RESEARCH BRIEF

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Identifying and Serving Veterans Accessing Community-based Homeless Services: A Study of Three U.S. Cities

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INTRODUCTION

Ending Veteran homelessness has been a much-lauded national policy priority of the Obama administration. With *Opening Doors*, the federal strategic plan to end homelessness, significant progress has already been made in reducing the number of Veterans who are homeless (U.S. Interagency Council on Homelessness, 2015). Since communities were required to provide a point in time count of Veterans in 2009, the number of homeless Veterans has decreased by one-third, from 74,090 to 47,725 in 2015 (The U.S. Department of Housing and Urban Development, 2015).

Ending Veteran homelessness encapsulates two distinct but requisite goals. First is that the Department of Veterans Affairs (VA) and other social service providers identify all homeless Veterans. Counts have generally relied on self-reported Veteran status obtained by non-VA shelter and social service providers. Little research has validated these estimates, which are subject to biases that could artificially push these counts up or down. A social desirability bias, the desire to answer a question in a way that might be viewed as favorable by others, as well the availability of services exclusively for Veterans, could lead non-Veterans to identify as a Veteran. On the other hand, those without combat experience or who left the military with a discharge other than "Honorable" might not consider themselves Veterans and therefore report their status inaccurately. Similarly, some might inaccurately present themselves as not being a Veteran if they are ineligible for VA health or housing services. In addition, demographic groups less prevalent among homeless Veterans, namely women and those under the age of 50, might not be asked about their military history at all.

Recent research on this finds statistically and practically significant discordance between military records and self-reported Veteran status (Metraux, Stino, & Culhane, 2014). It finds that among shelter users in New York City and Columbus, OH, 36% of Veterans identified through VA records were not positively indicated as Veterans in their respective shelter registry systems.

The second equally important piece is to ensure that Veterans receive the appropriate range of services for which they are eligible. Byrne and colleagues, examining VA services use among Veterans accessing healthcare through the VA, found that 41% of homeless Veterans from a community sample did not access any VA homeless service, while 59% used VA homeless services alone or in conjunction with community-based services (Byrne, Montgomery, Treglia, Roberts, & Culhane, 2013). While receiving or being eligible for VA healthcare does not necessarily imply eligibility for housing services, these findings are nonetheless helpful in understanding service use.

The current work builds on existing research and fills in notable gaps. Only one study has systematically examined the validity of Veteran self-identification, and none have examined the VA homeless service usage among Veterans outside of those who are also receiving/eligible for VA healthcare. This study takes shelter records from three major U.S. municipalities – New York, NY, Columbus, OH, and Los Angeles County, CA – and matches them to VA military service records and VA specialized homeless program data available through the Department of Veterans Affairs to assess both.

METHODS

Community-based shelter records were pulled from each site's local Homeless Management Information System (HMIS), the database required of all homeless service providers receiving federal money. New York City's Department of Homeless Services (DHS) provided data on individuals that had accessed its single adult shelter system during Calendar Year 2013; the Los Angeles Homeless Services Authority (LAHSA) provided data on all adults who accessed shelter (those in families as well as unaccompanied adults) who used emergency shelter between 2008 and 2013; and the dataset from the Columbus Shelter Board (CSB) included all adults who accessed shelter between 2010 and 2013.

These data were matched to VA records using deterministic matching procedures based on Social Security Numbers; for that reason, only individuals with complete Social Security Numbers were included in analyses. Veteran status was assessed by comparing records to a database maintained by the VA's Office of Policy and Planning, which incorporates service data from the Department of Defense and program eligibility and usage records from the VA. Medical records available through the VA's Corporate Data Warehouse (CDW) were used to evaluate Veterans Health Administration (VHA) service use and diagnoses, and the Homeless Operations and Management Evaluation System (HOMES) was used to evaluate utilization of VA specialized homeless programs. Descriptive statistics are used to assess identification and service use and make comparisons across groups.

RESULTS

Of the adults using the three shelter systems, Veterans identified through VA records comprised approximately 10% of the sample – 9.0% in New York, 11.8% in Columbus, and 11.9% in Los Angeles. Among Veterans, the average age ranged from 46.7 in Columbus to 48.7 in Los Angeles; most were male, and approximately half were of color. Most, between 59% and 71%, had accessed VA healthcare.

As depicted in Table 1, between 62.9% and 68.4% of Veterans were correctly classified as Veterans by their municipal shelter system; by the same calculations, approximately one-third of Veterans were not accurately identified. Female Veterans and Veterans under 50 years old were more likely than their counterparts to have their Veteran status misrepresented. This false negative rate – the rate at which Veterans were not found to properly self-identify as a Veteran in local HMIS records– was substantially higher than the false positive rate, the proportion of non-Veterans claiming to be Veterans: between .7% and 2.2% of all non-Veterans, and between 8% and 15% of those self-identifying as Veterans, did not appear in VA records.

The multi-year data from Los Angeles and Columbus, shown in Figure 1, demonstrate improved accuracy in self-reported data in HMIS over time, although the error rates remain high. The proportion of Veterans in Los Angeles not correctly identified dropped from close to 40 percent in 2008 to 22.4% in 2013; in Columbus the rates dropped from 37.2% in 2010 to 25.1% in 2013. The same decline occurred in the rate of those who were falsely identified as a Veteran in shelter records: the rate of self-identified Veterans who were not Veterans dropped from 25% to 21.7% from 2008 - 2013 in Los Angeles, and 17.9% to 16.1% from 2010 – 2013 in Columbus.

Table 2 and Figure 2 reflect VA homeless service usage. Universally across the three cities fewer than half of VA-identified Veterans accessing community-based homeless shelters 2011 and 2013 entered a VA specialized homeless program. Among those seeking VA homelessness assistance, the Grant and Per Diem transitional housing program was the most commonly used program, followed by HUD-VASH and the Supportive Services for Veteran Families (SSVF). Those receiving VA homelessness services were older and more likely to be male, although there were no consistent differences along racial or ethnic lines. They were almost twice as likely to have accessed VA healthcare, and among those that did were more likely to have been diagnosed with a mental illness or substance abuse disorder. They were also almost twice as likely to have identified themselves as a Veteran.

DISCUSSION

This brief corroborates and expands on earlier work and reveals opportunities for the VA to improve the identification of Veterans and outreach of services, and thus accelerate progress toward eliminating Veteran homelessness.

Two ways are available to improve identification of homeless Veterans accessing non-VA services. The most accurate classification would come from checking for homeless adults in VA records. To that end, the VA's Status Query and Response Exchange System (SQUARES) allows community-based shelter providers to submit a spreadsheet with personal identifiers to the VA and receive the Veteran status of each individual. To automate this process or allow shelter workers to access Veteran status and eligibility data in real time would likely expand the universe of shelters using this service.

Short of that, shelters can improve the accuracy of already prevalent survey methods. First, they can ensure that all adults are asked about their Veteran status through questions that make the criteria for being a Veteran clear. This study's findings echo those in a previous study that two Veteran subpopulations– women and those under 50 – were most likely to be have their Veteran status misrepresented. This could reflect reticence on their part to properly identify themselves, but anecdotal evidence suggests that these groups – less prevalent among homeless Veterans - are less likely to be asked about their Veteran status. Los Angeles County and New York City represent the country's two largest homeless populations, and it is possible that intake workers, in an effort to save time when processing a long line of clients, make assumptions based on heuristics.

Anecdotal evidence also suggests that Veterans without combat experience are less likely to identify themselves as a Veteran. Data limitations prevent a thorough quantitative examination of this relationship here, but it should be addressed nonetheless. Shelters should use standardized wording that asks specifically about service in the U.S. Armed Forces or in active duty as part of the National

Guard or as a Reservist. The questions mandated by HUD as part of its PIT count guidance explicitly outline the requirements to be counted as a Veteran, and can be taken verbatim or used as a guide by communities developing their own questions (US Department of Housing and Urban Development, 2008, 2014).

Improved identification of Veterans and determination of their eligibility for VA health and homelessness services may expand the reach of VA specialized homeless programs. Adults accessing VA homeless services were almost twice as likely to have been identified correctly by their shelter system; moreover there is a strong intuitive connection - Veterans who are correctly identified can be referred to the VA for supplemental services. Efforts to increase identification and outreach for Veterans are likely to result in higher uptake of VA homeless services.

The expansion of VA homeless programs is also intended and likely to improve coverage. The Supportive Services for Veteran Families (SSVF) program, which provides case management and short-term flexible housing assistance for Veterans and their families who are either homeless or at risk of homelessness, has experienced the most rapid recent growth. Funding for the program has increased 400%, from $60 million in Fiscal Year 2012 (the first year of the program) to $300 million in FY 2014, and has made inroads to populations like women, families, and rural Veterans who are underrepresented among the group of homeless Veterans seeking VA homeless services. Availability of this program may increase positive self-identification of Veteran status and more rigorous screening for Veteran status by community providers; it may also increase the likelihood of Veterans at risk of homelessness to identify themselves as in need of these supports.

There are limitations to what we can glean from this study. It includes only three localities, two of which have the highest homeless populations in the United States and are unlikely to be representative of the rest of the country. In addition, the data represent limited timeframes (Columbus 2010 – 2013, Los Angeles 2008 – 2013, New York City, 2013), and trends may have changed since these data were collected. In addition, VA homeless service records are only examined for 2011 – 2015, since only data since 2011 exist in the Homeless Operations and Management Evaluation System (HOMES), which tracks the utilization of VA specialized homeless programs. Thirdly, the study does not take into account or substantively examine Veterans' eligibility for VA healthcare or homelessness services; some Veterans may not seek services because they are ineligible - perhaps based on a dishonorable discharge or not having served active duty for at least two years - but that distinction is not captured here.

Despite these limitations, this brief provides insight into the service use patterns of homeless Veterans for policymakers seeking to address this understudied field. Moreover, its policy implications are apparent and actionable. Small changes within the VA and across municipal shelter providers can improve Veteran identification and coverage of VA services and, in doing so, improve the chances of eliminating Veteran homelessness.

Table 1: Veteran Characteristics and Service Use

	Los Angeles County		New York City		Columbus	
	#	%	#	%	#	%
Total Veterans Identified Through VA Records	6,717	11.9%	3,244	9.0%	2,744	11.8%
Veterans Self-Identified in HMIS Records	4,355	64.8%	2,040	62.9%	1,878	68.4%
Veterans Not Self-Identified in HMIS Records	2,362	35.2%	1,204	37.1%	866	31.2%
Self-Identified Veterans Not Verified by VA Records	521	12.0%	180	8.1%	332	15.0%
Veterans Accessing VA Healthcare	4,763	70.9%	1,965	60.6%	1,629	59.4%
Veterans Accessing VA Homeless Program	3,187	47.4%	1,521	46.9%	969	35.3%
Demographics among Veterans						
Black	3,360	50.0%	2,099	64.7%	1,300	47.4%
White	2,896	43.1%	634	19.5%	873	31.8%
Hispanic	808	12.0%	552	17.0%	376	23.1%
Male	5,984	89.1%	2,956	91.1%	2,011	90.0%
Average Age	48.7		47.9		46.7	

Table 2: Comparing Veterans who did and did not access VA Specialized Homeless Programs

	Los Angeles County		New York City		Columbus	
	VA Homeless Service Users	Non-VA Homeless Service Users	VA Homeless Service Users	Non-VA Homeless Service Users	VA Homeless Service Users	Non-VA Homeless Service Users
Frequency	3,187	3,530	1521	1,723	969	1,775
Average Age	48.7	46.2	49.7	46.1	49.1	45.4
Male (%)	92.8%	85.8%	93.8%	88.7%	92.8%	88.5%
Black (%)	54.8%	45.7%	67.1%	62.6%	48.2%	46.9%
White (%)	39.0%	46.8%	18.9%	20.1%	26.4%	34.8%
Hispanic (%)	10.4%	13.5%	15.5%	18.3%	8.6%	23.0%
Self-identified as a Veteran (%)	87.2%	44.7%	93.3%	36.0%	91.2%	56.4%
Received healthcare through VHA (%)	93.2%	50.8%	89.6%	35.0%	93.2%	40.9%
Received Substance Abuse Diagnosis (%)	63.6%	15.4%	44.9%	8.3%	67.8%	32.2%
Received Mental Illness Diagnosis (%)	87.5%	32.7%	77.4%	18.6%	84.0%	39.1%

Figure 1: Proportion of Veterans Not Self-Identified as Veterans in HMIS Records

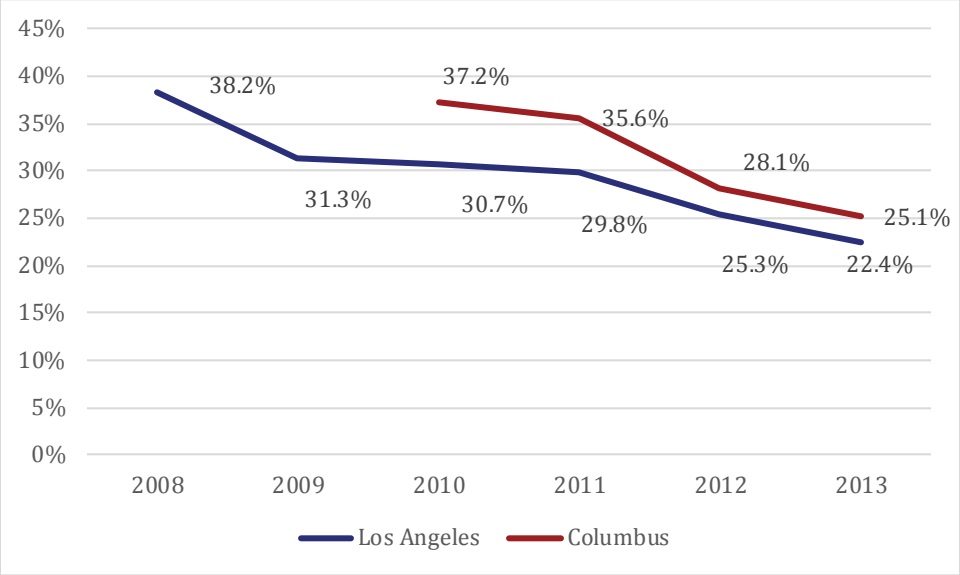
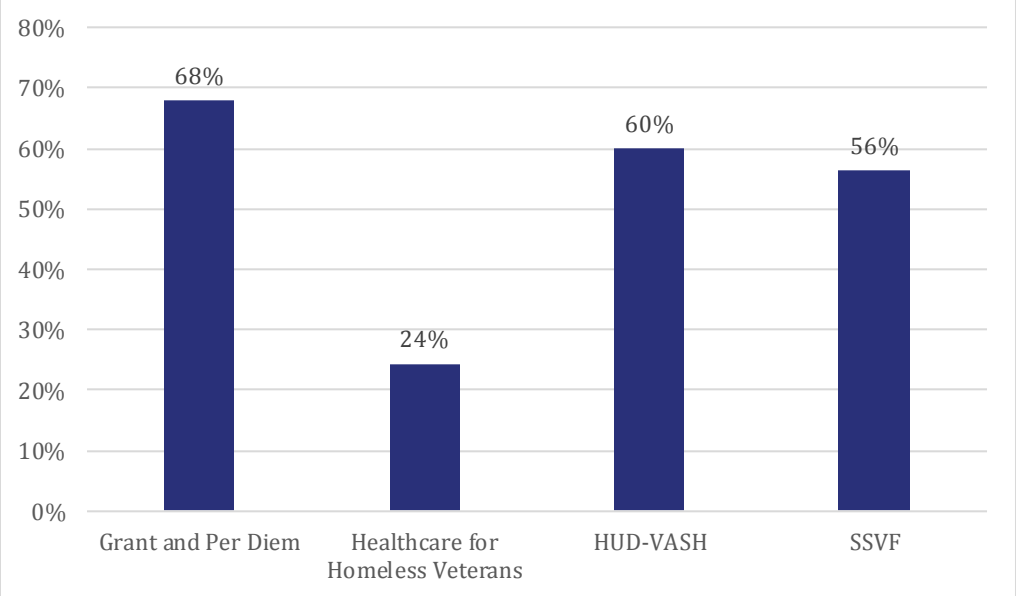


Figure 2: Of Veterans Accessing VA Homeless Programs, Rate of Program Use



Opinions expressed in this research brief represent only the position of the National Center on Homelessness Among Veterans and do not necessarily reflect the official policy of the U.S. Department of Veterans Affairs.

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