

# “They’re Homeless in a Home:” Retaining Veterans in VA Supported Housing (VASH)



VA HSR&D Cyberseminar  
Spotlight on Mental Health  
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# Acknowledgements

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◉ **Project Team:**

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# Poll Question #1

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- What is your primary role in VA?
  - Student, trainee, or fellow
  - Clinician
  - Researcher
  - Administrator, manager, or policy-maker
  - Other

# Poll Question #2

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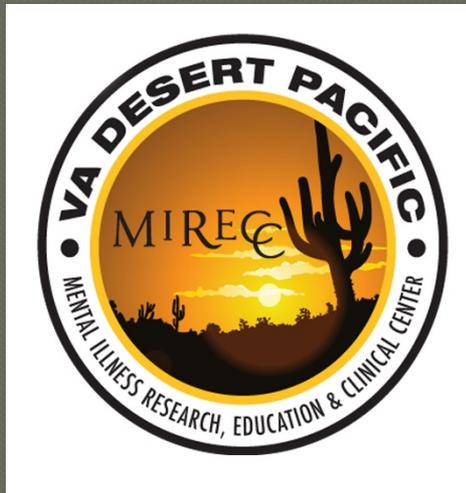
- What is your primary area of interest?
  - Homelessness
  - Mental health
  - Primary care
  - Other

# Spotlight on VA Mental Health Centers of Excellence

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- **VA Mental Health Centers of Excellence** (including Mental Illness Research, Education and Clinical Centers [MIRECCs]) are critical to VA's response to meeting the mental health needs of Veterans.
  - **Shared mission:** To improve the health and well-being of Veterans through world-class, cutting-edge science, education, and enhanced clinical care.
  - **Shared structure:** To combine education, research, and clinical care into a single program to dramatically reduce the length of time between scientific discovery and implementation.
- **15 Centers** located across the country
- **Distinct specializations** (specific disorders, type of problem, populations, settings) to best understand the complex context of health care services access and delivery.
- **Significant collaborative partnerships** with clinical, research, and educational experts from academic affiliates and other organizations
- Learn more at [www.mirecc.va.gov](http://www.mirecc.va.gov)

# Desert Pacific (VISN22) MIRECC



- Aims to improve long-term functional outcomes of Veterans with chronic psychotic disorders, e.g., schizophrenia
- In partnership with the VA HSR&D COIN, the Health Services Unit works to facilitate the implementation of recovery-oriented services for Veterans with serious mental illness in VA clinical settings

# Who are homeless persons?

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- Lack a fixed, regular, and adequate nighttime residence
- Identify a primary nighttime residence that is:
  - A supervised publicly or privately operated shelter designed to provide temporary living accommodations
  - A public or private place that provides temporary residence for individuals intended to be institutionalized
  - A public or private place not designed for, or ordinarily used as, regular sleeping accommodations for human beings

# How many Veterans are homeless?

- On a single night in 2017, 40,056 Veterans were homeless in the U.S. (9% of adults)
- Since 2009, Veteran homelessness has dropped considerably
  - 45% decrease from 2009 to 2017
  - Point-in-time counts show that Veteran homelessness dropped each year from 2009-2017, except 2010 and 2017



# Supported housing improves housing and health

- Traditionally, homeless services were delivered on a linear continuum



- In supported housing, housing is not dependent on health service receipt



# Supported housing is accepted as an evidence-based practice

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- Prior research substantiates positive health and psychosocial outcomes of supported housing
  - Decreased substance use
  - Fewer hospitalizations
  - Increased perceived autonomy
  - Improved housing retention



# VASH is the VA's Supported Housing program



- The U.S. Department of Housing and Urban Development (HUD) recognizes that housing is a critical determinant of health
- 1992: HUD partnered with the VA to form the HUD-VA Supportive Housing (VASH) program
  - Section 8 vouchers and case management to eligible Veterans: “voucher variant” of housing first
- >85,000 vouchers distributed since 2008
- ~6% of participants return to homelessness each year -- we know very little about this group

# Adam Jenkins

- 32-year-old OEF/OIF combat Veteran with PTSD (100% service connected), TBI, seizure disorder, and substance use disorders
  - Homeless for 1.5 years after a break up
  - Very pleasant, creative, and well-spoken
  - Profound hypervigilance and nightmares
- Obtained project-based housing in downtown Los Angeles
  - Initially did well, got a dog and became focused on caring for his pet
  - Then, increased his alcohol use → revolving cycle of detox-relapse
  - Began using heroin, eventually evicted
  - Now lives on skid row



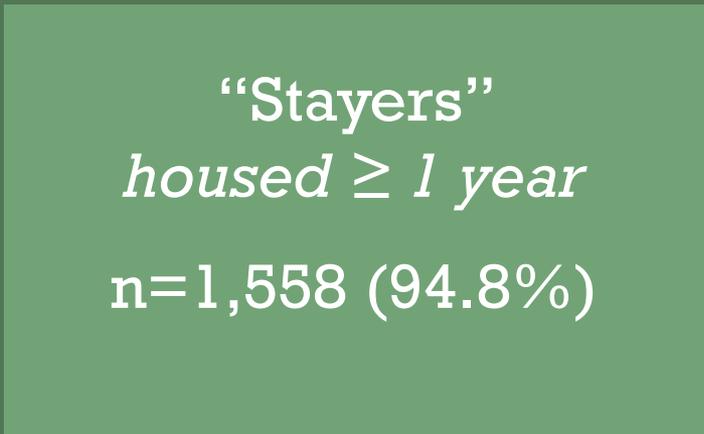
# Research Questions

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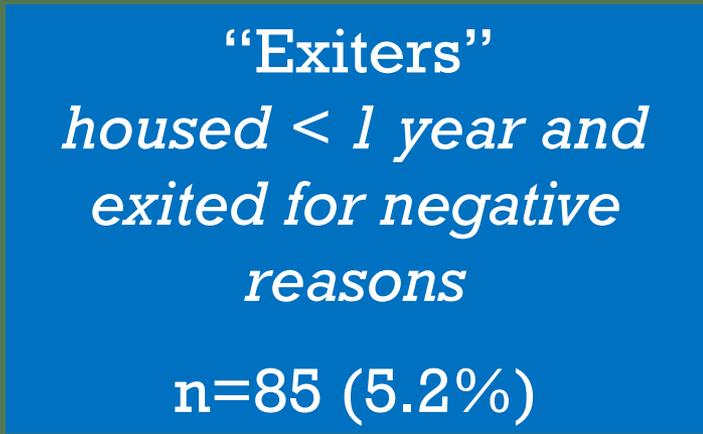
- ◉ With the goal of informing intervention development within VASH:
  - What factors are associated with exits from VASH after achieving housing?
  - What daily challenges do Veterans face in VASH?
  - How do Veterans in VASH solve problems in their lives? Are problem-solving skills associated with VASH outcomes?

# Study Sample

- We used homeless registry (HOMES) data to identify GLA VASH enrollees who were housed in 2011-2012.



**“Stayers”**  
*housed  $\geq$  1 year*  
n=1,558 (94.8%)



**“Exiters”**  
*housed < 1 year and  
exited for negative  
reasons*  
n=85 (5.2%)

# Study Sample

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- Larger sample

- Abstracted CPRS data for all 85 exiters and a randomly selected sample of 85 stayers

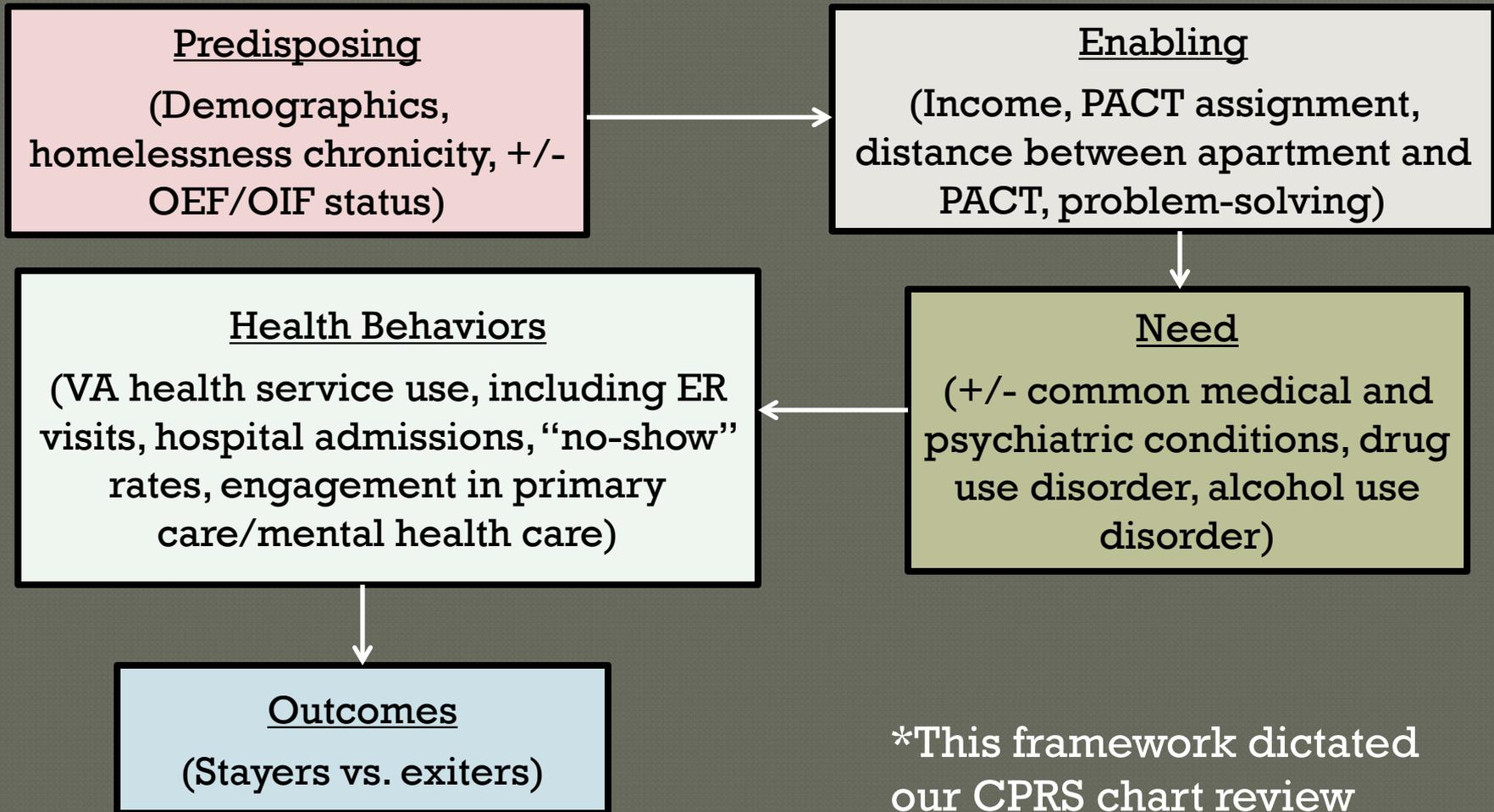
- Smaller sample

- Purposively selected 20 exiters and 20 stayers for semi-structured interviews and more detailed chart review
- Maximized sample variation on age, gender, and presence vs. absence of a SMI diagnosis

- Staff participants

- Semi-structured interviews with leadership (n=3)
- Two focus groups (n=9) and individual interviews (n=3) with VASH social workers, nurses, and peer supports

# Conceptual Framework\*



\*This framework dictated our CPRS chart review

# Quantitative Analyses

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- Recursive partitioning was used to identify which combination of measures and corresponding scores best differentiated these two groups
  - Uses “decision trees” to predict outcomes from a group of predictors
  - Independently evaluates each predictor on the outcome
    - The variable and its corresponding cut-point (value) that splits the data by outcome is the first predictor.
    - The process is subsequently repeated until there is no further improvement of differentiation of Veterans as exiters vs. stayers

# Qualitative Data

- Individual interviews with Veterans
  - Participants' perceived needs while living in VASH and related interpersonal issues
  - Problems faced during VASH tenure
- Staff interviews and focus groups
  - Alignment between VASH services and the evaluated needs of the Veterans
  - Consumer behaviors that contributed to loss of VASH
- Thematic analyses



# Cognition and Problem-Solving

- Identified problems described in the transcripts
  - Hurdles, needs, opportunities, or circumstances
- Categorized problems by type
- Ranked problem-solving sophistication
  - Highest level achieved was considered a proxy for problem-solving abilities

<b>Rote &amp; rudimentary</b>	<b>Anticipatory &amp; additive</b>	<b>Complex &amp; creative</b>
Rote solutions or rely on others to solve problem	Consider consequences of solution	Weigh options; develop a multi-step plan

# Sample Characteristics (*selected*)

	Stayers (n=85)	Exiters (n=85)	Total (N=170)
Age (mean)	54.0	53.4	53.7
Gender (% male)*	91.8%	97.7%	94.7%
Homelessness chronicity*			
Acute	43.5%	23.5%	33.5%
Chronic	56.5%	76.5%	66.5%
Income (mean/month)	\$938.90	\$995.60	\$967.20
Serious mental illness*	23.5%	35.3%	29.4%
Alcohol use disorder	57.6%	62.4%	60.0%
Drug use disorder	54.1%	68.2%	61.2%
ER visits (mean/past year)*	0.5	1.2	0.9
Primary care engagement*	67.1%	51.8%	59.4%
Mental health engagement	34.1%	41.2%	37.6%

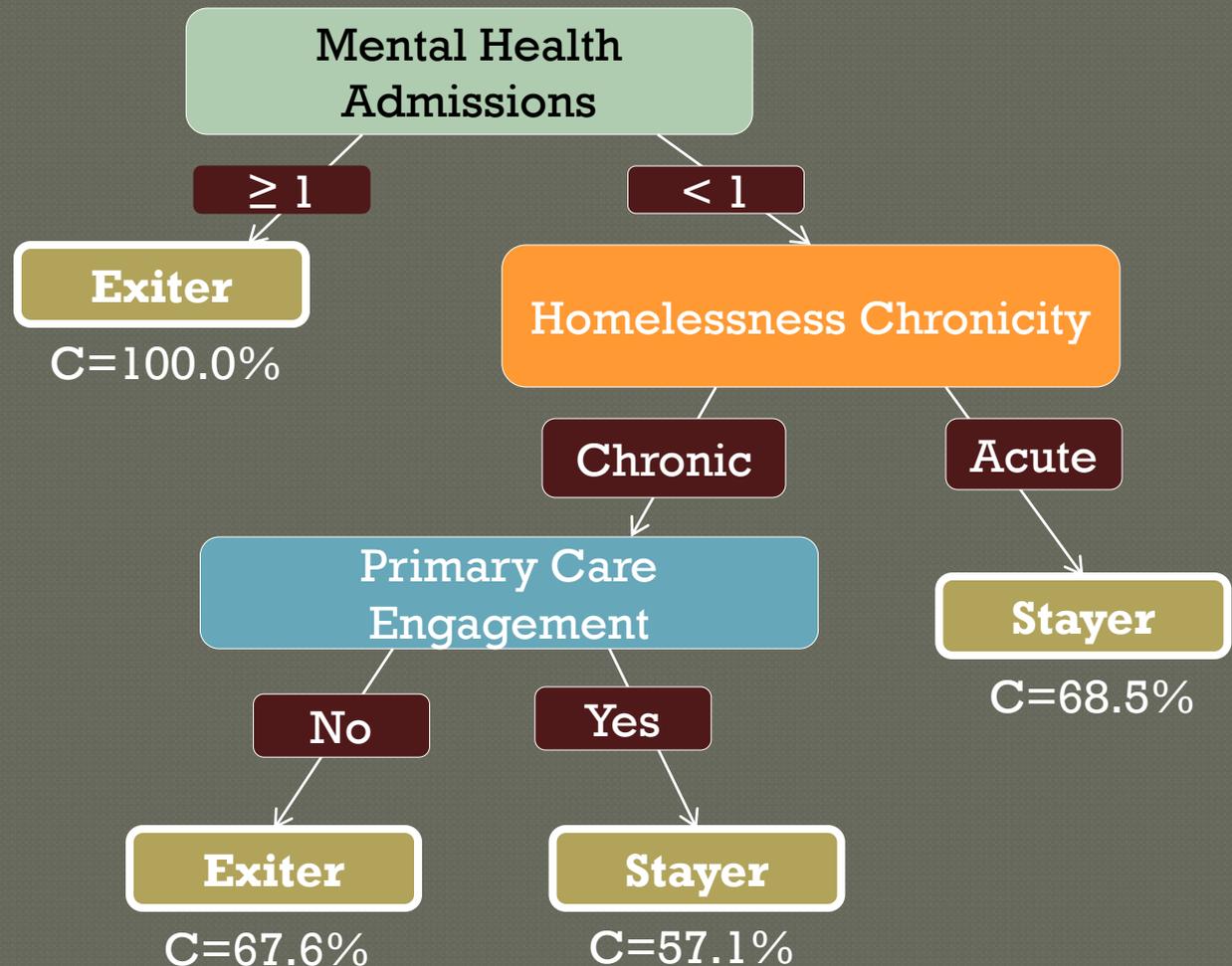
\*p<0.05; engagement = 2+ visits/past year

# “Decision rules” for classifying Veterans as stayers vs. exiters

N = 170 participants and 11 potential predictor variables

C = % of participants correctly classified

Total C = 85.9% of stayers and 48.2% of exiters



# “Decision rules” in smaller, purposive sample (n=40)

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- 37 potential predictors of VASH outcomes were used in recursive partitioning analyses
- One variable was sufficient to capture data from all potential participants
  - # of Emergency Department visits in the year prior to apartment move-in
    - <2 visits → stayers
    - ≥2 visits → exiters
- Correctly classified 85.9% of stayers and 48.2% of exiters

# Qualitative Themes

- Veteran and staff (providers/leadership) narratives highlighted:

Domain	Factor
Enabling	Motivation
Needs (unmet)	Mental health Symptoms Substance use disorders  Independent living skills Social skills Money management

# Veterans thought motivation was important for VASH retention

- Veterans described “personal accountability” as more important than any unmet need
  - *“I think the Veterans have to have it in themselves that they want to stick to [the housing program] instead of taking advantage of it and drifting off.”*
- Very few staff narratives described motivation as important, they more commonly described unmet needs as salient in VASH retention



## Unmet mental health and substance use disorder needs were prevalent in Veteran and staff narratives

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- Psychiatric symptoms necessitated a more gradual transition into VASH from institutional environments

- *“There was no support [in VASH] for my schizophrenia. I [had been] in a program where everything was dictated to you...to be thrown into 100% freedom [in my apartment] was culture shock really for me.”*

- Many exiters desired treatment mandates, e.g., to make appointments, to take medications, or to engage in addiction treatment

- *:“...If they could do some kind of drug testing, and go over there and check up on [people who test positive]...they would have the chance to seek help.”*



# Many Veterans had profound deficits in independent living skills

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- One exiter lost his apartment after assaulting his apartment manager who was trying to collect his rent
  - *“I was mentally unstable...I came from a prison-based program...my social circle is all prisoners. No one taught me ‘you’re not in prison [anymore].”*
- Stayers knew to turn to staff when they encountered money problems
  - *“...I got a job making less money. I could never catch up. [My landlord] talked to my case worker...we worked things out so I didn’t get evicted.”*
- Exiters’ financial problems often escalated to apartment loss
  - *“The case managers ultimately didn’t say, ‘Well, what’s your budget going to look like? You get such amount of money and the rent is going to be prorated to this amount. Are you going to be able to budget it?’”*
- Like with mental health, Veterans and staff alike wanted mandates related to interpersonal skills and financial management

# Subtypes of problems addressed by the sample

<b>Problems (<i>selected</i>)</b>	<b>% of total problems (N=327)</b>
<b>Instrumental (%)</b>	<b>62%</b>
Apartment acquisition	23%
Financial	14%
Daily needs	10%
<b>Interpersonal (%)</b>	<b>15%</b>
Conflicts	9%
<b>Health (%)</b>	<b>23%</b>
Substance use disorders	10%
Mental health	6%
Physical health	5%

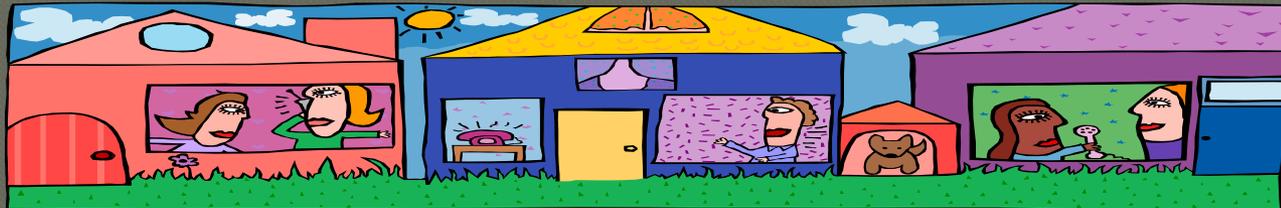
# Rote & rudimentary problem solving

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- More than one-third (38%) of participants only employed this skill level
- Approach to finding an apartment and addressing their everyday needs was concrete and/or entirely reliant on HUD-VASH staff
  - *“I looked in [the newspaper]...it had a big ad, ‘will accept VASH’...they basically gave it to me on the spot”*
  - *“[My case manager] helped me with phone services, tutor services [for] my reading. She guided me to everything I needed as a civilian.”*

# Anticipatory & additive problem solving

- More than half (58%) of participants achieved this level
- Weighed the pros and cons of apartment options, planning ahead and brainstorming solutions to problems without sole reliance on HUD-VASH staff
  - *“I was looking at [apartments within] a 10 mile radius, I don’t have transportation but I have a bicycle. I looking online, the newspaper...other websites...I saw about 150 places [before I selected one].”*
  - *“I started saving up [for things I needed in my apartment], I would just buy a small coffee table...I would go to Goodwill. They have reasonable prices and their furniture is pretty good.”*



# Complex & creative problem solving

- Only achieved by two (5%) participants
- Considered the consequences of decisions; showed resilience when challenged; pursued multiple problem-solving strategies at once
- To switch apartments, one participant described juggling the needs of the HUD-VASH program, his local Housing Authority, and his landlord
  - *“The process as very long, I stayed on top of it. I don’t see how anybody could not stay on top of it...without my case manager. She has a lot of other people too and I need stuff done when I need it done. I just can’t be waiting on her to do it for me.”*



# Problem-solving skills of stayers vs. exiters

Problem Solving Skills	Stayer (n=20)	Exiter (n=20)
Rote & rudimentary (level 1)	30%	50%
Anticipatory & additive (level 2)	60%	50%
Complex & creative (level 3)	10%	0%

- There were no statistically significant between-group differences ( $p=.2$ ), but:
  - Fewer stayers than exiters used level 1 skills
  - More stayers than exiters used level 2 skills
  - Both persons with level 3 skills were stayers

# Limitations

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- Data collection limited to Los Angeles
- Quantitative data derived from GLA CPRS records only
- Assessments were cross-sectional
  - Retrospective unmet needs may differ from needs identified in the midst of housing loss
- We lacked data about program fidelity to Housing First
- Each Veteran's highest order problem-solving approach was limited by his/her most complex problem

# Diverse factors were associated with VASH exits and problem-solving is highly relevant

- In identifying high risk Veterans, data suggest the importance of:

Domain	Factor
Predisposing	Homelessness chronicity
Enabling	Motivation
Needs	Mental health care Independent living skills
Health service utilization behaviors	Primary care engagement Emergency Department utilization Inpatient mental health admissions

- Problem solving approaches were highly relevant to everyday Housing First functioning
- Processes used to solve key problems (e.g., apartment acquisition) varied dramatically between the three levels of problem-solving

# Veterans and staff alike desired program mandates

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- VASH is rooted in the Housing First paradigm, linking Veterans to services regardless of adherence
  - In tailoring Housing First for Veterans—who are accustomed to the structure of military culture—or persons with significant institutionalization history, additional structure may be useful
- Particularly for Veterans with high mental health needs, a hybrid approach—valuing choice but offering selected mandates—may be useful

# Additional Implications

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- Within HUD-VASH, an average of 113 days passes between program enrollment and apartment move-in
  - Ideal time for housing-related skills training, with boosters that continue after Veterans achieve housing
- Future research could tailor and implement interventions from the mental health literature for VASH
  - Provision of personalized budgets
  - Social skills training
  - Motivational interviewing
  - Could include problem-solving interventions that can be applied across problems, or modules specific to discrete problems, e.g., financial management
- Detailed assessments of mental health needs at enrollment may facilitate referrals to intensive services

# Questions and Answers

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