30 days: 71.5%
- Did not receive followup within 30 days: 28.5%

At Risk
- Received followup within 30 days: 65.1%
- Did not receive followup within 30 days: 34.9%
Resolution of Housing Instability, FY 2015

**Homeless**
- 74.6% Resolved homelessness
- 25.4% Positive rescreen

**At Risk**
- 92.1% Resolved risk
- 7.9% Positive rescreen
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

(Byrne, Montgomery, & Fargo, 2016; Montgomery, Byrne, Treglia, & Culhane, 2016)
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
References


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

Ann Elizabeth Montgomery, PhD
National Center on Homelessness Among Veterans
Birmingham VA Medical Center, Health Services Research
University of Alabama at Birmingham, School of Public Health
Negative Consequences of Eviction

- Ongoing residential instability\(^1\)
- Relocation to neighborhoods with higher poverty and crime\(^2\)
- Relocation to substandard, lower-quality housing, which may directly impact health\(^1,3,4\)
- Material hardship\(^5\)
- Homelessness\(^6-8\)
HUD-VASH

• Permanent supportive housing program that combines permanent, subsidized housing with support services to help Veterans maintain housing\textsuperscript{9,10}

• High rate of housing retention, but exits may be associated with a number of factors
  – Nonpayment of rent\textsuperscript{11}
  – Use of emergency services\textsuperscript{12}
  – Substance abuse\textsuperscript{7,13,14}

• 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

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Services Use 90 Days Prior to Exit

**Inpatient Admissions**
- Medical: 4.3%, 1.7%
- SMI: 5.0%, 0.4%
- SUD: 7.1%, 0.3%

**Emergency Room Visits**
- Medical: 20.3%, 10.9%
- SMI: 7.2%, 0.6%
- SUD: 5.7%, 0.2%

**Acute Care Hotspots**
- 61-90: 6.4%
- 31-60: 7.3%
- 0-30: 10.9%

**Legend**
- Red: Accomplished Goals
- Blue: Evicted
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Odds of Exiting HUD-VASH Due to Eviction

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Model also controlled for OEF/OIF, combat exposure, chronic medical conditions, PTSD, depression, psychosis.
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
References

Research & Trends Snapshots – A6

Subpopulation Deeper Dive: Female Veterans

Ann Elizabeth Montgomery, PhD
National Center on Homelessness Among Veterans
Birmingham VA Medical Center, Health Services Research
University of Alabama at Birmingham, School of Public Health
Prevalence

• Number of women Veterans has nearly doubled in the past decade; fastest growing segment of Veteran population\textsuperscript{1,2}

• Significant growth in the size of the female Veteran homeless population
  – Underrepresentation $\rightarrow$ overrepresentation\textsuperscript{3,4}
  – 1–2\% of all women Veterans, 13–15\% of women Veterans living in poverty will experience homelessness over the course of a year\textsuperscript{5}

• 9.1\% (4,338) of Veterans who were homeless at one point-in-time in January 2015 were female\textsuperscript{4}
  – 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\(^5\)

• Demographics
  – Younger age\(^5-7\)
  – Disability\(^6,8\)
  – Black\(^5,9\)
  – Unemployed\(^8\)
  – Unmarried\(^7-9\)

• Mental health and substance abuse\(^8,10,11\)
Risk Factors

• Experience of trauma and post-traumatic stress disorder (PTSD)\textsuperscript{6,11}
  – Intimate partner violence (IPV)\textsuperscript{8,10,12-16}
  – Military sexual trauma (MST)\textsuperscript{8,17}
  – Combat and other sources of trauma\textsuperscript{18}
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 → 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 → At risk
   – No → Negative
Rates of Positive Screens, FY 2015

- 3,529,695 Veterans were screened

<table>
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<th></th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
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<td>Homeless</td>
<td>0.85%</td>
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<td>0.57%</td>
</tr>
</tbody>
</table>

- Women: 7.5%
- Men: 92.5%
• Compared with men, women Veterans experiencing homelessness are
  – Younger\textsuperscript{20}
  – More frequently OEF/OIF Veterans\textsuperscript{20,21}
  – Responsible for dependent children\textsuperscript{21}
Race & Other Characteristics

- Increased odds of homelessness among women Veterans who identify as black or unmarried\(^9\)

- Compared with men, women Veterans experiencing homelessness are less likely to
  - Have a history of incarceration\(^{20,21}\)
  - Be disabled or retired\(^{21}\)
  - Have a substance use disorder\(^{20,21}\)
Living Situation

- Compared with men, women Veterans experiencing homelessness are less likely to
  - Be literally or chronically homeless\textsuperscript{20,21}
  - Live in an unsheltered situation\textsuperscript{22}
  - Repeatedly screen positive for homelessness\textsuperscript{23}
Use of VHA Homeless Programs

- No sex-specific “risk” for use of VHA homeless programs

- Women more likely to enter HUD-VASH; men more likely to enter GPD

Bar chart showing the use of VHA homeless programs with percentages for different programs for women and men.
Needs

• Build on strengths of women Veterans experiencing homelessness and tailor interventions accordingly\textsuperscript{20,21}

• Address specific needs of younger women\textsuperscript{2,5,6,21}
  – Assistance reentering civilian life, reproductive care, childcare, education

• Address experience of trauma
  – Ensure access to mental healthcare, especially related to MST, PTSD\textsuperscript{24,25}
  – Carefully assess for trauma\textsuperscript{10,18}
  – Use trauma-informed models of care\textsuperscript{17,21}
References


References


