



RESEARCH BRIEF

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Returns to VHA Homeless Programs Among Unstably Housed Veterans

Dorota Szymkowiak, PhD & Ann Elizabeth Montgomery, PhD



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What do we know?

Previous episodes of homelessness considerably increase risk of returns to homelessness.¹⁻³ Approximately 10% of single-adult shelter users experience repeated episodes of homelessness.⁴⁻⁵ Previous work has assessed correlates of Veterans' returns to homelessness following exits from specific programs. For example, approximately one-quarter of Veterans who exited permanent supportive housing through the U.S. Department of Housing and Urban Development-Veterans Affairs Supportive Housing (HUD-VASH) program due to incarceration returned to homelessness,⁶ one-third of Veterans who exited HUD-VASH due to eviction returned to homelessness,⁷ and Veterans with an inpatient behavioral health admission or emergency department visit proximal to exiting HUD-VASH had increased odds of returning to homelessness.⁸ Work has also assessed returns to homelessness among Veterans who have accessed the Supportive Services for Veteran Families (SSVF) program, which provides homelessness prevention and rapid rehousing: depending on household type, up to 26.6% of Veterans who received SSVF returned to homelessness within 2 years.⁹

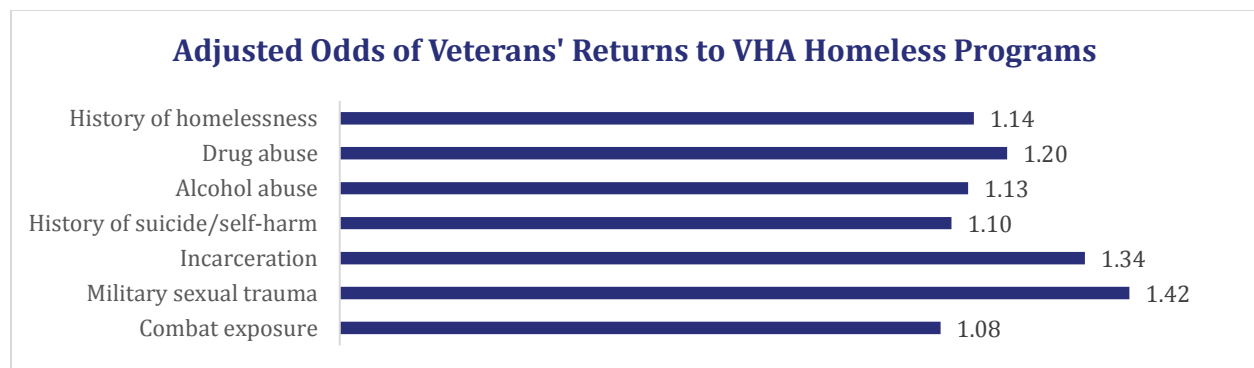
To ensure that Veterans are supported in obtaining and maintaining housing stability, we need more information about the factors associated with their returns to a broad portfolio of Veterans Health Administration (VHA) Homeless Programs, which may ultimately help us to identify interventions to address this need.

New information provided by the study

Among 31,098 Veterans who accessed a VHA Homeless Program during FY 2013, 43.4% returned to a VHA Homeless Program at least 90 days later. Several characteristics of Veterans—as well as their initial experiences in VHA Homeless Programs—appear to reduce their risk of returning to VHA Homeless Programs. Among this sample, Veterans who later returned to a VHA Homeless Program spent 6.8 months during their initial participation with a VHA Homeless Program, while those who did not return initially spent 9.5 months; this indicates that a longer duration in a VHA Homeless Program may

contribute to ongoing housing stability. In addition, women Veterans, those with a 50% or greater service-connected disability rating, and Veterans with a diagnosis of a chronic medical condition, depression, or post-traumatic stress disorder (PTSD) all had decreased odds of returning to a VHA Homeless Program.

The following figure displays the adjusted odds of Veterans' returns to VHA Homeless Programs, controlling for other sociodemographic factors and health services use. A prior history of homelessness increases the odds of a return to homelessness by 14%. A diagnosis of a substance use disorder is also associated with increased odds of returning to a VHA Homeless Program (drug abuse, 20%, alcohol abuse, 13%) as is a history of suicide or self-harm (10%). A history of incarceration increases the odds of a return to a VHA Homeless Program by 34%. Finally, traumatic experiences—including military sexual trauma (42%) and combat exposure (8%)—are significantly related to returning to a VHA Homeless Program. These results corroborate prior studies linking incarceration and homeless history to returns to homelessness.



Veterans with access to income—in this case, access to compensation related to a service-connected disability—have decreased odds of returning to a VHA Homeless Program. This indicates that it is important to connect Veterans who may be at risk of returning to homelessness with employment opportunities as well as mainstream entitlements. Another protective factor is diagnosis of a chronic medical condition, which may indicate that Veterans are regularly receiving care from VHA providers. This highlights the importance of providing supportive services to facilitate Veterans' access to and maintenance of permanent housing. Finally, Veterans reporting traumatic experiences—military sexual trauma, combat exposure—have increased odds of returning to VHA Homeless Programs, while Veterans treated for PTSD have decreased odds. It is imperative that VHA providers—including VHA Homeless Programs and mental health providers—address trauma and housing instability as related experiences rather than separately.

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