

Evidence-based Synthesis Program (ESP)



The Literature Regarding Homelessness among Veterans

A Critical Review of the Evidence

Portland VA Medical Center

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Acknowledgements

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Evidence-based Synthesis Program (ESP)

VA Evidence-based Synthesis (ESP) Program Overview

- **Sponsored by VA Office of R&D and HSR&D.**
- **Established to provide timely and accurate syntheses/reviews of healthcare topics identified by VA clinicians, managers and policy-makers, as they work to improve the health and healthcare of Veterans.**
- **Builds on staff and expertise already in place at the Evidence-based Practice Centers (EPC) designated by AHRQ. Four of these EPCs are also ESP Centers:**
 - Durham VA Medical Center; VA Greater Los Angeles Health Care System; Portland VA Medical Center; and Minneapolis VA Medical Center.

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- **Provides evidence syntheses on important clinical practice topics relevant to Veterans, and these reports help:**
 - develop clinical policies informed by evidence,
 - the implementation of effective services to improve patient outcomes and to support VA clinical practice guidelines and performance measures, and
 - guide the direction for future research to address gaps in clinical knowledge.
- **Broad topic nomination process – e.g. VACO, VISNs, field – facilitated by ESP Coordinating Center (Portland) through online process:**

<http://www.hsrd.research.va.gov/publications/esp/TopicNomination.cfm>

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- **Steering Committee** representing research and operations (PCS, OQP, ONS, and VISN) provides oversight and guides program direction.
- **Technical Advisory Panel (TAP)**
 - Recruited for each topic to provide content expertise.
 - Guides topic development; refines the key questions.
 - Reviews data/draft report.
- **External Peer Reviewers & Policy Partners**
 - Reviews and comments on draft report
- **Final reports posted on VA HSR&D website and disseminated widely through the VA.**

<http://www.hsrd.research.va.gov/publications/esp/reports.cfm>

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Current Report

A Critical Review of the Literature Regarding Homelessness among Veterans (April 2011)

Full-length report available on ESP website:

<http://www.hsrd.research.va.gov/publications/esp/reports.cfm>

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Other Recent Reports

- *Veteran Homelessness: A Supplemental Report to the 2009 Annual Homeless Assessment Report to Congress*
- *Community Homelessness Assessment, Local Education, and Networking Group (CHALENG) for Veterans Report*
- *Opening Doors: the Federal strategic plan to prevent and end homelessness*
- *Annual Homeless Assessment Report (AHAR)*
- *State of Homelessness in America*
- *Homelessness: A Common Vocabulary Could Help Agencies Collaborate and Collect More Consistent Data*

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Other Significant Reports

- *Vital Mission: Ending Homelessness Among Veterans*
- *Veteran Homelessness: CRS Report for Congress*
- *Homelessness: Programs and the People They Serve*

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Overview of Today's Presentation

- **Objectives**
- **Background: Why is this topic of interest**
- **Scope of the review**
- **Findings**
 - Prevalence
 - Risk Factors
 - Military-related factors
 - Incarceration
 - Limitations of the literature
- **Future Research**

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Objectives

- **Learn about the prevalence of homelessness among Veterans**
- **Learn about risk factors for homelessness**
- **Learn about risk factors specific to Veterans**
- **Understand the limitations of the literature and research on homelessness**
- **Initiate a discussion about opportunities for future research on homelessness among Veterans**

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Background

- **Objectives of review**
 - Part of national effort to end homelessness among Veterans
- **Scope of Review**
 - Veteran homelessness
 - Personal characteristics of the homeless
 - Personal risk factors for homelessness
- **Outside of Scope**
 - Structural risk factors
 - Interventions

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Structural Factors

- **Lack of Affordable Housing**
- **Employment-related issues**
- **Decreases in entitlement payments**

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Methods

- **Topic Development**
 - National Center for Homelessness Among Veterans
 - Technical Experts
- **Search**
 - Major bibliographic databases
 - Snowball search
 - Gray literature
- **Study selection**
 - Broad selection criteria – very inclusive
- **Synthesis**
 - Qualitative
- **Peer review**

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Key Question 1

- **Key Question 1A: What is the prevalence and incidence of homelessness among Veterans?**
- **Key Question 1B: How has the prevalence and incidence of homelessness among Veterans changed over time?**
- **Key Question 1C: How prevalent are psychiatric illness, substance abuse, and chronic medical illness among homeless Veterans?**

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Key Question 2

- **Key Question 2A: Which risk factors are associated with new homelessness or a return to homelessness among Veterans? How do these risk factors differ from non-Veteran populations?**
- **Key Question 2B: Have risk factors for homelessness among Veterans changed over time?**

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Key Questions 3 & 4

- **Key Question 3: Are there factors specific to military service that increase the risk of homelessness, or is the increased risk a marker for pre-military comorbidities and social support deficiencies?**
- **Key Question 4: What is the relationship between incarceration and homelessness among Veterans?**

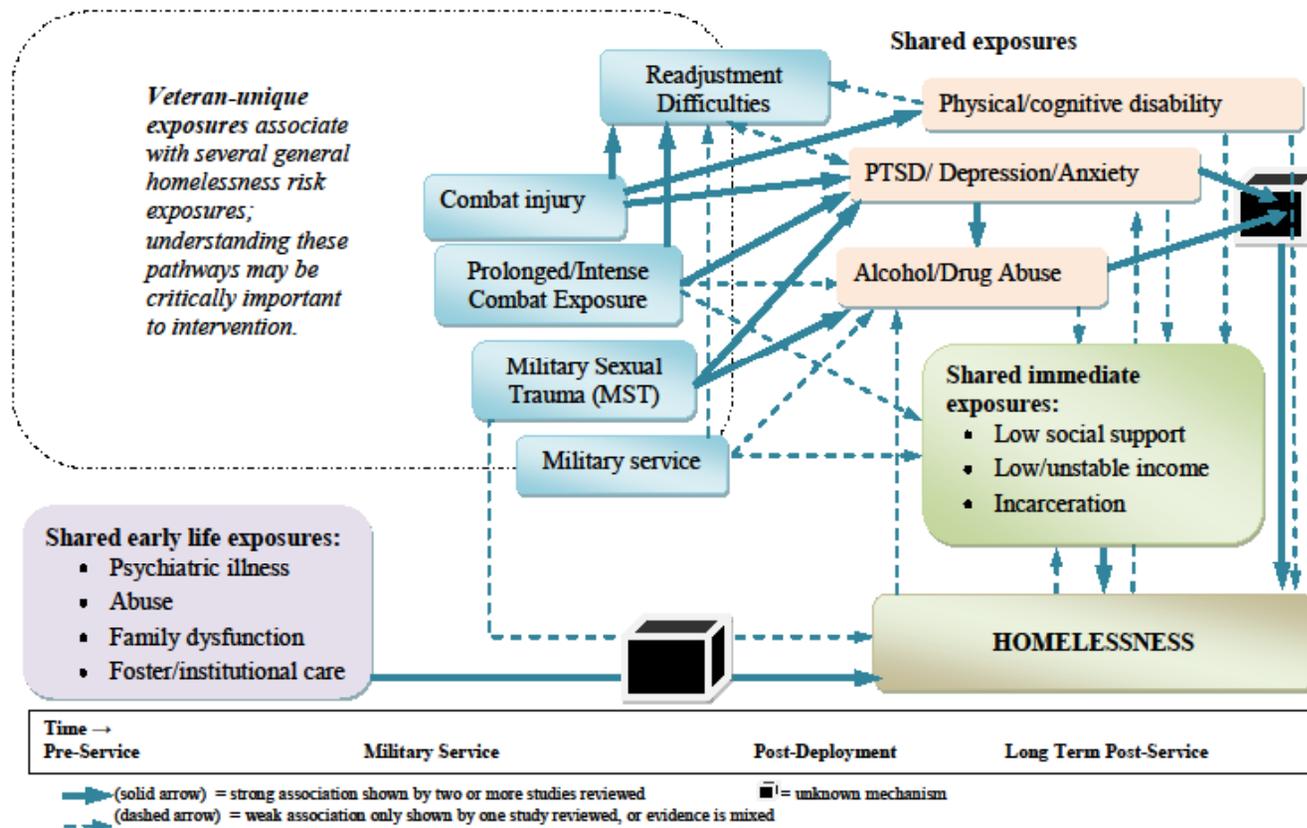
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Conceptual Model

- **Framework for conceptualizing associations among risk factors**
- **Attentive to mediating factors**
- **Is grounded in evidence**
- **Shows gaps in evidence**
- **Identifies poorly understood mechanisms**
- **Distinguishes “shared” from “Veteran-specific” risk factors**

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Pathways into (Veteran) Homelessness: an evidence-led model of current understanding and future research



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- **Veterans appear to be at risk for homelessness for much the same reasons as other US populations.**
- **However, their unique experiences as Veterans may mean that they develop these risks through different pathways.**

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Key Question 1A: What is the prevalence and incidence of homelessness among Veterans?

- **Sensitive to definitions and methodologies used**
- **Point-in-time (PIT) counts likely:**
 - Over-estimate chronically homeless
 - Under-estimate the number of individuals and families that move in and out of homelessness

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Key Question 1A: What is the prevalence and incidence of homelessness among Veterans?

- **Veteran Annual Homeless Assessment Report (Vet AHAR) estimates**
 - **PIT estimate**
 - 75,609 on a single night in January 2009
 - 33 out of every 10,000 Veterans
 - **Annual estimate (Homeless Management Information Systems)**
 - 136,334 Veterans in emergency shelter or transitional housing: 10/2008 – 9/2009

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Key Question 1B: How has the prevalence and incidence of homelessness among Veterans changed over time?

- **Estimates generally not comparable due to changes in methods of reporting and counting**
 - 1996: 23% of homeless were Veterans (NSHAPC)
 - 2009: 12% of all homeless; 16% of adults were Veterans (Vet AHAR)

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Key Question 1B: How has the prevalence and incidence of homelessness among Veterans changed over time?

- **Changing demographics**

- 2009: 24% increase in homeless families seeking service (CHALENG)
- More homeless women Veterans

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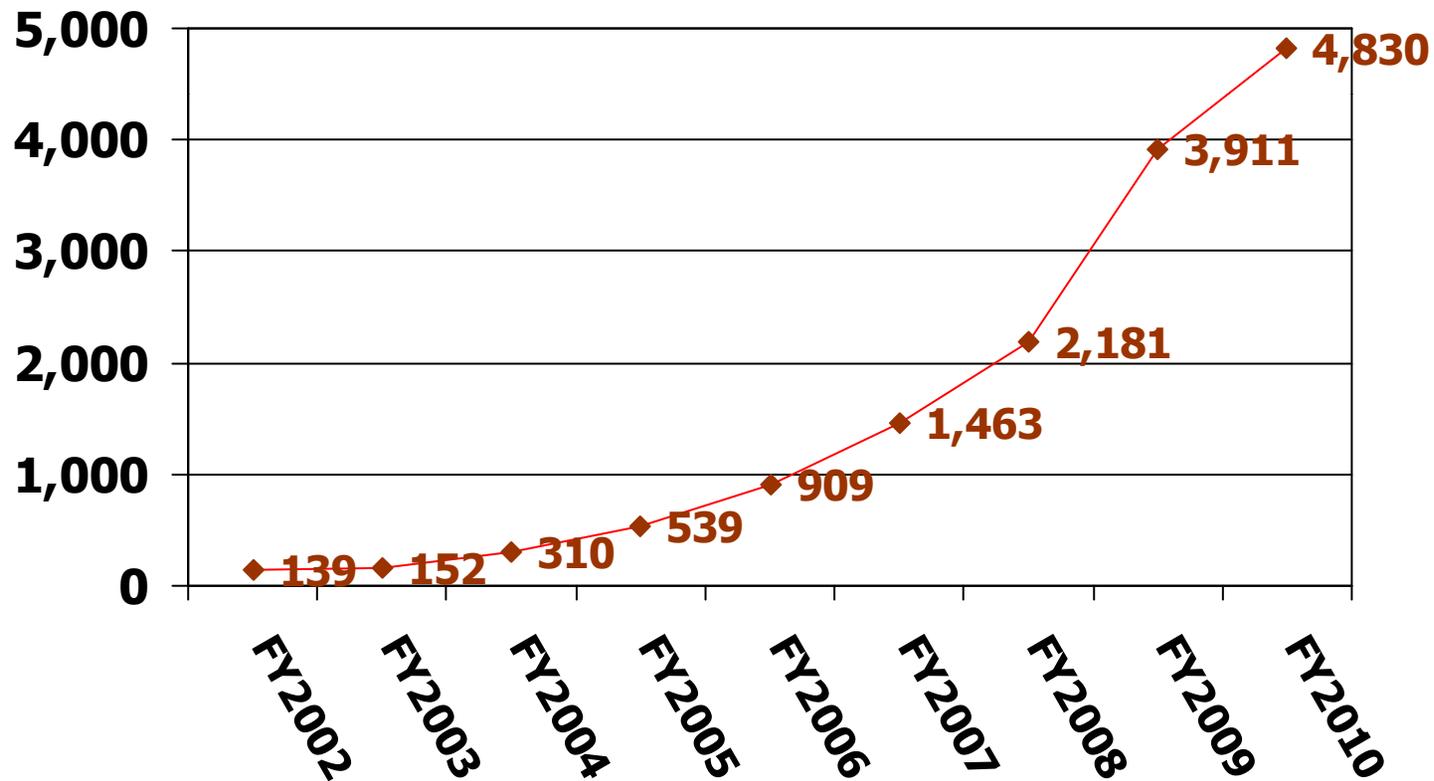
OEF/OIF Homeless: How Many?

	Males	Females	Total
OEF/OIF Homeless	11,307	1,633	13,094
OEF/OIF served by VHA	549,334	75,344	635,193
Proportion	2.06%	2.17%	2.06%

Source – VA Inpatient and Outpatient Encounter database (October 2010)

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OEF/OIF Veteran Homeless FY2002 – FY2009



Incidence (new homeless cases)

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Study Limitations

- **Study samples generally consist of already morbid populations**
- **Little consistency exists among studies in methodology, instruments used, and measurement**
- **Several studies rely on self-report or on instruments that may not have been validated with homeless populations**
- **The lack of longitudinal studies limits our understanding of cause and effect**

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Key Question 1C: How prevalent are psychiatric illness, substance abuse, and chronic medical illness among homeless Veterans?

- **Wide range of estimates**
 - Vet AHAR: about 53% have some sort of disability
 - Other sources range from:
 - 22% - 79% substance abuse
 - 17% - 61% psychiatric problems

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Key Question 2A: Demographics of the Veteran homeless population

	Percentage of Adult US Population	Percentage of Veteran Population	Percentage of Homeless Veteran Population
Whites	68%	81%	49%
Blacks	12%	11%	34%
Hispanics	9%	4%	8%
American Indian/ Alaska Natives	<1%	< 1%	>3%

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Key Question 2A: Which risk factors are associated with new homelessness or a return to homelessness among Veterans? How do these risk factors differ from non-Veteran populations?

- **Childhood risk factors**
 - Inadequate care by parents
 - Experiences in foster care or group placement
 - Prolonged periods of running away from home.
- **Low or unstable income**
- **Low social support**
- **History of incarceration**

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Key Question 2A: Which risk factors are associated with new homelessness or a return to homelessness among Veterans? How do these risk factors differ from non-Veteran populations?

- **Compared to non-Veteran homeless, Veterans tend to be:**
 - Older
 - Better educated
 - Have better early family cohesion
 - More likely to be or have been married.

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Key Question 2B: Have risk factors for homelessness among Veterans changed over time?

- **Military Sexual Trauma an important emerging risk factor**
- **Increasing risk for family homelessness**
- **Economic and structural factors influence who is at risk**

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Frequent Diagnoses for Homeless OEF/OIF

Diagnosis (ICD-9)	Number	Percent
(309.81) PTSD	2,124	16.2%
(311) Depressive Disorder NEC (311)	933	7.1%
(303.90) Alcohol Dependence NEC/NOS	722	5.5%
(309.9) Adjustment Reaction NOS	666	5.1%
(305.00) Alcohol Abuse - Unspecified	419	3.2%
(300.00) Anxiety State NOS	359	2.7%
(309.28) Adjustment Disorder with Anxiety/Depression	293	2.2%
(305.90) Other Drug Abuse - Unspecified	245	1.9%
(303.93) Alcohol Dependence NEC/NOS – In remission	227	1.7%
(304.20) Cocaine Dependence – Unspec.	223	1.7%

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Key Question 3: Are there factors specific to military service that increase the risk of homelessness, or is the increased risk a marker for pre-military comorbidities and social support deficiencies?

- **Evidence does not suggest increased “pre-military” risk**
- **Only two studies have looked at military exposures as direct risk factors for homelessness, and findings are mixed**
- **Study populations were very different (Vietnam-era, predominantly male *vs.* female from more recent eras)**
- **Exposures were defined differently**

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Key Question 3: Are there factors specific to military service that increase the risk of homelessness, or is the increased risk a marker for pre-military comorbidities and social support deficiencies?

- **Evidence shows associations between military exposures (combat, injury/trauma) and intermediate outcomes that, in the general population, increase the risk of homelessness (low income, low social support, incarceration).**
- **Military risk factors have not been consistently defined.**
- **Important intermediate outcomes have not been consistently defined / have been measured using tools not validated with Veteran homeless populations.**

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Key Question 4: What is the relationship between incarceration and homelessness among Veterans?

- **Age adjusted incarceration rate \approx 1,250 per 10,000 Veterans**
- **Incarcerated Veterans as compared with unincarcerated Veterans**
 - Higher rates of drug abuse, treatment for mental illness, and PTSD
- **Incarcerated Veterans as compared with incarcerated non-Veterans**
 - More likely to have committed violent offenses
 - Lower rates of drug use
 - Comparable rates of alcohol abuse and mental health disorders

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Key Question 4: What is the relationship between incarceration and homelessness among Veterans?

- Comparable race and ethnic disparities in incarceration

	General Population	Federal Prison	State Prison
White	82%	49%	54%
Black	10%	38%	32%
Hispanic	5%	5%	6%

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Key Question 4: What is the relationship between incarceration and homelessness among Veterans?

- **Very few studies of homelessness and incarceration among Veterans**
- **Homeless and incarcerated have demographic similarities**
 - Poor
 - Uneducated
 - Over-representation of minorities
- **Incarcerated Veterans face a second instance of re-entry stress**
 - Re-entry post-deployment
 - Re-entry upon release from incarceration

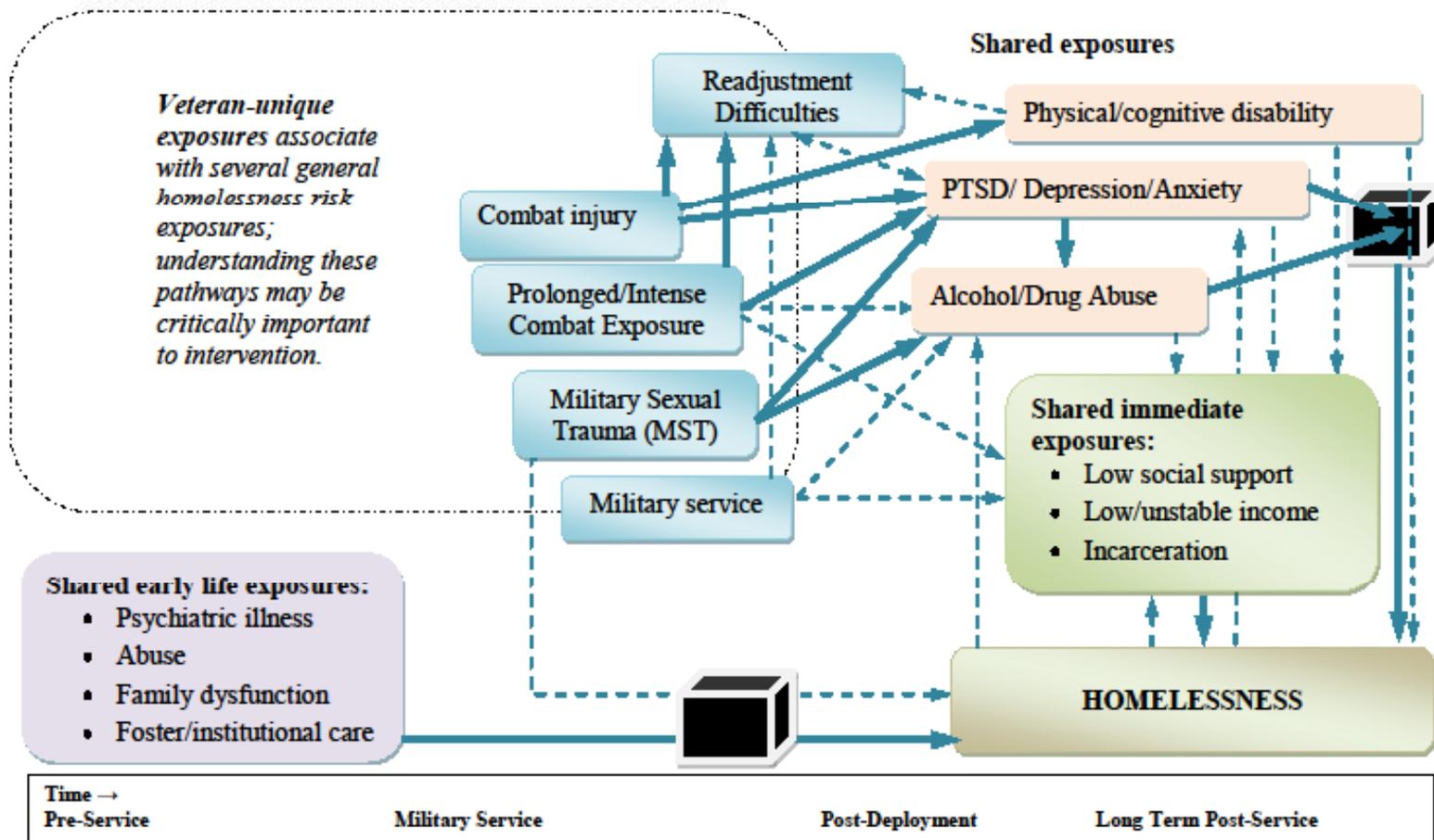
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Key Question 4: What is the relationship between incarceration and homelessness among Veterans?

- **Cyclical pattern between homelessness and incarceration**
 - Criminalization of homelessness
 - Ineffective discharge planning
 - Legal and regulatory restrictions
 - Full sentencing laws
- **Jail diversion programs**
 - Few programs and fewer studies
 - May not be effective at reducing substance abuse or treating mental illness
 - Effective programs can lead to reduced days in jail without increased risk to public safety

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Pathways into (Veteran) Homelessness: an evidence-led model of current understanding and future research



— (solid arrow) = strong association shown by two or more studies reviewed
 - - - (dashed arrow) = weak association only shown by one study reviewed, or evidence is mixed
 ■ = unknown mechanism

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Future Research Priorities

Overall need for:

- 1) Longitudinal studies
- 2) with OEF/OIF Veterans
- 3) with data collection on individual *and* structural risk factors, and
- 4) designed to investigate directionality of associations (especially for contentious risk factors such as substance use and mental illness)

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Future Research Priorities (cont.)

Specific priority areas:

- **Research on the post-deployment period and**
 - 1) loss of income
 - 2) loss of social support
 - 3) housing instability
 - 4) impact of service injury
- **Qualitative research focused on**
 - 1) refinement of measures
 - 2) post-deployment/readjustment experience of different Veteran sub-populations

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Summary

- **Veterans are homeless for many of the same reasons as non-Veterans; their paths to homelessness likely differ**
- **Consistent associations of risk factors such as substance abuse and mental illness; but causal relationships need further exploration**
- **Changing demographics of the military will call for changes in programs to prevent and address homelessness**

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Summary

- **Important to consider both structural and individual factors associated with homelessness as well as their interaction**
- **There are important limitations to the current literature on homelessness**

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Discussion

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Questions?

**If you have further questions,
feel free to contact:**

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The full report and cyberseminar presentation is available on the ESP website:

<http://www.hsrd.research.va.gov/publications/esp/>

5/23/2011	1:00pm	ESP Report: Homelessness Among Veterans	Spotlight on Evidence-based Synthesis Program	Balshem, Howard Christensen, Vivian Kansagara, Devan Metraux, Stephen O'Toole, Thomas Tuepker, Anais
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Question submitted

Question: One of the speakers mentioned a potential correlation between increased stability/housing with increased substance abuse. Do you foresee research in this area as VA moves toward a housing first model? We did not systematically look at the impact of interventions on either homelessness or substance abuse following housing as they were outside the scope of our review. However, there have been a number of studies looking at the impact of housing on subsequent substance use and comparing housing first with treatment first/only or usual care. (O'Connell, Wesley Kaspro, and R. A. Rosenheck 2008; North et al. 2009; Padgett, Gulcur, and Tsemberis 2006; R. Rosenheck, W. Kaspro, Frisman, et al. 2003c; Cheng, Lin, Wesley Kaspro, et al. 2007a). Some studies have found no or limited effect of housing on substance use (R. Rosenheck, W. Kaspro, L. Frisman, et al. 2003; Padgett et al. 2006; North et al. 2009); others have found housing to reduce substance abuse when compared with case management only or standard care (A.-L. Cheng, Haiqun Lin, Wesley Kaspro, et al. 2007a; M. J. O'Connell, Wesley Kaspro, and R. A. Rosenheck 2008). We agree that such studies are important to better help us understand the factors that differentially impact the use of alcohol and drugs subsequent to housing interventions.

Question: What do we know about interventions that reduce homelessness in this population? This was left out of the review. Was this intentional or is there no literature on successful interventions? As we noted in our presentation, a review of interventions to prevent or reduce homelessness was beyond the scope of the review we were asked to conduct. The VA and the Department of Housing and Urban Development have collaborated on a program of supportive housing for Veterans (the HUD-VASH program). Some evaluations of that program have found improvements in housing but not clinical outcomes (R. Rosenheck, W. Kaspro, L. Frisman, et al. 2003), while others have found improvements in both housing and clinical outcomes (Cheng, Lin, Wesley Kaspro, et al. 2007b; M. J. O'Connell, Wesley Kaspro, and R. A. Rosenheck 2008). A review of housing interventions for the Campbell Collaboration is currently nearing completion and should be available sometime later this year.

Question: Related to the suggestion for longitudinal studies: from your review of the literature, are there any good examples of methods for following up with homeless individuals (given the inherent difficulty in doing so in this transient population)? Among others identified in the review cited below, two studies that we are aware of discuss the challenges faced by longitudinal studies of homeless populations as well as approaches to improving participation and rates of follow-up (Conover et al. 1997; Wright, Allen, and Devine 2005). We also note the review of the topic by McKenzie and colleagues (1999).

Question: Did risk factors for Veteran homelessness differ between VA patients vs. Veteran populations who were not served by VHA? Much of the research on Veteran homelessness focuses on sample populations that are seeking care through the VHA or VA affiliated program such as the Health Care for Homeless Veterans Program. This is one of the potential biases of the research on Veteran homelessness, as the findings from these studies are not generalizable to the homeless Veteran population as a whole, especially among those

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who are not actively seeking care or those who seek care outside of the VHA. O'Toole (2003) found that usual sources of care for the Veteran population in his study were shelter-based clinics and street outreach teams while only 41% reported accessing the VA health system for care. We did not identify any studies that examined the differences risk factors for homelessness between Veterans who seek care from VHA vs. veterans who seek care elsewhere.

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