

Universal Screening for Homelessness and Risk for Homelessness in the Veterans Health Administration

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We examined data for all veterans who completed the Veterans Health Administration's national homelessness screening instrument between October 1, 2012, and January 10, 2013. Among veterans who were not engaged with the US Department of Veterans Affairs homeless system and presented for primary care services, the prevalence of recent housing instability or homelessness was 0.9% and homelessness risk was 1.2%. Future research will refine outreach strategies, targeting of prevention resources, and development of novel interventions. (*Am J Public Health*. 2013;103:S210–S211. doi:10.2105/AJPH.2013.301398)

Homelessness prevention is an essential component of the US Department of Veterans Affairs' (VA's) strategy to end homelessness among veterans by the end of 2015. In support of this strategy, the VA has unveiled Supportive Services for Veteran Families, providing more than \$500 million to support local grantees' provision of supportive services and financial assistance to low-income veterans living in or transitioning to permanent housing. As has been addressed elsewhere, efficient and effective targeting of homelessness prevention resources is challenging for multiple administrative and social reasons.^{1–3} In an effort to improve the ability to identify veterans who are at risk for homelessness—or experiencing homelessness but not accessing services—the National Center on Homelessness

Among Veterans developed the Homelessness Screening Clinical Reminder for use in patients' electronic medical records to conduct a universal screen for housing instability and risk (A. E. Montgomery, PhD, J. D. Fargo, PhD, V. R. Kane, MSS, and D. P. Culhane, PhD, unpublished data, 2013).

The objective of this national, health system-based screening instrument is to enhance the rapid identification of veterans and their families who have very recently become homeless or are at imminent risk of homelessness and ensure that they are referred for the appropriate assistance. This study is the first examination of national screening data for homelessness and homelessness risk within the Veterans Health Administration (VHA) and provides an overview of the prevalence of homelessness risk among veterans seeking health-related services through VHA.

METHODS

The Homelessness Screening Clinical Reminder assesses veterans' current experience of housing instability ("In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household?") as well as veterans' imminent risk of homelessness ("Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?"). Veterans excluded from screening are those who received homeless services through VA Specialized Homeless Programs within the previous 6 months or were receiving long-term or palliative care. We extracted data from the VA Corporate Data Warehouse for all veterans who completed the Homelessness Screening Clinical Reminder between October 1, 2012, and January 10, 2013, and analyzed these data using SAS version 9.3 (SAS Institute, Cary, NC) and R version 2.15 (Statistics Department, University of Auckland, New Zealand).

RESULTS

A total of 1 422 038 veterans were presented with the screener. Of these, we excluded data for 1342 because of coding errors or incomplete screens, and 15 were excluded

for being out of the age range (i.e., < 18 or > 115 years), resulting in the loss of 0.1% of the sample. Of the remaining participants, a total of 1 398 925 veterans completed the screen and 21 756 veterans declined the screen because they were already receiving housing assistance (2802; 12.9%), living in a nursing home (3904; 17.9%), or unable or unwilling to respond (15 050; 69.2%). The screened sample was 97% male with a mean age of 62.6 years (SD = 15.0).

Of those screened, 12 754 reported current unstable housing or homelessness (0.9%) and 17 211 (1.2%) reported being at risk for housing instability, resulting in a total of 29 965 positive screens (2.1%) and 1 368 302 negative screens (97.9%; Table 1.) Female veterans reported significantly higher levels of both housing instability (1.1% vs 0.9%) and homelessness risk (1.9% vs 1.2%; $\chi^2_1 = 30.58$; $P < .001$). Veterans younger than 64 years made up the majority of positive screens; veterans between the ages of 35 and 54 years accounted for 36.7% of positive screens ($\chi^2_4 = 9662.49$; $P < .001$).

Table 1 compares respondents' current living situation (i.e., where the veteran lived for most of the previous 2 months) for veterans who screened positive. Both groups were highly likely to be living in unsubsidized housing (21.2% of those who were homeless, 60.5% of those at risk) or in a doubled-up situation with friends and family (37.0% of those who were homeless, 21.0% of those at risk). Veterans who screened positive for housing instability were less likely to be living in housing, and those who screened positive for risk were more likely to be in housing ($\chi^2_7 = 6749.98$; $P < .001$).

DISCUSSION

Initial data from the first quarter of the VHA national-level screener for homelessness and risk for homelessness showed prevalence rates of 0.9% and 1.2%, respectively, among veterans who have not been recently involved with the VA homeless system and were presenting for VA primary care services. Not only do these initial data support the estimation of the systemwide prevalence of homelessness and homelessness risk, they also help identify areas for future research to inform outreach,

TABLE 1—Veteran Characteristics, Screening Disposition, and Living Situation: Philadelphia Veterans Affairs Medical Center, PA; October 1, 2012–January 10, 2013

Characteristic	Positive Screen, No. (%)		Negative Screen, No. (%)
	Housing Instability or Homeless	Homelessness Risk	
Total	12 754 (0.9)	17 211 (1.2)	1 368 302 (97.9)
Gender			
Female	1213 (1.1)	1980 (1.9)	104 127 (97.0)
Male	11 541 (0.9)	15 231 (1.2)	1 216 174 (97.9)
Age, y			
18–34	1663 (1.8)	2050 (2.2)	87 835 (95.9)
35–54	4660 (1.9)	6326 (2.5)	240 714 (95.6)
55–64	4467 (1.2)	6075 (1.6)	371 771 (97.2)
65–74	1452 (0.4)	2093 (0.6)	372 804 (99.1)
≥ 75	510 (0.2)	664 (0.2)	295 143 (99.6)
Living situation ^a			
House—with subsidy	325 (2.5)	1092 (6.3)	NA
House—no subsidy	2704 (21.2)	10 408 (60.5)	NA
With friend or family	4719 (37.0)	3612 (21.0)	NA
Motel or hotel	671 (5.3)	155 (0.9)	NA
Institution	484 (3.8)	127 (0.7)	NA
Shelter	737 (5.8)	58 (0.3)	NA
Street	1321 (10.4)	80 (0.5)	NA
Other situation	1649 (12.9)	1679 (9.8)	NA

Note. NA = not applicable. Row and column totals may not equal 100% because of missing data. The sample size was $n = 1\,398\,925$. ^aPercentages for living situation are based on screening disposition (i.e., column percentages); living situation is only available for veterans who screened positive. Note that veterans are asked to report their living situation for most of the 2-mo period before date of screening; therefore, some contradiction may exist between their screening disposition and living situation (e.g., some veterans who reported housing instability also reported living in their own unsubsidized housing for the majority of the 2-month period).

targeting, and homelessness prevention interventions. Specifically, future work will focus on sociodemographic characteristics such as race, ethnicity, gender, and medical and behavioral health diagnoses and the implications for effective targeting of homelessness prevention resources. ■

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Contributors

A. E. Montgomery, J. D. Fargo, and T. H. Byrne contributed to the conceptual design, data analysis, and writing. V. Kane and D. P. Culhane contributed to the conceptual design and interpretation of the findings.

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Human Participant Protection

Institutional review board (IRB) approval was obtained from the Philadelphia Veterans Affairs Medical Center IRB for secondary analysis of existing administrative data.

References

1. Burt MR, Pearson CL, Montgomery AE. Community-wide strategies for preventing homelessness: recent evidence. *J Prim Prev*. 2007;28(3-4):213-228.

2. Lindblom EN. Toward a comprehensive homelessness prevention strategy. *Housing Policy Debate*. 1991;2(3):957-1025.

3. Shinn M, Baumohl J, Hopper K. The prevention of homelessness revisited. *Analyses Soc Issues Public Policy*. 1991: 95-127.

Challenges Associated With Screening for Traumatic Brain Injury Among US Veterans Seeking Homeless Services

Leah M. Russell, MA, Maria D. Devore, MS, Sean M. Barnes, PhD, Jeri E. Forster, PhD, Trisha A. Hostetter, MPH, Ann Elizabeth Montgomery, PhD, Roger Casey, PhD, LCSW, Vincent Kane, MSS, and Lisa A. Brenner, PhD

We identified the prevalence of traumatic brain injury (TBI) among homeless veterans and assessed the TBI-4, a screening tool created to identify TBI history. Between May 2010 and October 2011, 800 US veterans from 2 hospitals, one eastern ($n=122$) and one western ($n=678$) completed some or all measures. Findings suggested that 47% of veterans seeking homeless services had a probable history of TBI (data for prevalence obtained only at the western hospital). However, psychometric results from the screening measure suggested that this may be an underestimate and supported comprehensive assessment of TBI in this population. (*Am J Public Health*. 2013;103:S211-S213. doi:10.2105/AJPH.2013.301485)

Eradicating homelessness and assessing and treating traumatic brain injury (TBI) are key areas of focus for the US Department of Veterans Affairs (VA).^{1,2} Research from Canada has suggested that 53% of homeless