



ANNUAL REPORT

Fiscal Year 2015

Universal Screening for Homelessness and Risk in the Veterans Health Administration

BACKGROUND

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 followup services to address their housing instability. This annual report describes Veterans who screened positive between October 1, 2014 and September 30, 2015 and their use of post-screening services as well as performance measured at the medical center or health care system level.

RATES OF POSITIVE SCREENS AND TRENDS

During fiscal year (FY) 2015, 3,529,695 Veterans responded to VHA's screener for homelessness and risk; 0.65% (n=23,103) screened positive for homelessness and 0.57% (n=20,230) screened positive for risk.¹

Figure 1 illustrates the rate of positive screens, by quarter, for FY 2013 through FY 2015. Between the first quarter of FY 2013—when screening for homelessness and risk began—and the fourth quarter of FY 2015, the proportion of Veterans who screened positive for homelessness decreased by 32.9% and the rate of positive screens for risk decreased by 57.8%. Since FY 2014, the rate of all positive screens decreased by 11.5%.

¹ Veterans who screen positive may respond to a subsequent screen six months following the first; 5,536 Veterans responded to more than one screen during FY 2015. The rates presented here reflect one screen per Veteran; a positive screen for homelessness took priority, followed by a positive screen for risk and a negative screen.

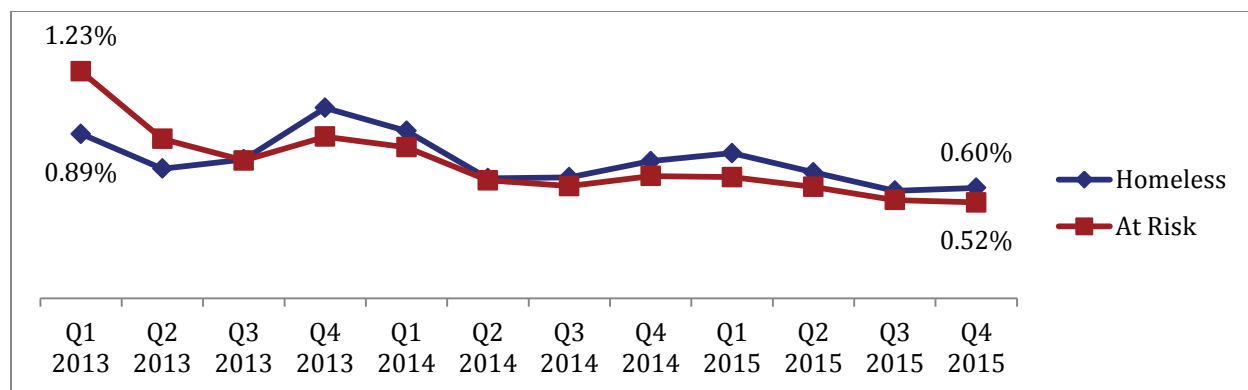


Figure 1 Rates of Positive Screens for Homelessness and Risk, by Quarter, FY 2013–2015

Veterans responded to the screening questions at a variety of outpatient clinic locations; however, the majority (88.5%) were screened at a primary care clinic. Rates of positive screens varied widely by screening location; the rate of positive screens at substance abuse clinics was 8.6 times that of primary care and the rate at mental health clinics was 2.6 times that of primary care. (See Figure 2.)

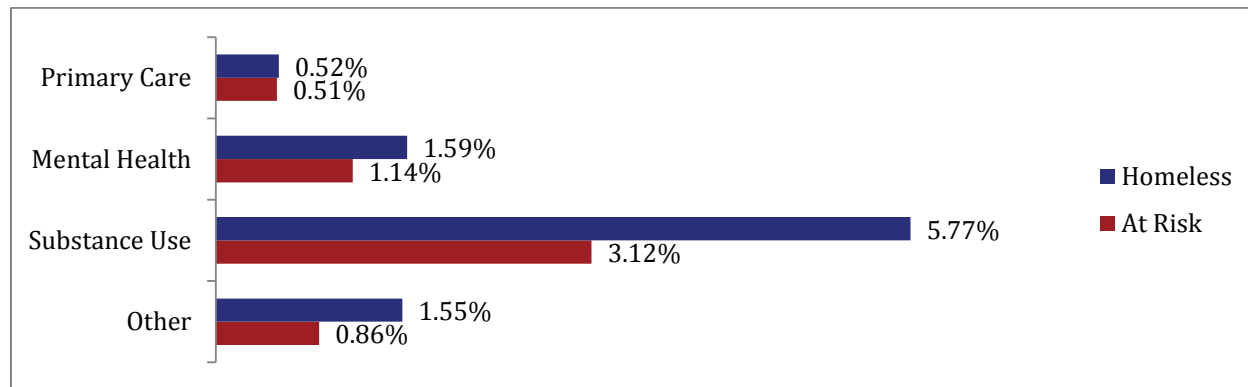


Figure 2 Rates of Positive Screens for Homelessness and Risk, by Screening Location, FY 2015

CHARACTERISTICS OF VETERANS WHO SCREENED POSITIVE FOR HOMELESSNESS OR RISK

This section describes the age, sex, and racial composition of the population of Veterans who screened positive for homelessness and risk as well as where they reported living during most of the two months prior to screening. Figure 3 illustrates the age distribution of Veterans who screened positive for homelessness and risk during FY 2015. The largest share of Veterans screening positive for either homelessness or risk was aged 51–60 years.

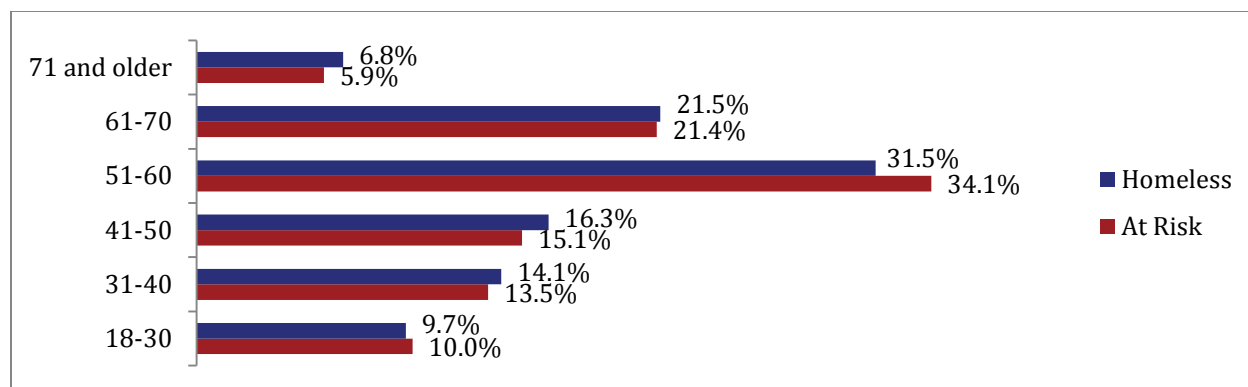


Figure 3 Veterans Screening Positive for Homelessness and Risk, by Age, FY 2015

While female Veterans screened positive for risk more frequently than homelessness, male Veterans were slightly more likely to screen positive for homelessness. (See Figure 4.)

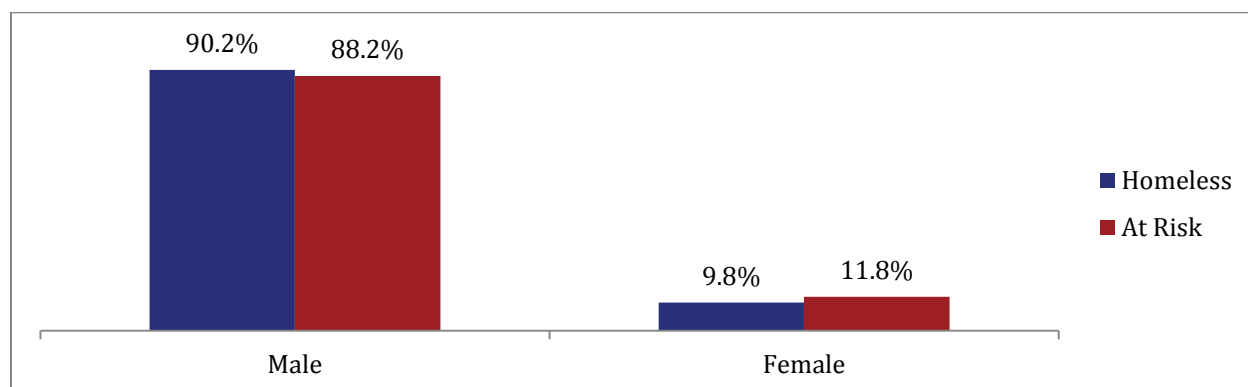


Figure 4 Veterans Screening Positive for Homelessness and Risk, by Sex, FY 2015

Veterans who identified as White comprised the majority of those who screened positive for homelessness and risk. Veterans who identified as White more frequently screened positive for risk while those who identified as Black or African American more frequently screened positive for homelessness. (See Figure 5.)

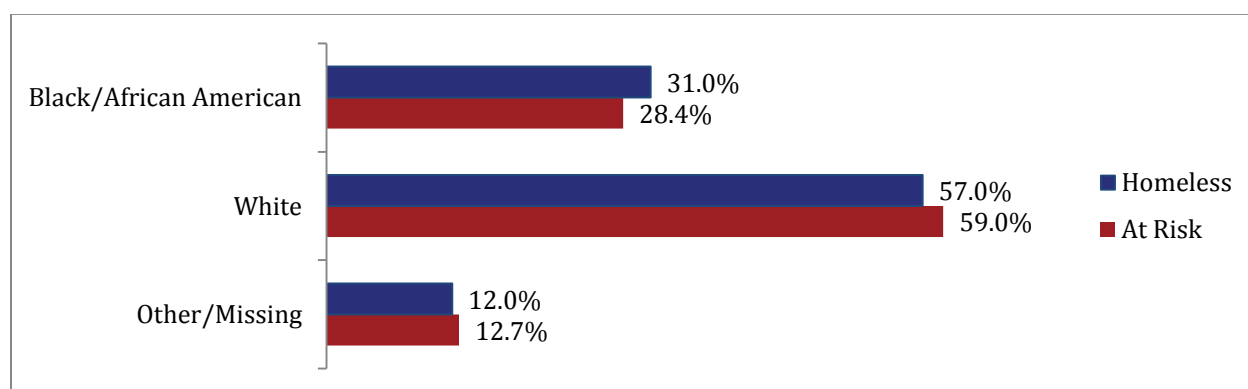


Figure 5 Veterans Screening Positive for Homelessness and Risk, by Race, FY 2015

During most of the two months prior to screening, two-thirds of Veterans at risk of homelessness reported living in their own housing and an additional quarter were staying with friends or family. More than one-third of Veterans who screened positive for homelessness reported living with friends or family and an additional

18.6% were literally homeless (i.e., staying in a homeless shelter or a place not intended for human habitation).² (See Figure 6.)

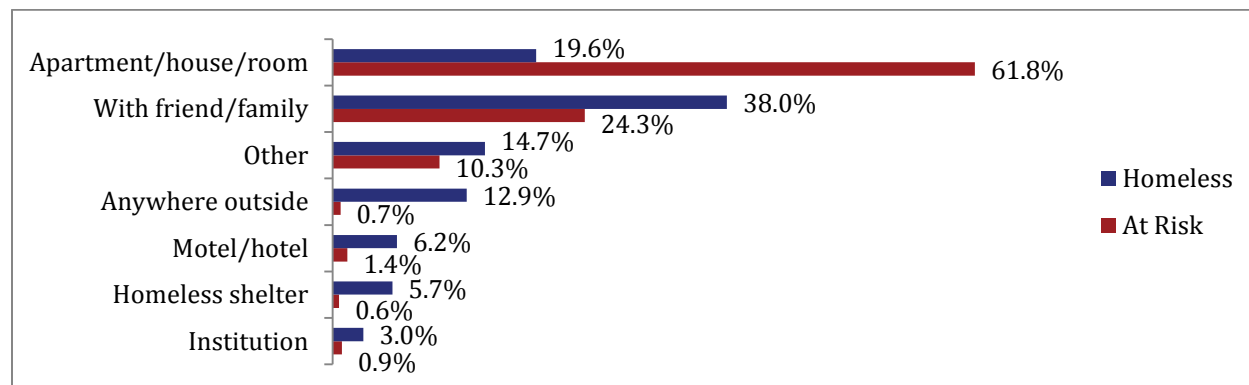


Figure 6 Veterans Screening Positive for Homelessness and Risk, by Living Situation, FY 2015

HOUSING INSTABILITY AMONG PRIORITY POPULATIONS

Rates of positive screens varied across three subpopulations of Veterans: women, aging (i.e., Veterans aged 61 years or older at the time of screen), and those who served during Operations Enduring Freedom (OEF), Iraqi Freedom (OIF), and New Dawn (OND). Rates of homelessness and risk were lowest among aging Veterans and highest among OEF/OIF/OND Veterans. Both aging and OEF/OIF/OND Veterans screened positive for homelessness slightly more frequently than they screened positive for risk while women Veterans screened positive for risk more frequently. Rates of positive screens for both homelessness and risk declined between FY 2014 and FY 2015 among the three priority populations. (See Figure 7.)

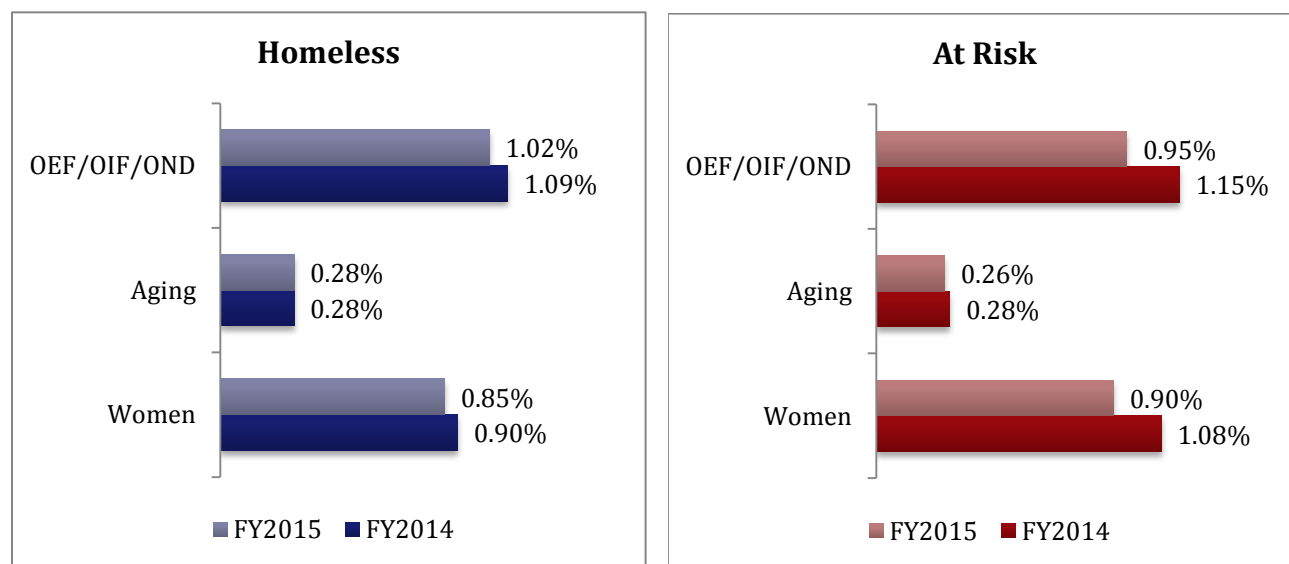


Figure 7 Rates of Positive Screens for Homelessness and Risk, by Priority Population, FY 2014–2015

² Veterans who screened positive for homelessness—or current housing instability—but indicated stable living situations may have been rehoused following a recent period of housing instability or perceived their current situation as unstable.

RECEIPT OF POST-SCREENING FOLLOWUP

Approximately three of five Veterans who screened positive for homelessness or risk requested followup services to address their housing instability. Among Veterans who requested followup, 71.5% of those who screened positive for homelessness and 65.1% of those who screened positive for risk received a followup service within 30 days.³ (See Figure 8.)

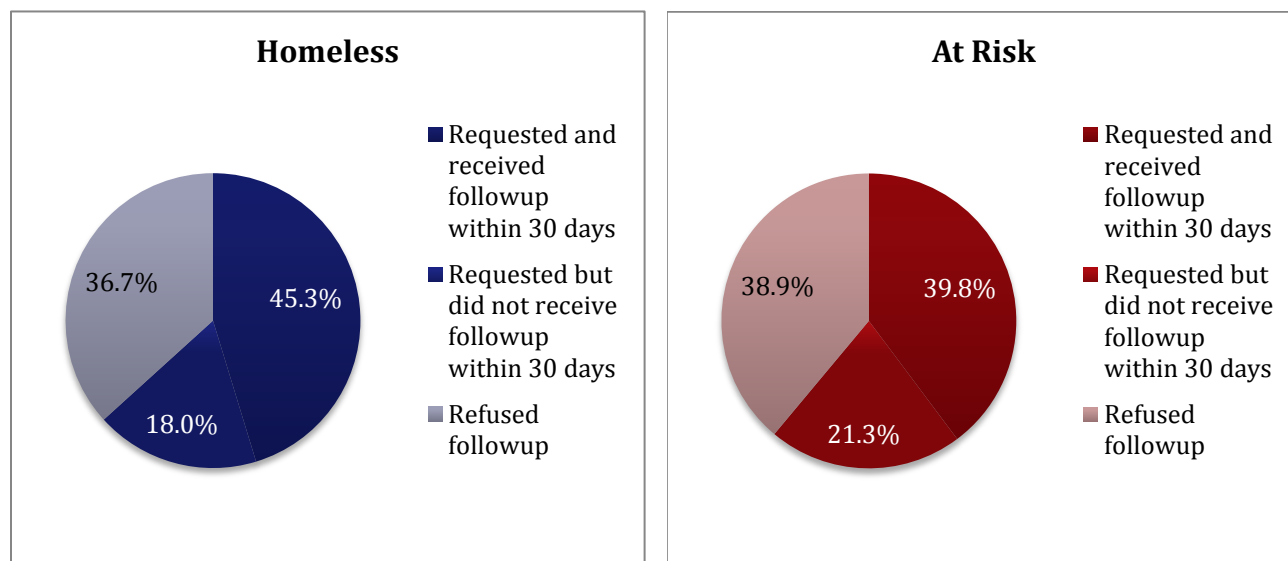


Figure 8 Receipt of Services 30 Days Following a Positive Screen for Homelessness and Risk, FY 2015

Figures 9a and 9b indicate the types of services—provided by either VHA Homeless Programs or VA social work staff—that Veterans received during the 30 days following a positive screen and a request for followup services.⁴ Veterans most frequently received followup services provided by social work: 85.2% of Veterans who screened positive for homelessness and 92.9% of those who screened positive for risk. Veterans who screened positive for homelessness received services from VHA Homeless Programs more frequently than those who screened positive for risk.

³ A visit with a VHA Homeless Program or social work staff—as indicated in Veterans’ medical records—or a formal entry into a VHA Homeless Program during the 30 days following a positive screen indicates receipt of followup services. Veterans also may have received followup services from VHA providers other than those affiliated with VHA Homeless Programs or social work as well as community-based providers.

⁴ These figures include only Veterans who requested and received a followup service. Veterans may have received more than one type of service or services that are not reflected here. HCHV=Health Care for Homeless Veterans, HUD-VASH=U.S. Department of Housing & Urban Development-VA Supportive Housing, GPD=Grant & Per Diem, SSVF=Supportive Services for Veteran Families, VJO=Veterans Justice Outreach. Other services include Domiciliary Care for Homeless Veterans (DCHV), Compensated Work Therapy-Transitional Residence (CWT-TR), and Health Care for Re-entry Veterans (HCRV).

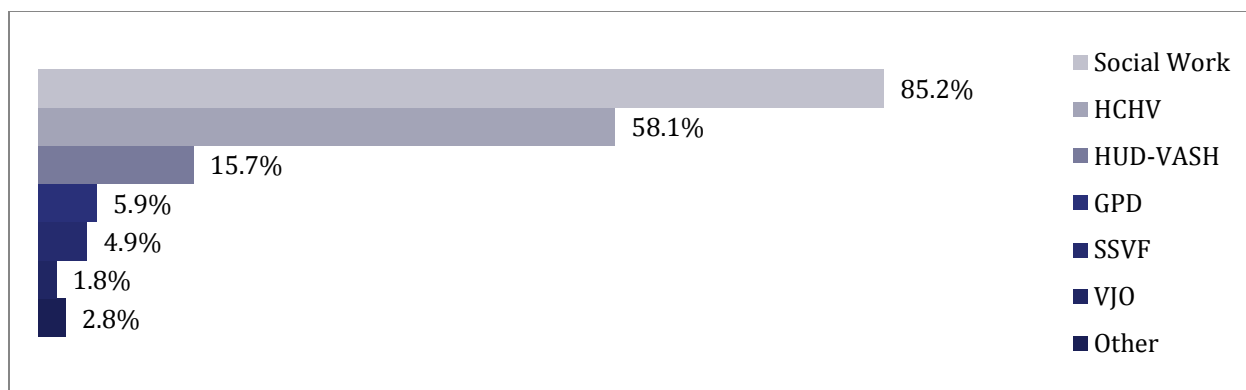


Figure 9a Receipt of Services 30 Days Following a Positive Screen for Homelessness and Request for Followup, by Type of Service, FY 2015

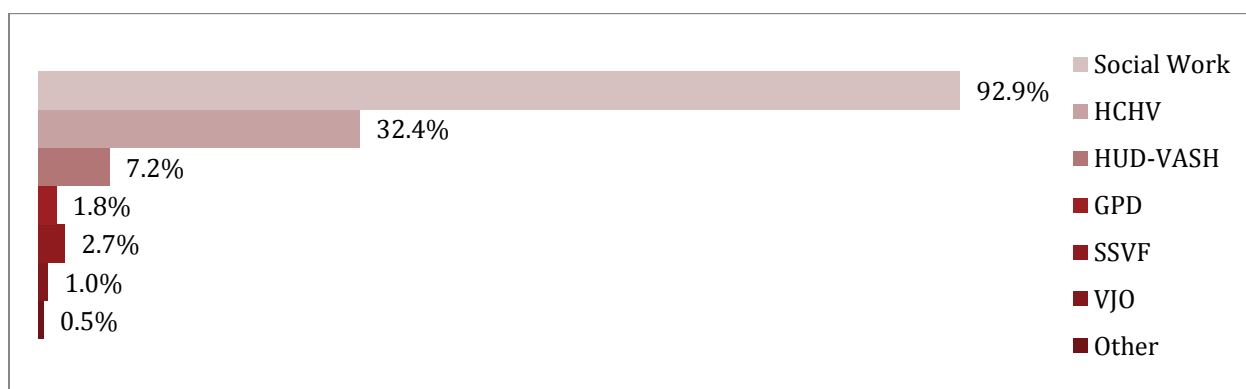


Figure 9b Receipt of Services 30 Days Following a Positive Screen for Risk and Request for Followup, by Type of Service, FY 2015

Following a positive screen for homelessness, 1,732 Veterans (17.2% of Veterans who requested and received a followup service) formally enrolled in a VHA Homeless Program within 30 days. Approximately one-quarter enrolled in SSVF, HUD-VASH, and HCHV. (See Figure 10.)

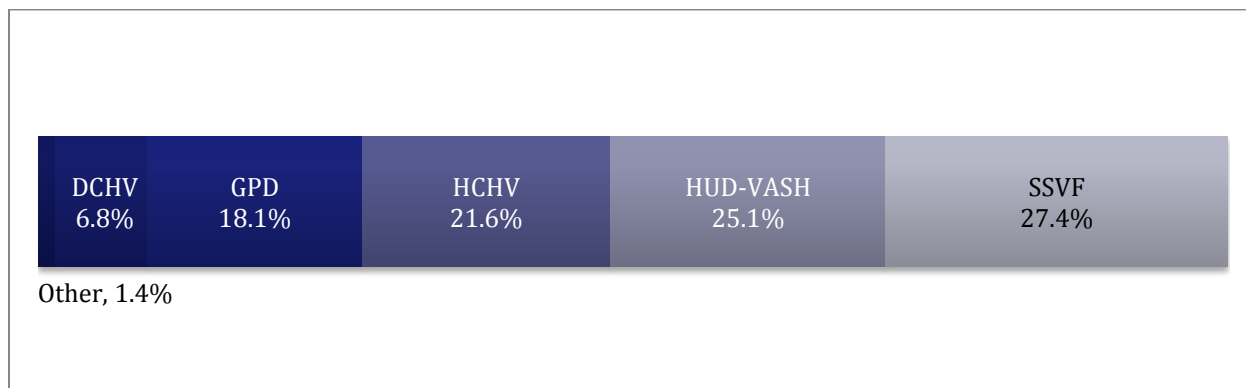


Figure 10 Enrollment into VHA Homeless Programs Following a Positive Screen for Homelessness and Request for Followup, FY 2015

RESOLUTION OF HOUSING INSTABILITY

During FY 2015, 5,536 Veterans who screened positive for homelessness or risk responded to a subsequent screen 6–12 months later; 83.4% resolved their housing instability during this time. Among Veterans who

initially screened positive for homelessness, 74.6% resolved their homelessness by the time of their rescreen; 92.1% of Veterans who reported risk of homelessness screened negative during the subsequent screen.⁵ (See Figure 11.)

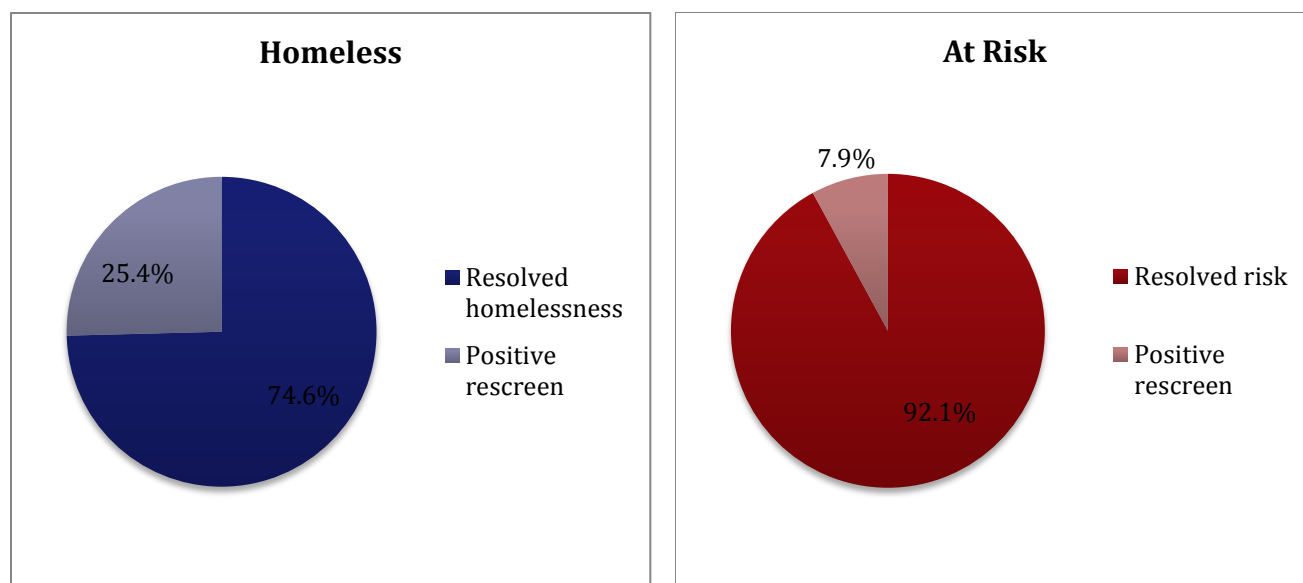


Figure 11 Veterans Resolving Housing Instability at Rescreen, FY 2015

⁵ Note that the rate at which Veterans resolved their housing instability was based on data for only 12.8% of Veterans who initially screened positive for homelessness or risk.