



NATIONAL COALITION *for* HOMELESS VETERANS

“Rates and Risk Factors for Homelessness After Successful Housing in a Sample of Formerly Homeless Veterans”

O’Connell, Maria J.; Kaspro, Wesley; and Rosenheck, Robert A./ [Full Article](#)

Quick Takeaways:

- A comprehensive approach to serving homeless veterans that combines housing vouchers, intensive case management, and other support services can significantly reduce the risk of a return to homelessness.
- Homeless veterans suffering from PTSD or substance use disorders are at greater risk of relapsing into homelessness.

Study:

This study examined the rates and predictors of returning to homelessness after successful housing placement. Researchers conducted a secondary analysis of longitudinal data from a HUD-VASH experimental trial to assess the risk of returning to homelessness among veterans receiving three levels of service: 1) HUD-VASH vouchers (housing support plus intensive case management); 2) intensive case management; and 3) standard care. They also hoped to identify socio-demographic and clinical risk factors of discontinued housing. Veterans enrolled in the original study were assessed on substance use, mental health, and housing situation over the course of five years.

Findings:

A majority of participants in all three groups were housed at some point during the study period. However, those using HUD-VASH vouchers had a significantly higher rate of housing (93%) than those of either the intensive case management or standard care groups (84% and 78%, respectively). Additionally, while almost half of all participants experienced housing “failure” over the five year period, recipients of HUD-VASH vouchers had a much lower risk of returning to homelessness than participants in both other groups. Participants in the HUD-VASH group experienced additional benefits as well, including lower substance use and higher quality of life.

The researchers identified several factors that increased the likelihood of a return to homelessness. Substance abuse at the time of housing, as measured on the drug subscale of the Addiction Severity Index (ASI), was the most significant risk factor. Having a diagnosis of PTSD also increased the risk of discontinuous housing. Interestingly, a diagnosis of a mood or psychiatric disorder decreased that risk. The researchers speculated that these results stem from a more involved treatment plan for those with strong mental health or substance abuse challenges.

Conclusion:

Providing housing to homeless veterans is not enough. The combination of intensive case management with HUD-VASH vouchers may result in the smallest risk of discontinuous housing, especially for those suffering from psychiatric disorders and substance abuse. More research is needed to explore the most effective ways to distribute resources and support services among the homeless veteran population with a dual focus on obtaining and retaining housing.

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