



## RESEARCH BRIEF

June 2014

### Universal Screening for Homelessness and Risk Among Veterans: Monitoring Housing Stability and Exploring Profiles of Risk Through Repeated Screening

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#### INTRODUCTION

The U.S. Department of Veterans Affairs (VA) has developed a comprehensive plan for preventing and ending homelessness among Veterans<sup>1</sup>, emphasizing prevention-oriented strategies including the Supportive Services for Veteran Families (SSVF) program. First operationalized in 2011, SSVF provides services and temporary financial assistance intended to intervene early to prevent homelessness or quickly re-house Veterans who become homeless. These efforts have made a real impact; the number of Veterans experiencing homelessness on a given night nationwide decreased by 24% between 2009 and 2013.<sup>2</sup>

Identifying Veterans who are at risk of homelessness, or experiencing homelessness, but are not accessing VA services, is of crucial importance for continued progress toward ending homelessness among Veterans. To improve the ability to identify these Veterans and refer them to appropriate services, VA implemented a universal, two-question screener for current homelessness and imminent risk—the Homelessness Screening Clinical Reminder (HSCR)—that is administered at all VA healthcare facilities.

This brief builds on a previous report<sup>3</sup> that summarized findings from the first year of HSCR implementation. The focus here is on Veterans who had an initial positive screen for homelessness or risk and subsequently completed a second screen, or were rescreened, during the year. Specifically, this brief assesses changes in housing stability for Veterans who initially screened positive and completed a rescreen and identifies risk profiles of Veterans who are experiencing persistent housing instability upon rescreening.

#### METHODS

The HSCR comprises two primary questions intended to assess current homelessness and imminent risk of homelessness:

- In the past two months, have you been living in stable housing that you own, rent, or stay in as part of a household? ("No" response indicates Veteran is positive for homelessness.)

- Are you worried or concerned that in the next two months you may NOT have stable housing that you own, rent, or stay in as part of a household? (“Yes” response indicates Veteran is positive for risk.)

The result of the screen or rescreen indicates that a Veteran is positive for homelessness, positive for risk, or negative for homelessness or risk. The HSCR is administered annually to all Veterans accessing outpatient care, with the exception of those already receiving homeless assistance or living in a long-term care facility. Veterans who screen positive or decline screening are rescreened semi-annually while those who screen negative for homelessness or risk are rescreened annually.

The study period for this brief was October 1, 2012 through September 30, 2013. We identified the rate of positive screens for homelessness or risk among all Veterans screened during this period and examined changes in screening disposition for the sub-group that completed a rescreen between six and 12 months after an initial positive screen. Five mutually exclusive combinations of screen-rescreen outcomes were possible:

- Resolved housing instability (positive initial screen [risk or homeless] and negative rescreen);
- Persistently homeless (positive for homelessness on initial screen and rescreen);
- Persistently at risk (positive for risk on initial screen and rescreen);
- Newly homeless (positive for risk on initial screen and homelessness on rescreen); and
- Homeless to risk (positive for homelessness on initial screen and positive for risk on rescreen).

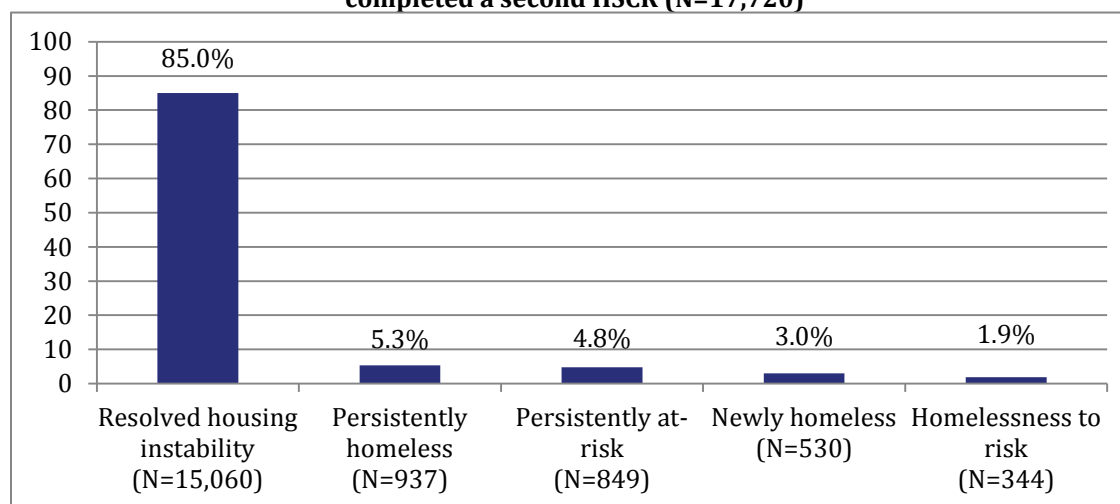
We computed descriptive statistics of Veteran characteristics for each of the five screening transition groups. To better understand the profile of Veterans who rescreened positive, we used a statistical method known as latent class analysis (LCA) to determine if there were specific subgroups that were more prevalent among those rescreening positive for homelessness or risk.

## RESULTS

Among the more than 4.3 million unique Veterans who responded to the HSCR between October 1, 2012 and September 30, 2013, 36,081 (0.8%) screened positive for current homelessness, 41,450 (0.9%) screened positive for imminent risk, and the remaining 4,230,143 (98.3%) screened negative. More details on those who initially screened positive are available in a previous brief.<sup>3</sup>

### Changes in Screening Disposition of Veterans with an Initial Positive Screen

A total of 17,720 (22.9%) of the nearly 78,000 Veterans with an initial positive screen responded to a rescreen between six and 12 months after the first. Figure 1 shows the five outcomes of rescreening; the vast majority (85.0%) rescreened negative for either homelessness or risk, and were categorized as having resolved their housing instability. Those identified as persistently homeless or persistently at risk each accounted for about 5% of all Veterans who were rescreened and those who transitioned from reporting risk to reporting actual homelessness accounted for only 3% of all rescreens.

**Figure 1. Changes in housing stability among Veterans with an initial positive response to HSCR who completed a second HSCR (N=17,720)**

### Characteristics of Screening Disposition Group

Table 1 presents the demographic characteristics of Veterans in each of the five rescreen groups. Overall, the majority of Veterans who did not resolve their homelessness were older than 50 years. Although all groups were predominantly male, the proportion of males was significantly greater in the persistently homeless group compared to other groups. The proportion of African Americans in the resolved housing instability group was significantly lower as compared to all other groups.

**Table 1. Demographic Characteristics of Veterans with an Initial Positive Response to HSCR Who Completed a Second HSCR (N=17,720)**

Characteristic	Resolved housing instability		Persistently homeless		Persistently at risk		Homelessness to risk		Newly homeless	
	N	%	N	%	N	%	N	%	N	%
<b>Age</b>										
18–29	823	5.5	54	5.8	25	2.9	17	4.9	26	4.9
30–39	1,421	9.4	61	6.5	71	8.4	26	7.6	58	10.9
40–49	2,274	15.1	121	12.9	158	18.6	49	14.2	91	17.2
50–59	5,047	33.5	419	44.7	342	40.3	143	41.6	219	41.3
60–69	4,334	28.8	230	24.6	213	25.1	96	27.9	118	22.3
70 and older	1,161	7.7	52	5.6	40	4.7	13	3.8	18	3.4
<b>Sex</b>										
Female	1,769	11.8	60	6.4	107	12.6	40	11.6	58	10.9
Male	13,291	88.3	877	93.6	742	87.4	304	88.4	472	89.1
<b>Race/Ethnicity</b>										
White	8,358	55.5	473	50.5	451	53.1	160	46.5	263	49.6
Hispanic/Latino	1,062	7.1	72	7.7	53	6.2	24	7.0	32	6.0
Black/African American	3,448	22.9	249	26.6	224	26.4	107	31.1	159	30.0
Other	510	3.4	43	4.6	26	3.1	11	3.2	22	4.2
Missing	1,682	11.2	100	10.7	95	11.2	42	12.2	54	10.2

## Profiles of Veterans Rescreening Positive for Housing Instability

Based on combinations of their demographic, health, and VA-related variables, we identified four distinct profiles of Veterans who did not resolve their housing instability upon rescreen (N = 2,499, combining the four screen-rescreen types who were positive on rescreen):

- Class 1: older (>50 years) Veterans with primarily mental health issues (26%);
- Class 2: older Veterans with primarily physical health issues who do not have a VA service-connected disability (35%);
- Class 3: older Veterans with a complex mix of physical, mental, and substance abuse issues who do not have a VA service-connected disability and resemble chronically homeless individuals (21%); and
- Class 4: younger Veterans transitioning from military discharge (18%).

Table 2 presents descriptive statistics for each of the four positive rescreen profiles. We were not able to identify distinct profiles among those who resolved their housing instability by the time of rescreen, suggesting that current VA interventions for homelessness are being applied equally to Veterans who initially screened positive, regardless of their demographic, health, or level of VA service connectedness.

## IMPLICATIONS

Among Veterans who initially screened positive for homelessness or risk during FY 2013, a vast majority (85%), were no longer homeless when rescreened between six and 12 months later. This is consistent with prior research<sup>4</sup> and suggests that most Veterans experience only brief periods of homelessness or housing instability. Households that remain homeless for longer periods of time tend to have more intensive health and behavioral health needs; therefore, it is especially important to aggressively target Veterans who report housing instability on successive screening occasions and engage them with housing and healthcare services for which they are eligible, including VA's Homeless Veteran Patient Aligned Care Teams (HPACT).

Through a multidisciplinary team approach, HPACTs address the chronic medical, mental, and behavioral health conditions among Veterans experiencing housing instability. They provide care “on-demand,” tailored specifically to the needs of a homeless population with the objective of transitioning these Veterans to housing stability and improved health. This model is associated with positive outcomes such as decreased use of emergency care and hospitalizations, increased housing stability, and improvements in chronic disease monitoring and management.<sup>5, 6</sup>

Finally, the distinct risk profiles among those who rescreened positive for homelessness risk suggest that Veterans who experience persistent housing instability are not a homogeneous group with respect to their likely housing and healthcare needs. Specifically, the class of older Veterans with complex health and behavioral health issues are likely prime candidates for the type of ongoing housing and supportive services available through the U.S. Department of Housing and Urban Development VA Supportive Housing (HUD-VASH) program, while the class of younger Veterans may only require short-term assistance available through the SSVF program to regain housing stability.

**Table 2. Results of Latent Class Analysis of Positive Rescreens (N = 2,499)**

Variable	Class 1 n=652, 26%		Class 2 n=871, 35%		Class 3 n=525, 21%		Class 4 n=451, 18%	
	n	%	n	%	n	%	n	%
<b>Age</b>								
18-29	0	0.0%	0	0.0%	0	0.0%	141	31.2%
31-39	0	0.0%	12	1.3%	25	4.7%	177	39.2%
41-49	148	22.8%	91	10.5%	85	16.3%	110	24.4%
51-59	299	45.8%	468	53.7%	300	57.1%	22	4.8%
61-69	185	28.3%	227	26.0%	115	21.9%	2	0.4%
70+	20	3.1%	74	8.5%	0	0.0%	0	0.0%
<b>Sex</b>								
Male	532	81.5%	847	97.3%	514	98.0%	352	78.0%
Female	121	18.5%	24	2.7%	10	2.0%	99	22.0%
<b>Race/Ethnicity</b>								
White	368	56.4%	444	51.0%	243	46.3%	210	46.5%
Non-White	284	43.6%	427	49.0%	282	53.7%	242	53.5%
<b>Served in OEF/OIF</b>	0	0.0%	4	0.5%	0	0.0%	236	52.3%
<b>Living Situation</b>								
Housed	351	53.8%	344	39.6%	164	31.2%	219	48.6%
Friend or Family	178	27.2%	223	25.6%	173	32.9%	157	34.8%
Motel/Hotel/Institution	21	3.3%	34	3.9%	44	8.5%	21	4.7%
Shelter/Street	37	5.7%	147	16.9%	83	15.9%	21	4.6%
Other	66	10.1%	122	14.1%	61	11.5%	33	7.4%
<b>% Service Connected</b>								
Not Service Connected	315	48.2%	638	73.3%	338	64.4%	100	22.1%
<50%	130	19.9%	155	17.8%	92	17.5%	117	26.0%
50-90%	153	23.4%	62	7.1%	58	11.1%	192	42.5%
100%	55	8.5%	15	1.8%	37	7.0%	42	9.4%
<b>Accepted referral at 1st Screen</b>	380	58.3%	548	62.9%	329	62.7%	249	55.2%
<b>Screening Location at 1st Screen</b>								
<b>Mental Health</b>	199	30.5%	0	0.0%	130	24.8%	129	28.7%
<b>Substance Abuse</b>	0	0.0%	0	0.0%	38	7.3%	11	2.4%
<b>Primary Care</b>	306	46.9%	784	90.0%	223	42.5%	207	45.9%
<b>Other</b>	147	22.5%	87	10.0%	133	25.4%	104	23.0%
<b>Chronic Health Condition</b>	438	67.1%	668	76.7%	403	76.8%	100	22.2%
<b>Mental Health Condition</b>	598	91.7%	242	27.8%	493	93.9%	375	83.2%
<b>Substance Abuse Condition</b>	71	10.8%	133	15.2%	498	95.0%	148	32.8%

Veterans in the other two classes (older Veterans with primarily mental health or primarily physical issues) may require targeted assistance to maintain stable housing throughout the course of their care in order to avoid the need for other potentially more expensive forms of care, such as nursing home placement. An important next step is to use these risk profiles to inform how services are provided to Veterans who screen positive for homelessness or risk on successive

occasions and the development of a secondary screening tool that matches Veterans with certain characteristics to an intervention that is best suited to their needs.

Directions for future research include in-depth qualitative studies of Veterans who rescreen positive, compared to negative, to better understand the issues and barriers faced by Veterans who are unable to resolve their housing instability. Additionally, modifications to the screening procedures could result in improved targeting and service uptake of Veterans who rescreen positive for risk or homelessness. For example, Veterans who screened positive and accepted a referral but who did not receive services within 30 days could be flagged for automatic follow-up from VA social work or homeless program staff. Providing Veterans who screen positive with the additional option of being referred directly to an SSVF provider for intake could help ensure that Veterans access this important resource.

The results presented here demonstrate the utility of the HSCR for identifying and intervening to assist Veterans experiencing housing instability, and for understanding the types of interventions that these Veterans are likely to need. HSCR data will be analyzed on an ongoing basis to help refine VA's continued efforts to address homelessness among Veterans.

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Opinions expressed in this research brief represent only the position of the National Center on Homelessness Among Veterans and do not necessarily reflect the official policy of the U.S. Department of Veterans Affairs.

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<sup>1</sup> U.S. Interagency Council on Homelessness. Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness. Washington, DC: U.S. Interagency Council on Homelessness; 2010.

<sup>2</sup> U.S. Department of Housing and Urban Development. The 2013 Annual Homeless Assessment Report to Congress. Part 1: Point-in-Time Estimates of Homelessness. Washington, DC: Authors; 2013.

<sup>3</sup> Montgomery, AE. Using a Universal Screener to Identify Veterans Experiencing Housing Instability. VA National Center on Homelessness Among Veterans Research Brief; 2014 March. Available at: [http://www.endveteranhomelessness.org/sites/default/files/research/Universal%20Screener%20to%20Identify%20Veterans%20Experiencing%20Housing%20Instability\\_2014\\_03.04.pdf](http://www.endveteranhomelessness.org/sites/default/files/research/Universal%20Screener%20to%20Identify%20Veterans%20Experiencing%20Housing%20Instability_2014_03.04.pdf)

<sup>4</sup> Kuhn R, Culhane DP. Applying cluster analysis to test a typology of homelessness by pattern of shelter utilization: Results from the analysis of administrative data. *Am J Community Psychol*. 1998;26(2):207–232.

<sup>5</sup> O'Toole TP, Bourgault C, Johnson EE, et al: New to care: Demands on a health system when homeless Veterans are enrolled in a medical home model. *Am J Public Health*. 2013;103(S2):S374–S379.

<sup>6</sup> O'Toole TP, Buckel L, Bourgault C, et al: Applying the chronic care model to homeless Veterans: Effect of a population approach to primary care on utilization and clinical outcomes. *Am J Public Health*. 2010;100(12):2493–2499.