NATIONAL COALITION *for* HOMELESS VETERANS

"Latent Homeless Risk Profiles of a National Sample of Homeless Veterans and Their Relation to Program Referral and Admission Patterns"
Tsai, Jack, Wesley J. Kasprow, and Robert A. Rosenheck / Full Report

Quick Takeaways:

- Modifiable risk categories are risk factors which can be addressed through services.
- The model created by researchers creates four groups based on related risk factors: relatively few problems, poverty-substance abuse-incarceration, disabling medical problem, and dual diagnosis.

Study:

Researchers wished to understand the risk factors for homelessness among veterans by creating a model which placed veterans into categories based on modifiable risk categories. Modifiable risk categories are factors which can be addressed through services. Researchers believed that such a model would be able to further understanding of what risk factors are associated with veteran homelessness, what risk factors can be mitigated through provision of services, and how best to provide services to homeless veterans. Nine common risk factors were examined: history of chronic homelessness, incarceration history, employment history, income greater than $600 per month, chronic medical problems, military-related posttraumatic stress disorder (PTSD), substance use disorder, psychotic disorder, and any psychiatric hospitalization.

Researchers examined data spanning April 2011 to November 2012 from the VA Homeless Operations Management and Evaluation System (HOMES), which collects data from all VA homeless programs. They used a statistical modeling technique known as latent class analysis (LCA) to group risk factors into four groups: relatively few problems, poverty-substance abuse-incarceration, disabling medical problem, and dual diagnosis. These groups bundle similar or related risk factors together into classes modifiable risk categories which can be addressed by services.

Findings:

Veterans in the "relatively few problems" group had the lowest probability for all nine of the examined risk factors except for income and PTSD, where prevalence was still low. They tended to be younger, more female, more educated, and more often married. Veterans in the "poverty-substance abuse-incarceration" group had higher rates of substance use, were less likely to earn more than $600, and most likely to be incarcerated. Veterans in the "disabling medical problem" group were more likely to be older, have a chronic medical condition, and to be unemployed. Veterans in the "dual diagnosis" group had risk factors of the previous two groups.

Conclusion:

This model of veteran homelessness profiles provides a tool for understanding the related risk factors for homeless veterans and the differing needs for these groups. Anticipating the interrelated services that veterans need can allow for better referrals which can provide better wraparound care and produce better outcomes.

Tsai, J., Kasprow, W. J., & Rosenheck, R. A. (2013). Latent homeless risk profiles of a national sample of homeless veterans and their relation to program referral and admission patterns. American journal of public health, 103(S2), S239-S247.