



VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS

Promoting data-driven, evidence-based solutions to end Veteran homelessness

RESEARCH ANNUAL REPORT FY 2017

The National Center on Homelessness among Veterans (the Center) was established in 2010 to promote recovery-oriented care for Veterans who are homeless or at risk of becoming homeless by:

- conducting research on the causes of Veteran homelessness;
- assessing the effectiveness of programs in the Veterans Health Administration (VHA) Homeless Programs Office (HPO);
- identifying and disseminating best practices in housing stabilization, income support, employment assistance, community partnerships, and other areas impacting homelessness;
- integrating evidence-based and best practices, policies, and programs into HPO programs and ensuring that staff and community partners can implement them; and
- serving as a resource center for research and training activities related to Veteran homelessness.

The Center pursues these goals through three core activities: research and evaluation; model development and programming innovations; and education and staff development. This report focuses on the work accomplished in the research core during fiscal year 2017 (October 1, 2016 – September 30, 2017).

In FY 2017 the Center research team comprised four core researchers and a research coordinator. In addition, the Center provided five awards to VA researchers doing projects through the Center's Intramural Awards Program. These researchers were affiliated Center researchers or individuals working directly with them. The Center Research Affiliate group was established in 2016 to expand the scope and breadth of the Center's research portfolio; in FY 2017 there were 17 Center Research Affiliates, a status not associated with any standing funding.

Studies

In FY 2017 the Center was engaged in 26 projects focused in four areas: population modeling, predictive analytics, systems efficiencies and effectiveness, and evaluation. Five of the projects were funded through the intramural program. As of 12/31/2017, 16 projects were completed and 10 were carried over to FY 2018. For a description of the projects and products to date, please see Appendix A.

Research Dissemination

The Center disseminated the results of its research and data analytic work through 20 peer reviewed publications, 22 conference presentations, and several reports, symposium proceedings, and briefs. It also continued to host the *Homeless Evidence and Research Synthesis (HERS) Roundtable Series*, a virtual symposium to convene peer researchers, subject matter experts, policy makers, and advocates to discuss research findings and develop evidence-based recommendations to inform policy and practice on key homeless issues. A listing of all the dissemination products can be found in Appendix B.

Appendix A: 2017 Research Studies

POPULATION MODELING

Provides a greater understanding of the needs and trends among subpopulations of homeless Veterans, including women, rural, Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND), aged, and those with specific clinical conditions and needs.

1. **Universal Screening for Homelessness and Risk in the Veterans Health Administration: Annual Report** *completed*

Ann Elizabeth Montgomery, PhD

To enhance the rapid identification of Veterans who very recently became homeless or are at imminent risk of homelessness—and to ensure that they access appropriate assistance to achieve housing stability—the Veterans Health Administration (VHA) implemented a national, health system-based universal screen for homelessness and risk. This instrument, administered by providers during Veterans’ outpatient visits at VHA facilities across the country, comprises two primary questions: 1) 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” indicates homelessness.) 2) 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” indicates risk.) Veterans who screen positive for homelessness or risk are asked where they have lived for most of the previous two months and whether they are interested in follow-up services to address their housing instability. This annual report describes Veterans who screened positive between October 1, 2015 and September 30, 2016 and their use of post-screening services as well as performance measured at the medical center or health care system level.

Study Products

Publications

Montgomery, A. E. (2017). *Universal screening for homelessness and risk in the Veterans Health Administration: Fiscal Year 2016 Annual Report*. Philadelphia, PA: National Center on Homelessness Among Veterans.



Annual Screener
Report FY16 external

2. **Profiles of Homeless Services Use and Housing Outcomes Among Emerging Populations: Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn, and Older Veterans** *carried over to FY 2018*

Thomas Byrne, PhD

This study will use administrative data from VA Homeless programs and VA electronic medical records to: 1) identify and describe profiles of VA homeless program use among OEF/OIF/OND and Older Veterans; 2) compare the demographic and VA health services utilization characteristics across profile groups that are identified; and 3) assess the relationship between homeless program use profiles and housing outcomes. These analyses will help us to understand the dynamics of VA homeless program use among two emerging populations of Veterans experiencing homelessness (OEF/OIF/OND Veterans and older Veterans) and how such dynamics may be linked to housing outcomes.

3. **State of Homelessness Among Women Veterans: Services Use and Outcomes** *completed*

Ann Elizabeth Montgomery, PhD and Dorota Szymkowiak, PhD

This study found significant differences in women Veterans' sociodemographic characteristics and health care services use based on whether they had an indicator of housing instability in their VHA medical records. Women Veterans with an indicator of housing instability may have less social support and less access to financial compensation compared with their stably housed counterparts. In addition, they have more extensive histories of trauma, diagnoses of potentially disabling conditions, and potentially less access to health care, demonstrated by their use of acute care services, particularly related to mental health and substance use. While the results presented are descriptive, they begin to illustrate an experience of severe deprivation—the cumulative disadvantage of material hardship (i.e., the inability to “make ends meet”) and personal and social adversity (e.g., trauma)—among among women Veterans with an indicator of housing instability. The components of severe deprivation, including experiences that women Veterans have prior to, during, and following military service, may predispose them to a number of negative outcomes: premature separation from the military followed by difficulty reintegrating into their communities; mental health conditions, especially PTSD and substance use disorders; and economic hardship and housing instability.

Study Products

Publications

Szymkowiak, D. & Montgomery, A.E. (February 2018). *Housing Instability among Women Veterans Accessing Care through the Veterans Health Administration*. VA National Center on Homelessness among Veterans Research Brief.



Montgomery_Szymkowiak_HousingInstabili

4. **Characteristics and Service Use of Rural Homeless Veterans** *completed*

Dorota Szymkowiak, PhD and Stephen Metraux, PhD

This study used the VA's CPRS medical records and HOMES homeless services database to identify homeless Veterans originating in rural areas, their services use, and the extent to which they migrate to more urban settings to receive homeless and other VA services. It sheds light on the extent and the nature of an under-examined subpopulation of homeless Veterans.

Study Products

Publications

Metraux, S. & Szymkowiak, D. (October 2017). *Rural Homelessness Among Veterans: What Do We Know?* VA National Center on Homelessness among Veterans Research Brief.



RuralHomelessnessAmongVeterans_Octob

Presentations

Metraux S, Szymkowiak D. *Characteristics and Services Use Among Rural Homeless Veterans*. Presented at (virtual) Homeless Evidence and Research Synthesis: Rural Veterans and Homelessness, June 22, 2017.

5. Examining the Role of Intimate Partner Violence in Housing Instability and Homelessness among Women Veterans (intramural) completed

Melissa Dichter, PhD

Women Veterans are at increased risk of both housing instability and intimate partner violence compared with their non-Veteran counterparts. The objectives of this study were (1) to assess the relationship between women Veterans' experience of intimate partner violence and various indicators of housing instability, and (2) to assess what correlates help to explain experiences of housing instability among women Veterans who experienced past-year intimate partner violence. Data were collected from VA electronic medical records for 8,427 women Veterans who were screened for past-year intimate partner violence between April 2014 and April 2016 at 13 Veterans Affairs' facilities. Logistic regressions performed during 2017 assessed the relationship between past-year intimate partner violence and housing instability. The study found that a total of 8.4% of the sample screened positive for intimate partner violence and 11.3% for housing instability. Controlling for age and race, a positive intimate partner violence screen increased odds of housing instability by a factor of 3. Women Veterans with past-year intimate partner violence were more likely to have an indicator of housing instability if they identified as African American, had screened positive for military sexual trauma, or had a substance use disorder; receiving compensation for a disability incurred during military service and being married were protective. The study team concluded that for women Veterans, intimate partner violence interventions should assess for both physical and psychological housing needs, and housing interventions should coordinate with intimate partner violence programs to address common barriers to resources.

Study products

Publications

Dichter, M.E., Montgomery, A.E., Sorrentino, A., Cusack, M., Haywood, T., Medvedeva, E., Roberts, C.B., Bellamy, S., & True, G. (January, 2018). *Examining the role of intimate partner violence in housing instability and homelessness among women veterans*. VA National Center on Homelessness among Veterans Research Brief.



Dichter_IntimatePart
nerViolenceHousingIn

Montgomery, A. E., Butler, A., Cusack, M. C., Bellamy, S. L., Medvedeva, E., Roberts, C. B., & Dichter, M. E. (2018). Recent intimate partner violence and housing instability among women veterans. *American Journal of Preventive Medicine*, 54, 584-590.

Presentations

"Examining the role of intimate partner violence in housing instability among women veterans." Society for Social Work and Research 22nd Annual Conference. Washington, DC. January, 2018.

“The role of intimate partner violence in housing instability and homelessness among women veterans.” VA National Center on Homelessness among Veterans Connecting Research to Practice webinar. January, 2018.

“Demographic, clinical, and health services use characteristics of women screening positive for past-year IPV in the Veterans Health Administration.” Futures without Violence National Conference on Health and Domestic Violence. San Francisco, CA. September, 2017.

6. Veteran Sex Offender Access to Housing and Health Services after Release from Incarceration: Obstacles and Best Practices (intramural) *completed*

Molly Simmons, PhD

Within the population of Veterans who are incarcerated, individuals who are registered sex offenders (SOs) are both a particularly vulnerable group and a substantial sub-population; nationally, Veterans who are SOs make up about 29% of incarcerated Veterans. Convicted SOs have a higher likelihood of experiencing homelessness and emotional and financial hardship, in turn increasing the risk that these reentry Veterans will commit another sex crime. This study identified common pathways that sex offenders in Massachusetts take upon release from incarceration; examined the housing restrictions that apply to this population and the most significant additional barriers to housing, employment and healthcare; and documented best practices in use by the VA, and state and community organizations to overcome the barriers faced by sex offenders. Qualitative interviews were conducted with 18 Veteran SOs and 11 community stakeholders. Two major overarching themes were identified: barriers to re-integration and facilitators. Barriers faced by Veteran SOs during re-entry include age, stigma, lack of social support, housing, lack of access to treatment related to sexual impulses, the process of assigning a sexual offense level to an offender, and lack of knowledge about resources and services. Facilitators include: access to sex offender treatment, knowledge about services, self-efficacy and ability to self-advocate, and social support. Several important intervention points were identified that may help to aid in a successful re-entry. The first set include counseling and classes prior to release to help the Veteran develop a strong re-entry plan, which includes resources for housing, sexual deviance treatment, and referral to legal counseling to assist with altering assigned sex offender level. The second set of intervention opportunities occur at the point of re-entry, which is when most Veterans are susceptible to recidivism. Co-locating SOs at this stage can be helpful because it has been shown to reduce social isolation and recidivism. Finally, study data show that psychological treatment is essential to help Veterans address stigma.

7. Causes of Mortality in Homeless Veterans and Relationship to Housing Placement *carried over to FY 2018*

Stephen Metraux, PhD

Anecdotal reports suggest a high incidence of mortality among formerly homeless Veterans who recently received a housing placement through the VA's HUD-VASH program. This study seeks to systematically assess mortality among these Veterans based upon matching datasets of those placed into HUD-VASH housing and death records from the National Death Index. The study cohort includes Veterans who were placed in HUD/VASH housing as well as a comparison group of Veterans who were referred to HUD/VASH but, for various reasons, did not receive a housing placement. While this is an imperfect comparison group, it will provide some context as to whether actually receiving housing has an impact, either positive or negative, on mortality.

Presentations

Metraux S. Overview of HUD-VASH Tenant Deaths. National Center on Homelessness among Veterans research presentation. September 2017.

8. Characteristics of End-of-Life Status and Care for Homeless Veterans *carried over to FY 2018*

John Schinka, PhD

This study will use administrative data from VA data systems and the CDC National Death Index registry to assess the characteristics of health care provided to homeless Veterans at late life and the end of life. The research is primarily exploratory and descriptive in nature, but comparisons with age-peer resided Veterans may be made to generate hypotheses for further studies, associated program evaluation efforts, or changes in operational programs. These analyses will serve to inform projections about the needs for healthcare monitoring and preventative care, nursing home, and palliative care for the large cohort of older homeless Veterans who will move into advanced ages in the near future.

9. Assessing Total Homelessness Among Veterans Using VA and Community-based Data *carried over to FY 2018*

Stephen Metraux, PhD

The purpose of this project is to address gaps in the current body of research on Veterans experiencing homelessness by examining the demographics of the homeless Veteran population and their use of homeless and other services over time. Both demographic and services use questions can be investigated by examining existing data collected through three VA Specialized Homeless Programs. Areas of inquiry translate to three foci of research: demographics and prevalence of homelessness among Veterans; Veterans' use of VA Specialized Homeless Programs; and evaluation of VA Specialized Homeless Programs.

10. Homelessness and Suicidality Among Veterans *completed*

Dorota Szymkowiak, PhD and Dennis Culhane, PhD

Homelessness or a history of homelessness is associated with increased risk of death by suicide, but epidemiologic studies documenting increased lifetime risk of suicide in homeless Veterans do not inform clinicians of the timeframes within which this risk occurs, a critical issue in determining the need for focused and timely intervention. This project examined the temporal sequencing of episodes of homelessness and the occurrence of suicidal behaviors, specifically of attempts and ideation. The analyses examined the time frames within which these events occur and focused on three interrelated phenomena: suicidality around onset of homelessness, suicidality among homeless Veterans, and homelessness among Veterans with evidence of suicidality. Findings showed a clear temporal relationship between homelessness and suicidality; notably, it appears that suicidality peaks just before onset of homelessness and not after. **Study Products**

Presentations

Culhane, D., Szymkowiak, D. *Suicidality Before and After Onset of Homelessness*. Presented at (virtual) Homeless Evidence and Research Synthesis: Suicide and Homeless Veterans, February 27, 2018.



PREDICTIVE ANALYTICS

Uses large administrative data sets (i.e. “big data”) to develop predictive models to preemptively identify individual Veterans before an adverse event occurs so that a preventative intervention can be provided. The modeling has been focused in three contexts: predicting who will become homeless; predicting who will return to homelessness after being housed; and predicting who will experience an adverse event (acute health event, etc.) in the course of receiving care from VA.

11. Predicting Eviction from U.S. Departments of Housing and Urban Development and Veterans Affairs Supportive Housing (HUD-VASH) Program completed

Ann Elizabeth Montgomery, PhD

The U.S. Department of Housing and Urban Development (HUD)-Veterans Affairs (VA) Supportive Housing (HUD-VASH) program is intended to ensure housing stability for Veterans with a recent history of homelessness who require supportive services to live independently. However, Veterans leave HUD-VASH, and other permanent supportive housing (PSH) programs, for a number of reasons, including eviction. The objective of this study was to identify correlates of eviction from HUD-VASH—both characteristics of the Veterans and precipitating events, in this case revealed through Veterans’ use of acute care services—that may signal imminent eviction. Approximately 1 in 10 Veterans who left HUD-VASH housing exited due to eviction, a rate slightly higher than that reported in the limited existing research assessing evictions among renter households. Veterans who left HUD-VASH due to eviction were more often male, were not receiving compensation related to a service-connected disability, and had diagnoses of chronic medical conditions, serious mental illness (SMI), and substance use disorder (SUD). The prevalence of suicidal and self-harm behaviors was 7 times higher among evictees than Veterans who left HUD-VASH because they accomplished their goals. Evictees stayed in HUD-VASH an average of about 19 months; the average tenure among those who accomplished their goals was 40% longer. Compared with Veterans who had accomplished their goals, a significantly larger proportion of Veterans who were evicted had received acute care—inpatient and/or emergency—and more frequently increased their use of acute care as exit approached. Veterans who were evicted were approximately 40% more likely to have an acute care visit during the 30 days immediately prior to exit compared with 61–90 days prior to exit and had almost 10 times the rate of acute care use as Veterans who accomplished their goals during the 30 days prior to exit. Receiving acute care (i.e., either 1 inpatient admission or 2 or more emergency department visits in a 30-day period) at 61–90 days, 31–60 days, and especially 0–30 days prior to exit was associated with an increased risk of eviction: Veterans who received acute care during the 30 days prior to exit had 4.67 the odds of being evicted rather than exiting the program because they accomplished their goals.

Study Products

Publications

Montgomery, A. E. (2017, November). *Research brief: Factors contributing to eviction from permanent supportive housing: Lessons from HUD-VASH*. Philadelphia, PA: National Center on Homelessness Among Veterans.



Montgomery_HUD
VASH Eviction_11.22.

Montgomery, A. E., Cusack, M. C., Szymkowiak, D., Fargo, J. D., & O'Toole, T. P. (2017). Factors contributing to eviction from permanent supportive housing: Lessons from HUD-VASH. *Evaluation and Program Planning, 61*, 55–63. doi:10.1016/j.evalprogplan.2016.11.014

Presentations

Montgomery, A. E. (2017, March). *Factors contributing to eviction from HUD-VASH*. Presentation to Network Homeless Coordinators, Veterans Affairs Central Office.

Montgomery, A. E., Cusack, M. C., Szymkowiak, D., Fargo, J. D., & O'Toole, T. P. (2017, June). *Using health services use patterns to identify imminent eviction from permanent supportive housing*. Poster presentation at AcademyHealth 2017 Annual Research Meeting, New Orleans, LA.

12. Homeless Patient Aligned Care Team (HPACT) Hotspotter Project completed

Dorota Szymkowiak, PhD

Acute care services – emergency department visits and hospitalizations – are costly. While much acute care use is time- and event-limited, persistent high levels of use have been associated with certain high-risk population groups, including persons experiencing homelessness. The objective of the study was to identify homeless Veterans more likely to be persistent super-utilizers of acute care services. A latent class analysis (LCA) identified subgroups of super-utilizers based on morbidity and acute service use, then followed them over time to determine subgroup differences in the persistence of super-utilization. There were 7 subgroups of super-utilizers, which varied considerably on the degree to which their super-utilization persisted over time.

Study Products

Publications

Szymkowiak D, Montgomery AE, Johnson EE, Manning T, O'Toole TP. 2017. Persistent super-utilization of acute care services among subgroups of Veterans experiencing homelessness. *Medical Care, 55*(10): 893-900.

Field Applications

Added interventions to H-PACT report to track how well teams are doing in completing potentially effective interventions within specified periods of time following acute care episode.

CAN score validation: CAN score of 90+ found to have good tradeoff between sensitivity and specificity, incorporated into H-PACT report in July 2016.

13. Recidivism in VA Homeless Programs completed

Dorota Szymkowiak, PhD

The recidivism project sought to identify and characterize the cohort of homeless Veterans who cycled in and out of Homeless Programs (HP) and involved several sets of analyses. The number of Veterans served by HP, including HUD-VASH, rose sharply from 2011 to 2012, but the rate of growth slowed and leveled off around 190,000 by 2015. The number of new Veterans served has declined every year. About four in five Veterans served by HP have been served in previous years. Veterans who cycled in and out of HP had higher prevalence of prior homelessness; were

more often middle-aged, male, non-Hispanic black, and unmarried; had higher rates of prior incarceration; had more morbidity, including chronic medical, mental health, and especially substance use conditions; and had higher rates of acute care use. HCHV, GPD, other short-term residential and HUD-VASH case management seemed to be associated with an increased likelihood of return to services, while SSVF and actual HUD-VASH housing were not.

Study Products

No products for external distribution at this time; a paper is anticipated.

14. Modeling and Prospectively Assessing Risk for Homelessness Among Post 9/11-Era Veterans in Four Cities (IIR Proposal) completed

Stephen Metraux, PhD

The proposed project would employ both quantitative and qualitative methods to identify Veterans at the point of VA enrollment who are at high ongoing risk for homelessness and the means to best engage these Veterans with ongoing preventative services. Identifying Veterans who are at risk for homelessness will be done using the vast data resources of the VA and recently developed predictive modeling approaches, and will include evaluating the efficiency of this approach as well as developing a standardized version of this process that can be used to routinely assess newly enrolling Veterans based on data that is already collected. Finally, interviews with Veterans identified as at-risk for homelessness through this process will be interviewed to provide qualitative context on their situations and promising approaches to engage and retain these Veterans in prevention programming. As such, completing this study will lay the groundwork for designing and implementing an intervention focused on providing prevention services to these at-risk Veterans.

15. Post-entry Homelessness Among Veterans Justice Outreach (VJO) Program Participants completed

Dorota Szymkowiak, PhD

There were many significant differences between Veterans who experienced homelessness or housing instability following VJO entry and Veterans who did not. Risk factors for post-entry homelessness/housing instability included younger age (18-44), unmarried status, and post-9/11 service. Having multiple previous arrests (≥ 3), having any prior incarceration, and being in jail at the time of VJO program entry were also associated with increased risk. Morbidity and a history of homelessness were also correlated with poor post-entry housing outcomes. Older Veterans (≥ 65), Veterans with combat exposure, Veterans with at least 50% service-connected disability, and Veterans entering Veterans Treatment Courts were all at lower risk of becoming homeless.

Study Products

Key findings were informally presented to Jessica Blue-Howells, National Coordinator, HCRV. There have been no publicly disseminated products from this project.

Post-release Homelessness Among Healthcare for Reentry Veterans (HCRV) Participants completed

Dorota Szymkowiak, PhD

There were many significant differences between Veterans who experienced homelessness or housing instability following release from incarceration and Veterans who did not. Risk factors for post-release homelessness/housing instability included middle age (45-54), minority race/ethnicity (especially non-Hispanic black), and unmarried status. Having many previous

arrests (≥ 7) and having served a longer prison/jail term (≥ 2 years) were also associated with increased risk of homelessness/housing instability. Morbidity and a history of homelessness were also correlated with poor post-release housing outcomes.

Study Products

Key findings were informally presented to Jessica Blue-Howells, National Coordinator, HCRV. There have been no publicly disseminated products from this project.

PROGRAM EVALUATION & IMPLEMENTATION RESEARCH

Ensures that new models of care are being evaluated with substantial rigor to see that best practices are being identified and replicated with high fidelity

16. Supportive Services for Veteran Families (SSVF) Evaluation *carried over to FY 2018*

Thomas Byrne, PhD

This study will use administrative data from VA Homeless programs, VA electronic medical records and Homelessness Management Information Systems (HMIS) data from the community-based homeless assistance system in several communities to address the following aims: 1) To assess the extent to which Veterans exiting the SSVF program subsequently return to VA or community-based homeless services use; 2) To assess the relationship between a return to VA or community-based homeless services use and VA health services use among Veterans who exit the SSVF program; and 3) To compare Veterans rates of return to VA and community-based homeless services use among Veterans who exited SSVF vs. Veterans who exited from the community-based shelter system only.

Study Products

Preliminary findings of returns to VA homeless services based solely on VA data were published in the most recent version (for FY 2016) of the SSVF Program's Annual Report.

https://www.va.gov/HOMELESS/ssvf/docs/SSVF_FY2016_Annual_Report_508c.pdf

17. Impact of Healthcare for Reentry Veterans (HCRV) on Recidivism, Homelessness, and Health Service Utilization *carried over to FY 2018*

Dennis Culhane, PhD

Healthcare for Reentry Veterans (HCRV) is a key component of VA's commitment to reducing criminal justice involvement and homelessness among Veterans. HCRV was established in 2007 to address the needs of justice involved Veterans exiting state and Federal prison, and reentering into their communities. The program provides a continuum of services to reentry Veterans, from pre-release outreach and engagement to post-release case management services. The primary goal of HCRV is to promote successful community integration of Veterans leaving prison by connecting them to and engaging them in the appropriate treatment and rehabilitation programs to prevent homelessness, assist in the adjustment to community life, and aid in their desistance from commission of new crimes and parole or probation violations. In order to better assess whether the HCRV program activities are associated with improved criminal justice-related outcomes among reentry Veterans, the study team proposes a program evaluation that would use several administrative datasets from the Department of Justice (DOJ) and VA to retrospectively compare outcomes between reentry Veterans served through HCRV and two sets of matched control groups. The goal of the evaluation is to examine the

effectiveness and impact of HCRV outreach services on reentry Veterans and has three primary objectives: 1) To assess the effectiveness of HCRV outreach services in linking Veterans to and engaging Veterans with VA services upon their release. 2) To determine the profile of reentry Veterans served by HCRV. 3) To assess the impact of HCRV outreach on homelessness and criminal recidivism.

18. Homeless Patient Aligned Care Team (HPACT) Evaluation *completed*

Thomas O'Toole, MD

Information maintained by the Homeless Patient Aligned Care Treatment (H-PACT) Program

Study Products

Publications

Gundlapalli, A.V., Redd, A., Bolton, D., Vanneman, M.E., Carter, M.E., Johnson, E., Samore, M.H., Fargo, J.D., O'Toole, T.P. (2017). Patient-aligned Care Team Engagement to Connect Veterans Experiencing Homelessness With Appropriate Health Care, *Medical Care*, Supplement 9, Supplement 2: S104-S110. doi: 10.1097/MLR.0000000000000770.

Johnson, E.E., Borgia, M., Rose, J., O'Toole, T.P. (2017). No wrong door: Can clinical care facilitate Veteran engagement in housing services?, *Psychological Services*, Vol 14(2), 167-173.

19. Grant & Per Diem (GPD) Low Demand Pilot Initiative Evaluation *carried over to FY 2018*

John Schinka, PhD

This study will use administrative data from VA data systems to assess the characteristics of homeless Veterans in the GPD low demand pilot program (LDPP) and their use of VA health services. The research is primarily exploratory and descriptive in nature, but comparisons with Veterans in the mainstream GPD program may be made to generate hypotheses for further studies, associated program evaluation efforts, or changes in operational programs. These analyses will serve to inform decisions about the value of the program within the VA housing program effort and potential changes to improve the impact of the program.

20. Analysis of Healthcare for Homeless Veterans (HCHV) Safe Havens Program *completed*

John Schinka, PhD

The National Center on Homelessness among Veterans (the Center) developed the Safe Haven Program, a low demand 24-hour/7-days-a-week community-based early recovery residential program that does not require sobriety or full compliance with treatment for either admission or continued stay. The program targets Veterans with severe mental illness and/or substance use problems who are chronically homeless. This evaluation examines the Center's implementation of the program, the fidelity of model adoption, the characteristics of Veterans served, and program outcomes from fiscal year 2011 through calendar year 2016. The evaluation found that participants in the 25 Safe Havens were predominantly male (94%), with 48% identifying as White and 45% African American. The majority (51%) were divorced or separated and 48% had never married. Most had a high school education. The majority (63.1%) were chronically homeless, with 98.8% having experienced a previous episode of homeless and 55.6% having been homeless three or more times in the past. A large minority (46.7%) were retired or disabled. Most of the remainder had a history of no employment (33.8%) over the prior three years. Psychiatric disorders were common, including alcohol abuse (50.4%), drug use (44.3%), severe mental illness (32.7%), PTSD (31.1%), and affective disorder (41.5%). At the end of fiscal year 2016, 3,135 veterans had been discharged or left the Safe Haven program; 268 veterans were still receiving services. Slightly over half (53.9%) of the veterans completed all or

some components of the program prior to discharge. These veterans had an average length of stay of 134.4 days (4.4 months). Almost two-thirds of veterans had moved into their own residence or into permanent housing provided via VA or other sources. Fewer than 10% of veterans left their completed programs without housing or in unknown housing status.

SYSTEMS EFFICIENCIES & EFFECTIVENESS

Looks specifically at how well different homeless programs and medical centers interact and coordinate efforts to achieve optimal results in housing and keeping housed homeless Veterans

21. The Timing and Long-term Outcomes of Permanent Supportive Housing within the Continuum of Veterans Health Administration Homeless Programs: Sequence and Trajectory Analyses (intramural) carried over to FY 2018

Jack Tsai, PhD

Although the VA has formally endorsed the Housing First model, the agency maintains a continuum of homeless programs to meet the diverse needs of homeless and at-risk Veterans. It is not well-understood which Veterans are using multiple VA homeless programs, in what sequence they use different programs, where the Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program falls in that sequence, and how different utilization patterns are related to outcomes. This study will use national data from the Homeless Operations Management and Evaluation System (HOMES) and the Supportive Services for Veterans Families (SSVF) program on over 150,000 Veterans from 2011-2016 to identify temporal typologies and pathways to Veterans' use of various VA homeless programs. The data will be analyzed with sequence analyses and various multivariable analyses. The results will inform the VA Homeless Program Office about utilization of VA's continuum of homeless programs in the era of Housing First and suggest ways to help HUD-VASH Veterans achieve and sustain independence and recovery.

22. U.S. Departments of Housing and Urban Development and Veterans Affairs Supportive Housing (HUD-VASH) Program Project-based Versus Scattered Site Housing Participants and Outcomes carried over to FY 2018

Ann Elizabeth Montgomery, PhD

Using administrative data, this project involves a series of analyses to compare the characteristics of Veterans participating in HUD-VASH who are using project-based vouchers with those who are living in scattered-site housing units in the community (using tenant-based vouchers). These analyses focus on assessing Veterans' health and housing outcomes. This work is responsive to the HUD-VASH Program Office's query of whether project-based vouchers serve Veterans with higher needs (e.g., higher levels of medical or mental health complexity, history of chronic homelessness, older persons) and whether placement with a project-based voucher may better address those needs.

Study Products

Presentations

Montgomery, A. E., Szymkowiak, D., & O'Toole, T. P. (2017, November). *Veterans' assignment to single-site versus scattered-site permanent supportive housing*. Oral presentation at 145th American Public Health Association Annual Meeting & Exposition, Atlanta, GA.

23. Exploring the Role of Project-Based Vouchers in the U.S. Departments of Housing and Urban Development and Veterans Affairs Supportive Housing (HUD-VASH) Program (intramural) completed

Ann Elizabeth Montgomery, PhD

Given that HUD-VASH has a growing—but still limited—number of project-based vouchers, it is imperative to understand who will thrive best in one type of housing over another. The objective of this study is to address the following questions: What does HUD-VASH project-based housing look like and who does it serve? What are Veterans’ and staff’s perceptions of the program in terms of needs, preferences, and experiences? For whom does project-based housing work best and how can the program triage Veterans to the appropriate type of housing? This study was designed to complement the quantitative HUD-VASH Program Project-based Versus Scattered Site Housing Participants and Outcomes project described above with a qualitative exploration of project-based HUD-VASH housing. Site visits were made to five HUD-VASH programs to conduct qualitative interviews with program staff and participating Veterans. This research has potential for direct program impact by elucidating who does best in project-based housing and suggesting methods (e.g., needs assessments or preference algorithms) to best “triage” Veterans to the housing type in which they are more likely to succeed.

Study Products

Reports

Montgomery, A. E., Cusack, M. C., Gabrielian, S., Austin, E. L., & Kertesz, S.G. (2017, September). *Exploring the role of project-based vouchers in the HUD-VASH program*. Philadelphia, PA: National Center on Homelessness Among Veterans.



ProjectBasedVoucher
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24. U.S. Departments of Housing and Urban Development and Veterans Affairs Supportive Housing (HUD-VASH) Program Voucher Use by Income and Duration carried over to FY 2018

Dennis Culhane, PhD

This study will: 1) observe how VASH tenants’ incomes change over time, including identifying subgroups with work income growth, and the corresponding impact on voucher value and turnover rates. 2) Identify if there is a threshold effect in income growth and VASH usage value suggestive of an earnings disincentive or wage ceiling. 3) Model the impact of several potential policy changes on increasing turnover of VASH vouchers, and the cost of potential income disregards and/or voucher replacement options.

25. Do Tailored VA Primary Care Services Reduce Differences in Experiences with Care between Homeless and Non-Homeless Veterans (intramural) completed

Audrey L. Jones, PhD

Compared to those with stable housing, homeless patients report poor experiences with primary care. In 2012, select Veterans Health Administration (VHA) facilities began implementing a homeless-tailored model of care (called Homeless Patient-Aligned Care Teams “HPACTs”) to improve primary care engagement. Prior studies have found that homeless-tailored primary care approaches, such as HPACT, improve the patient experience. Therefore, it is possible that VHA’s HPACT program could begin to close primary care gaps between homeless and non-homeless patients. This study proposed to link data from the VHA administrative and

survey sources to: 1) compare differences in patient reported healthcare experiences between homeless and non-homeless Veterans receiving care in VHA facilities with and without HPACTs among their services; and 2) determine if homeless persons enrolled in HPACTs report more positive or fewer negative experiences than those not enrolled in HPACTs. The study team used multivariable multinomial regressions to estimate homeless versus non-homeless patient differences in primary care experiences (categorized as negative/moderate/positive) reported on a national VHA survey. They compared the homeless versus non-homeless risk differences (RDs) in reporting negative or positive experiences in 25 HPACT facilities versus 485 non-HPACT facilities. Subjects studied were survey respondents from non-HPACT facilities (homeless n=10,148; non-homeless n=309,779) and HPACT facilities (homeless n=2,022; non-homeless n=20,941). Measures used were negative and positive experiences with access, communication, office staff, provider rating, comprehensiveness, coordination, shared decision-making, and self-management support. The study found that in non-HPACT facilities, homeless patients reported more negative and fewer positive experiences than non-homeless patients. However, these patterns of homeless versus non-homeless differences were reversed in HPACT facilities for the domains of communication (positive experience RDs in non-HPACT versus HPACT facilities=-2.0 and 2.0, respectively); comprehensiveness (negative RDs= 2.1 and -2.3), shared-decision-making (negative RDs=1.2 and -1.8), and self-management support (negative RDs=0.1 and -4.5; positive RDs=0.5 and 8.0). Investigators concluded that VHA facilities with HPACT programs appear to offer a better primary care experience for homeless versus non-homeless Veterans, reversing the pattern of relatively poor primary care experiences often associated with homelessness.

Study Products

Publications

Jones, A. L., Hausmann, L., Kertesz, S., Suo, Y., Cashy, J. p., Mor, M. K., Schaefer, Jr., J. H., Gundlapali, A. V., & Gordon, A. J. (in press). Differences in Experiences with Care between Homeless and Non-Homeless Patients in Veterans Affairs Facilities with Tailored and Non-Tailored Primary Care Teams. *Medical Care*.

Presentations

Jones, A. L., Hausmann, L., Kertesz, S., Suo, Y., Cashy, J. p., Mor, M. K., Schaefer, Jr., J. H., Gundlapali, A. V., & Gordon, A. J. (2018, June). *Homeless Veterans assigned to tailored primary care teams report more positive experiences with care*. Poster presentation at AcademyHealth 2018 Annual Research Meeting, Seattle, WA.

Jones, A. L., Hausmann, L., Kertesz, S., Suo, Y., Cashy, J. p., Mor, M. K., Schaefer, Jr., J. H., Gundlapali, A. V., & Gordon, A. J. (2018, June). *Do tailored VA primary care services reduce differences in primary care experiences between homeless and non-homeless Veterans?*. Poster presentation at AcademyHealth 2018 Annual Research Meeting, Seattle, WA.

Appendix B: 2017 Dissemination Activities & Products

Homeless Evidence and Research Synthesis (HERS) Symposia

Opioid Use Disorder and Homelessness

February 2, 2017

The opioid epidemic in the United States has had a profound and deadly impact. A decade of rising prescription opioid use and misuse, followed by a surge in the use of illicit opioids has led to overdose and death. Opioid use disorders are particularly hard on Veterans who are homeless or at risk for being homeless, where prevalence of mental health conditions and substance misuse is high and access to health care often problematic. The National Center on Homelessness among Veterans (the Center) has explored this issue with Homeless Programs Office leaders and experts on substance use disorders and homelessness to develop a set of policy recommendations designed to complement ongoing Veterans Health Administration efforts in mental health and primary care. The rationale and caveats for these recommendations was presented and discussed at the HERS roundtable on February 2, 2017, the fourth of these series hosted by the Center and moderated by Center Director Thomas O'Toole, MD. The event provided an opportunity for a wider vetting of the issues and set the stage for future education and training of staff who work directly with Veterans affected by the opioid epidemic.

Roundtable Panel

- **Thomas O'Toole**, MD, Director, VA National Center on Homelessness, and National Director, Homeless PACT Program, Veterans Health Administration - *Moderator*
- **Stefan G. Kertesz**, MD, MSc, Birmingham VA Medical Center and Associate Professor, University of Alabama at Birmingham - *Presenter*
- **Matthew Doherty**, MPA, Executive Director, U.S. Interagency Council on Homelessness
- **Karen Drexler**, MD, Deputy National Mental Health Program Director, Addictive Disorders, Veterans Health Administration
- **Keith Harris**, PhD, Acting Homeless Programs Director, Veterans Health Administration
- **Noelle Porter**, MPH, National Alliance to End Homelessness

To view the presentation and the webinar with audio, please use the following link: <http://va-eerc-ees.adobeconnect.com/p4vw1qsdsak/>.

Access the symposium proceedings here:

<http://vaww.w2k8.internet.staging.va.gov/HOMELESS/nchav/docs/Opioid%20Use%20Disorders%20and%20Homelessness%20HERS%20proceedings%202.2.2017.pdf>

Rural Veterans and Homelessness

June 22, 2017

In recent months the issues facing rural communities have gained increased national attention. This virtual symposium takes a look at homelessness among the 24% of Veterans who live in rural areas. What does the population look like? What are their needs? What kinds of outreach and services are being offered? What are the service gaps and challenges? We will hear from researchers from the VA National Center on Homelessness among Veterans and the Office of Rural Health, as well as a provider of Supportive Services for Veteran Families in rural communities. Their presentations will be followed by a roundtable discussion featuring leaders from VA, the federal government, and a signature Veteran advocacy organization.

Presenters

- **Ann Elizabeth Montgomery**, PhD, Researcher, National Center on Homelessness among Veterans and Birmingham VA Medical Center HSR&D program; Assistant Professor, University of Alabama at Birmingham School of Public Health
- **Alan West**, PhD, Health Scientist, VA Office of Rural Health
- **Stephen Metraux**, PhD, Researcher, VA National Center on Homelessness among Veterans; Professor, University of the Sciences
- **Dorota Szymkowiak**, PhD, Researcher, VA National Center on Homelessness among Veterans
- **Debra Baker**, LMHC, Director, Supportive Services for Veteran Families, Blue Mountain Action Council
- **Linda J. Southcott**, Deputy Director, VA SSVF National Program Office

Roundtable Panel

- **David Corwin**, Housing Programs Director, Pennsylvania Rural Development, U.S. Department of Agriculture
- **Keith Harris**, PhD, National Director of Clinical Operations, Veterans Health Administration Homeless Programs
- **Tom Klobucar**, PhD, Acting Director, Office of Rural Health, Veterans Health
- **Kathryn Monet**, Executive Director, National Coalition on Homeless Veterans

To view the presentation and the webinar with audio, please use the following link: <http://va-eerc-ees.adobeconnect.com/p4nd85ke01z2/>.

Access the symposium proceedings here:

http://vaww.w2k8.internet.staging.va.gov/HOMELESS/nchav/docs/Rural_HERS_proceedings.pdf

Peer Reviewed Journal Articles

- Byrne, T., Nelson, R. E., Montgomery, A. E., Brignone, E., Gundlapalli, A. V., & Fargo, J. D. (2017). Comparing the utilization and cost of health services between Veterans experiencing brief and ongoing episodes of housing instability. *Journal of Urban Health*, 94(1), 54-63.
- Cusack, M. C., & Montgomery, A. E. (2017). The role of eviction in Veterans' homelessness recidivism. *Journal of Social Distress and the Homeless*, 26(1), 58-64. doi:10.1080/10530789.2017.1314093.
- Cusack, M., Montgomery, A.E. (2017). Examining the bidirectional association between Veteran homelessness and incarceration within the context of permanent supportive housing, *Psychological Services*, Vol 14(2), 250-256. <http://dx.doi.org/10.1037/ser0000110>.
- Fargo, J. D., Montgomery, A. E., Byrne, T. H., Brignone, E., Cusack, M. C., & Gundlapalli, A. V. (2017). Needles in a haystack: Screening and healthcare system evidence for homelessness. *Studies in Health Technology and Informatics*, 235, 574-578. doi:10.3233/978-1-61499-753-5-574.
- Gundlapalli, A.V., Redd, A., Bolton, D., Vanneman, M.E., Carter, M.E., Johnson, E., Samore, M.H., Fargo, J.D., O'Toole, T.P. (2017). Patient-aligned Care Team Engagement to Connect Veterans Experiencing Homelessness With Appropriate Health Care, *Medical Care*, Supplement 9, Supplement 2: S104-S110. doi: 10.1097/MLR.0000000000000770.
- Harnish, A., Corrigan, P., Byrne, T., Pinals, D. A., Rodrigues, S., & Smelson, D. (2016). Substance Use and Mental Health Stigma in Veterans With Co-Occurring Disorders. *Journal of Dual Diagnosis*, 12(3-4), 238-243.

- Johnson, E.E., Borgia, M., Rose, J., O'Toole, T.P. (2017). No wrong door: Can clinical care facilitate Veteran engagement in housing services?, *Psychological Services*, Vol 14(2), 167-173.
- Metraux, S., Cusack, M., Byrne, T.H., Hunt-Johnson, N., True, G. (2017). Pathways into homelessness among post-9/11-era Veterans, *Psychological Services*, Vol 14(2), 229-237.
<http://dx.doi.org/10.1037/ser0000136>.
- Metraux, S., Treglia, D. & O'Toole, T.P. (2016). Migration by Veterans who receive VA homeless services. *Military Medicine*, 18 (10): 1212-1217.
- Montgomery, A. E., Szymkowiak, D., Marcus, J., Howard, P., & Culhane, D. P. (2016). Homelessness, unsheltered status, and risk factors for mortality: Findings from the 100,000 Homes Campaign. *Public Health Reports*. doi:10.1177/0033354916667501.
- Montgomery, A.E, Cusack, M., Szymkowiak D., Fargo, J. & O'Toole T. (2016). Factors contributing to eviction from permanent supportive housing: Lessons from HUD-VASH. *Evaluation and Program Planning*, 61:55-63. doi: 10.1016. [Epub ahead of print]
- Montgomery, A.E., Cusack, M.C., Gabrielian, S. (2017). Supporting Veterans' Transitions From Permanent Supportive Housing, *Journal of Psychiatric Rehabilitation*, doi: 10.1037/prj0000282. [Epub ahead of print]
- Montgomery, A.E., Szymkowiak, D., Culhane, D. (2017). Gender Differences in Factors Associated with Unsheltered Status and Increased Risk of Premature Mortality among Individuals Experiencing Homelessness. *Women's Health Issues*. Pii: S1049-3867(16)30352-8. doi: 10.1016/j.whi.2017.03.014
- Nelson, R. E., Gundlapalli, A., Carter, M., Brignone, E., Petty, W., Byrne, T. H., Montgomery, A. E., Rupper, R., & Fargo, J. D. (2017). Rurality or distance to care and the risk of homelessness among Afghanistan and Iraq Veterans. *Housing, Care and Support*, 20(2), 45–59. doi:10.1108/HCS-10-2016-0013
- Noska, A.J., Belperio, P.S., Loomis, T.P., O'Toole, T.P. Backus, L.I. (2017). Engagement in the Hepatitis C Care Among Homeless Veterans, 2015. *Public Health Reports*, 132(2):136-139.
- Palladino, B., Montgomery, A. E., Sommers, M. S., & Fargo, J. D. (2017). Risk of suicide among Veterans with traumatic brain injury experiencing homelessness. *Journal of Military and Veterans' Health*, 25(1), 34–38.
- Resnick, L., Ekerholm, S., Johnson, E.E., Ellison, M.L. & O'Toole, T.P. (2016). Which homeless Veterans benefit from a peer mentor and how? *Journal of Clinical Psychology*. Doi: 10.1002/jclp.22407. [Epub ahead of print]
- Szymkowiak, D., Montgomery, A.E., Johnson, E.E., Manning, T., O'Toole, T.P. (2017). Persistent Super-Utilization of Acute Care Services Among Subgroups of Veterans Experiencing Homelessness, *Medical Care*, doi: 10.1097/MLR.0000000000000796. [Epub ahead of print]
- Tsai, J., O'Toole, T., Kearney, L. (2017). Homelessness as a public mental health and social problem: New knowledge and solutions, *Psychological Services*, Vol 14(2), 113-117.
<http://dx.doi.org/10.1037/ser0000164>

Reports and Proceedings

VA National Center on Homelessness among Veterans. (2017). *Universal Screening for Homelessness and Risk in the VHA, FY 2016*. Philadelphia, PA: Ann Elizabeth Montgomery.

O'Toole, T.P., & Hunt-Johnson, N. (Eds.). (2017). Proceedings from VA National Center on Homelessness Among Veterans Homeless Evidence and Research Synthesis Roundtable Series: Opioid Use Disorder and Homelessness.

Casey, R., & Hunt-Johnson, N. (Eds.). (2017). Proceedings from VA National Center on Homelessness Among Veterans Homeless Evidence and Research Synthesis Roundtable Series: Rural Veterans and Homelessness.

Montgomery, A. E., & Cusack, M. C. *HUD-VASH exit study final report*. (2017, September). Washington, DC: U.S. Department of Veterans Affairs, National Center on Homelessness Among Veterans & U.S. Department of Housing and Urban Development, Office of Policy Development & Research. Available at: <https://www.huduser.gov/portal/publications/HUD-VASH-Exit-Study.html>

Conference Presentations

Byrne, T., Nelson, R.E., Montgomery, A.E., Brignone, E., Gundlapalli, A.V. & Fargo, J.D. (2017, January). *Comparing the Utilization and Cost of Health Services Between Veterans Experiencing Brief and Ongoing Episodes of Housing Instability*. Presented at the Society for Social Work Research Annual Conference, New Orleans, LA.

Chhabra, M., Cusack, M. C., Dichter, M. E., Butler, A., Montgomery, A. E., & True, J. G. (2017, April). *Screening for homelessness: VA provider reflections on addressing a social determinant of health*. Poster presentation at 2017 Annual Society of General Internal Medicine Meeting, Washington, DC.

Fargo, J. D., Montgomery, A. E., Byrne, T. H., Brignone, E., Cusack, M. C., & Gundlapalli, A. V. (2017, April). *Needles in a haystack: Screening and healthcare system evidence for homelessness*. Oral presentation at Informatics for Health 2017, Manchester, UK.

True, J. G., Cusack, M. C., Butler, A., Chhabra, M., Dichter, M. E., & Montgomery, A. E. (2017, June). *Inside the black box of screening for homelessness and housing instability: Perspectives from key stakeholders in the Department of Veterans' Affairs*. Poster presentation at AcademyHealth 2017 Annual Research Meeting, New Orleans, LA.

Montgomery, A. E., Byrne, T. H., Fargo, J. D., Treglia, D., & Culhane, D. P. (2017, June). *Unsheltered homelessness among Veterans accessing healthcare at the U.S. Department of Veterans Affairs*. Poster presentation at AcademyHealth 2017 Annual Research Meeting, New Orleans, LA.

Montgomery, A. E., Cusack, M. C., Szymkowiak, D., Fargo, J. D., & O'Toole, T. P. (2017, June). *Using health services use patterns to identify imminent eviction from permanent supportive housing*. Poster presentation at AcademyHealth 2017 Annual Research Meeting, New Orleans, LA.

Dichter, M. E., Yu, B., True, G., Butler, A., Chhabra, M., & A. E. Montgomery. (2017, July). *Impacts of intimate and sexual violence experiences on women Veterans' housing stability*. Oral presentation at 2017 HSR&D/QUERI National Conference: Accelerating Innovation and Implementation in Health System Science, Washington, DC.

Montgomery, A. E., Bellamy, S. L., Medvedeva, E., Roberts, C. B., Butler, A., Cusack, M. C., & Dichter, M. E. (2017, July). *Correlates of increased risk of housing instability among women Veterans with recent experience of intimate partner violence*. Plenary presentation at 2017 HSR&D/QUERI National Conference: Accelerating Innovation and Implementation in Health System Science, Washington, DC.

Dichter, M.E., Iverson, K., True, G., Montgomery, A.E., Tuepker, A., Butler, A., Haywood, T., Cusack, M., Bellamy, S., Medvedeva, E., & Roberts, C.B. (2017, September). *Demographic, Clinical, and Health Services Use Characteristics of Women Screening Positive for Past-Year IPV in the Veterans Health Administration*. Oral presentation at the National Conference on Health and Domestic Violence, San Francisco, CA.

Schinka, J.A., & Casey, R. (2016, October). *Older Homeless Veterans: Dropout and Re-Admission in Housing Intervention Programs*. Presented at the National Meeting of the Gerontological Society of America, New Orleans, LA.

Metraux, S. (2016, November). *Understanding Homelessness among Post-9/11 Era Veterans through Administrative Data: Past Findings and Future Directions*. Invited Presentation at Using Administrative Data for Program Evaluation and Research: Recent Successes and Next Steps, U.S. Census Bureau, Washington, DC.

Flatley, E. (2016, December). *What We Know and Need to Know About Veterans Treatment Courts*. Invited panelist at *What We Know and Need to Know About Veteran Access to Justice: A Research Symposium*, University of South Carolina School of Law, Columbia, SC.

Finlay, A., Flatley, E. (2017, April). *Innovative Practices: Evaluation and Research. Advancing VJP Specialist Skills to Further Meet the VHA Mission*, Veterans Justice Programs National Training, Atlanta, GA.

Byrne, T. H., Fargo, J. D., & Montgomery, A. E. (2017, June). *Predictive modeling of homelessness and housing instability in the Veterans Health Administration*. Poster presentation at AcademyHealth 2017 Annual Research Meeting, New Orleans, LA.

Byrne, T. (2017, June). *New Findings from Ongoing Research with the VA's Homelessness Screening Clinical Reminder*. National Coalition for Homeless Veterans Annual Meeting, Washington, DC.

Culhane, D. (2017, June). *Factors Contributing to Eviction from HUD-VASH*. National Coalition for Homeless Veterans Annual Meeting, Washington, DC.

Culhane, D. (2017, June). *Shelter Status and Risk for Mortality*. National Coalition for Homeless Veterans Annual Meeting, Washington, DC.

Johnson, E.J. (2017, June). *No Wrong Door: Clinical Engagement as a Pathway to Expedited Housing*. National Coalition for Homeless Veterans Annual Meeting, Washington, DC.

Metraux, S. (2017, June). *Pathways into Homelessness among Post-9/11 Era Veterans*. National Coalition for Homeless Veterans Annual Meeting, Washington, DC.

O'Toole, T. (2017, June). *Opioid Use and Homelessness*. National Coalition for Homeless Veterans Annual Meeting, Washington, DC.

Dichter, M.E. (2017, July 27). *New Research on Women Veterans and Intimate Partner Violence*. Battered Women's Justice Project Webinar. <http://www.bwjpp.org/>

Montgomery, A. E. (2017, August). *Practical considerations for index development: Measuring risk for homelessness*. Collaborative Expert Roundtable: *Creating a Housing Insecurity Survey Module* at U.S. Department of Housing and Urban Development, Office of Policy Development and Research, Washington, DC.