



NATIONAL COALITION *for* HOMELESS VETERANS

Requiring Sobriety at Program Entry: Impact on Outcomes in Supported Transitional Housing for Homeless Veterans

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Quick Takeaways

- Study based on 3,188 veteran records, 1,250 from programs requiring sobriety at admission and 1,938 from programs without a sobriety requirement.
- There were significant differences between groups in the frequency of program completion, recidivism for homelessness, and employment on program discharge but statistically may be of questionable importance.
- The results of this study failed to support the hypothesis that requiring sobriety on program entry enhances outcomes for homeless individuals in transitional housing programs.

Summary

This report explored if programs for the homeless that require abstinence prior to program admission produce better outcomes than unrestricted programs. The U.S. Department of Veterans Affairs (VA) Northeast Program Evaluation Center provided records of individuals who were admitted into, and discharged from, the VA Grant and Per Diem program in 2003–2005. Records contained information from intake interviews, program discharge information, and descriptions of provider characteristics. Analyses were based on 3,188 veteran records, 1,250 from programs requiring sobriety at admission and 1,938 from programs without a sobriety requirement.

Findings

The 1,938 veterans in the unrestricted condition received services from 59 providers that admitted from one to 181 veterans. The largest provider delivered services to 9% of the sample. The 1,250 veterans in the sobriety condition received services from 49 providers that admitted from one to 373 veterans. One housing provider that required sobriety offered services to more than 10% of the sample.

A small and equivalent majority of clients in both groups finished their homeless programs; however, clients in the sobriety-required group stayed in their programs significantly longer. Two variables reflecting receipt of VA and non-VA financial support were found to be significant, meaningful predictors of employment on discharge. For both predictors, individuals receiving support were less likely to be employed on leaving the program.

Individuals using drugs or alcohol at program admission had more problematic histories, as indicated by several general health and mental health variables, and shorter program stays. There were significant differences between groups in the frequency of program completion, recidivism for homelessness, and employment on program discharge, though they may be of questionable importance. Further analyses did not find meaningful support for the importance of sobriety on program entry on any of the outcome measures.

Conclusion

The results of this study failed to support the hypothesis that requiring sobriety on program entry enhances outcomes for homeless individuals in transitional housing programs. The authors recommend for future studies to focus on well-articulated models that address the specifics of sobriety not only at program entry but throughout the housing intervention. They state the studies will be most informative if they assess multiple domains of intervention outcomes at treatment completion and over longer-term follow-up.