



# Health Care for the Homeless

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## **Bibliography #25**

### **Health Issues for Homeless Veterans**

**April 2003**

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**Policy Research Associates, Inc. • 345 Delaware Avenue, Delmar, New York 12054**  
Under contract to the Health Resources and Services Administration, Bureau of Primary Health Care

## 2003

Desai MM, Rosenheck RA, KasproW WJ. **Determinants of receipt of ambulatory medical care in a national sample of mentally ill homeless veterans.** *Med Care* 41(2): 275-287, 2003.

**BACKGROUND AND OBJECTIVES:** This study used the Behavioral Model for Vulnerable Populations to identify determinants of receipt of outpatient medical care within 6 months of initial contact with a national homeless veterans outreach program. **SUBJECTS:** Homeless veterans contacted through the program in 1999. **MEASURES:** Data from structured interviews conducted at the time of program intake were merged with Veterans Affairs administrative data to determine subsequent medical service use. Logistic regression modeling was used to identify predisposing, enabling, and need factors from traditional and vulnerable domains predictive of receiving medical care. **RESULTS:** Overall, 41.8% of subjects received at least one medical visit in the 6 months after program intake; of these, 48.7% had three or more visits. In multivariate analyses, the likelihood of receiving medical care was, among other things, positively associated with age, female gender, and placement in residential treatment and negatively associated with duration of homelessness and being contacted through outreach versus referred or self-referred into the homeless program. Mental illness did not appear to be an additional barrier to initiating medical care; however, a diagnosis of substance abuse or schizophrenia was associated with a decreased likelihood of receiving three or more visits. **CONCLUSION:** A majority of homeless veterans contacted through a national outreach program failed to receive medical services within 6 months of program entry. Vulnerable-domain factors were important supplements to traditional variables in predicting use of medical services in the homeless population. Greater efforts are needed to ensure that mentally ill homeless persons are successfully linked with and engaged in medical treatment.

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Gibson G, Rosenheck R, Tullner JB, Grimes RM, Seibyl CL, Rivera-Torres A, Goodman HS, Nunn ME. **A national survey of the oral health status of homeless veterans.** *J Public Health Dent* 63(1): 30-37, 2003.

**OBJECTIVES:** This study reports results from a survey designed to (1) assess the oral health needs of a national sample of homeless veterans and (2) compare the dental needs of homeless veterans participating in VA-sponsored rehabilitation programs with domiciled veterans in VA substance addiction programs. **METHODS:** Homeless veterans enrolled in a nationwide rehabilitation program completed a survey including questions concerning patients' perceptions of their oral health, dental service needs and use, and alcohol and tobacco use. A sample of these veterans subsequently received dental exams. A comparison group of domiciled veterans enrolled in VA substance abuse programs completed a similar survey. A sample of these veterans also received dental exams. **RESULTS:** Sociodemographic variables, patient-reported oral health information and risk behaviors, and findings from dental exams described two remarkably similar populations. **CONCLUSIONS:** As expected, the homeless veterans exhibited poor oral health, but it was not different from domiciled veterans enrolled in substance addiction programs. Lifestyle choices, such as heavy drinking and smoking, may contribute more to poor oral health than living conditions.

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McGuire J, Rosenheck RA, KasproW WJ. **Health status, service use, and costs among veterans receiving outreach services in jail or community settings.** *Psychiatr Serv* 54(2): 201-207, 2003.

This study compared client characteristics, service use, and health care costs of two groups of veterans who were contacted by outreach workers: a group of veterans who were contacted while incarcerated at the Los Angeles jail and a group of homeless veterans who were contacted in community settings. Between May 1, 1997, and October 1, 1999, a total of 1,676 veterans who were in jail and 6,560 community homeless veterans

were assessed through a structured intake procedure that documented their demographic, clinical, and social adjustment characteristics. Data on the use and costs of health services during the year after outreach contact were obtained from national databases of the Department of Veterans Affairs (VA). Chi square and t tests were used for statistical comparisons. The veterans who were contacted in jail obtained higher scores on several measures of social stability but had higher rates of unemployment. They had fewer medical problems but higher levels of psychiatric and substance use problems, although the rate of current substance use was lower among these veterans than among the community homeless veterans. One-year service access for the jailed veterans was half that of the community homeless veterans. No differences were observed in the intensity of use of mental health services among those who used services, but the jailed outreach clients used fewer residential, medical, and surgical services. Total health care expenditures for the veterans who received outreach contact in jail were \$2,318 less, or 30 percent less, than for those who were contacted through community outreach. Specialized outreach services appear to be modestly effective in linking veterans who become incarcerated with VA health care services. Although it is clinically challenging to link this group with services, the fact that the rate of current substance use is lower during incarceration may provide a window of opportunity for developing linkages between inmates and community rehabilitative services.

## 2002

Cheung RC, Hanson AK, Maganti K, Keeffe EB, Matsui SM. **Viral hepatitis and other infectious diseases in a homeless population.** J Clin Gastroenterol 34(4): 476-480, 2002.

The prevalence of infectious diseases, especially viral hepatitis, among the homeless population is largely unknown. This study consists of a retrospective analysis of the history and laboratory data collected from all homeless veterans admitted to a Veterans Administration (VA) domiciliary from May 1995 to March 2000. Of the homeless veterans admitted to a VA domiciliary program, 597 of 829 were screened for markers of all four infectious diseases. The overall prevalence of anti-hepatitis C virus (HCV) antibody, and positive result for purified protein derivative (PPD), anti-HIV antibody, and hepatitis B surface antigen were 41.7%, 20.6%, 1.84% and 1.17%, respectively. At least one of the four markers was positive in 52.6% and more than one in 12%. Co-infection with HCV occurred commonly in veterans who were positive for anti-HIV and HBsAg. Four self-reported major risk factors (intravenous drug use, alcohol abuse, previous imprisonment, and prior stay in a shelter) were evaluated. Multivariate analysis indicates that intravenous drug use and anti-HBs reactivity are independent risk factors for HCV infection, HCV infection for anti-hepatitis B surface antibody reactivity, and older age for PPD positivity. Chronic hepatitis C and co-infections are common among the homeless population. Patients infected with HIV and hepatitis B virus frequently are co-infected with HCV. Infections frequently are associated with certain identifiable risk factors.

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Department of Veterans Affairs. **VA programs for homeless veterans.** Washington, DC: Department Veterans Affairs, 2002.

This fact sheet describes the programs and services offered by the VA for homeless veterans. The VA is the only federal agency that provides substantial hands-on assistance directly to homeless persons. Although limited to veterans and their dependents, VA's major homeless programs constitute the largest integrated network of homeless assistance programs in the country, offering a wide array of services and initiatives to help veterans recover from homelessness and live as self-sufficiently and independently as possible. Nearly one-quarter of homeless veterans have said they have used VA homeless services and 57 percent have said they have used VA health-care services (authors).

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McGuire, J, Rosenheck, R, Burnette, C. **Expanding service delivery: Does it improve relationships among agencies serving homeless people with mental illness?** Administration and Policy in Mental Health 29(3): 243-256, 2002.

This study examines the association of expanded funding of client-level homeless services, a bottom-up approach, with strengthening of inter-organizational relationships. The study compared Veterans Affairs/non-Veterans Affairs inter-agency relationships at Veterans Affairs facilities supporting community-oriented programs, at Veterans Affairs facilities supporting on-site internally focused homeless programs, and at facilities with the no specialized homeless programs. Veterans Affairs facilities that supported community-oriented homeless programs enjoyed stronger Veterans Affairs-community agency relationships than the other two Veterans Affairs facility types. The study identifies an effective bottom-up resource-based approach to services integration (authors).

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Muir AJ, Provenzale D. **A descriptive evaluation of eligibility for therapy among veterans with chronic hepatitis C virus infection.** J Clin Gastroenterol 34(3): 268-271, 2002.

GOAL: To assess the number of chronic hepatitis C patients eligible for therapy. BACKGROUND: Recent studies have shown improved response rates to treatment of chronic hepatitis C infection. However, treatment with interferon alfa has major side effects, and many patients may not be eligible for therapy. STUDY: One hundred consecutive patients with positive hepatitis C serologies at the Durham Veterans Affairs Medical Center were evaluated. Medical records were reviewed, and the patients were interviewed. Patients were considered ineligible for therapy if they had severe mental illness, hazardous alcohol consumption, current drug abuse, decompensated cirrhosis, dementia, terminal illness, diabetic ketoacidosis, and severe cardiac or pulmonary disease or if they were homeless. RESULTS: Of the 100 patients, 92% were male and 51% were African American. The mean age was 47.3 +/- 5.6 years. Only 32 of the 100 patients were eligible for therapy. Hazardous alcohol consumption was present in 44%. Major depressive symptoms were present in 12%. CONCLUSIONS: The minority of chronic hepatitis C patients were eligible for therapy. Significant rates of hazardous alcohol consumption and psychiatric disorders were present. For these patients to complete or become eligible for therapy, a multidisciplinary approach with psychiatric and substance abuse treatment will be necessary.

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Oddone, EZ, Petersen, LA, Weinberger, M, Freedman, J, Kressin, NR. **Contribution of the veteran's health administration in understanding racial disparities in access and utilization of health care.** Medical Care 40 (1): I-3-I-13, 2002.

The authors first introduce the context and reasons for conducting racial variation research with regard to health care disparities in the veterans' population. They discuss four general paradigms for explaining these disparities and continue with more specific factors. The section on clinical factors includes a discussion of ischemic heart disease, cerebral vascular disease, and mental health disorders. The section on the role of the patient includes a discussion on patient perceptions of health, patient preferences, patient trust and satisfaction, and patient-physician interaction. Finally, the section on the role of the provider includes a discussion on provider education.

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Tessler R, Rosenheck R, Gamache G. **Comparison of homeless veterans with other homeless men in a**

**large clinical outreach program.** Psychiatr Q 73(2): 109-119, 2002.

This paper compares homeless veterans with homeless nonveterans from different eras in an effort to better understand the connection between military service and urban homelessness. Two research questions are addressed based on interviews with over 4,000 homeless men who enrolled in a national outreach program for persons suffering from serious mental illness: First, is there anything unique in the social and personal characteristics of homeless veterans in the 1990s that would help to explain their relatively high prevalence in the homeless population, especially among those who were 19 or younger when the draft ended in 1973? Second, aside from age, are the homeless veterans of the era of the All-Volunteer Force different from homeless veterans who served during the era of the military draft? The results replicate many findings from research in the 1980s showing that even homeless veterans with psychiatric disorders tend to have more personal resources compared to homeless men who did not serve in the Armed Forces. Although veterans from the era of the All-Volunteer Force are different from veterans from the era of the draft, the introduction of the All-Volunteer Force per se does not appear to have changed the composition of the adult male homeless population.

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Thompson, R., Katz, IR., Kane, VR, Sayers, SL. **Cause of death in veterans receiving general medical and mental health care.** Journal of Nervous and Mental Disease 190(11): 789-792, 2002.

This article examines the rates of causes of death among veterans served by Pennsylvania Veterans Affairs Medical Centers (VAMCs) and the relations between recent mental health treatment, age at death, and cause of death. The authors also examine site differences in VAMCs across Pennsylvania in rates of unnatural deaths in general and suicide in particular (authors)

<b>2001</b>
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Gelberg L; Robertson MJ; Leake B; Wenzel SL; Bakhtiar L; Hardie EA; Sadler N; Getzug T. **Hepatitis B among homeless and other impoverished US military veterans in residential care in Los Angeles, CA.**

Findings are presented for a cross-sectional study of serological markers of hepatitis B virus (HBV) infection in an underserved population-impoverished veterans of the US armed forces in a Veterans Administration (VA) residential program in the US. We examine the demographic, background, and risk factors associated with HBV infection in this high-risk population. This paper presents a secondary analysis of cross-sectional survey and clinical data for 370 male veterans who were residents of a domiciliary care program for homeless veterans in Los Angeles, using chi(2), Fisher's Exact, and logistic regression analysis. About one-third (30.8%) of the sample tested positive for current or past HBV infection (ie, seropositive for either the HBV core antibody or surface antigen). After multivariate analysis, rates of HBV were significantly higher among veterans who were older, non-white, or who had a history of regular heroin use (a proxy measure for injection drug use), drug overdose, or drug detoxification treatment. The rate of current or past HBV infection among veterans in this sample (30.8%) was high compared to an estimated 5% to 8% of the general US population. Also, 3% of the sample were currently infected with HBV. Strategies for intervention include broader screening, immunization, and treatment interventions with this high-risk group.

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MacMurray-Avila M. **Homeless Veterans and Health Care: A Resource Guide for Providers, and**

**Appendices.** Nashville, TN, National HCH Council, March 2001.

This new National Council publication compiles current information about health care issues and resources for homeless veterans in a format that will be useful to service providers, homeless veterans, and others concerned about their health and welfare. It explicates the complex array of services provided by the Veteran's Administration, explores the barriers that exist, and describes helpful collaborations between the VA and homeless service providers in some communities. To order from the council, use the online publications Order Form or download the Resource Guide and Appendices in PDF format. AVAILABLE FROM: National HCH Council, PO Box 60427, Nashville, TN 37206-0427. Phone: (615) 226-2292.

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U. S. Department of Veteran Affairs. **Federal Benefits for Veterans and Dependents.** Department of Veteran Affairs, Office of Public Affairs, 2001.

This resource guide describes the various benefits that veterans and their dependents are eligible to receive. It first explains who qualifies and how one files a claim. It then discusses in more detail the health care benefits, as well as disability compensation, pension, education, employment, home loan guaranties, life insurance, and burial benefits.

<b>2000</b>
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Kaspro WJ; Rosenheck R. **Mortality among homeless and nonhomeless mentally ill veterans.** *J Nerv Ment Dis*, 188(3):141-7, March 2000.

This study directly compared mortality risk in homeless and nonhomeless mentally ill veterans and compared mortality rates in these groups with the general U.S. population. The study used a retrospective cohort design to assess mortality over a 9-year period in homeless (n=6,714) and nonhomeless (n=1,715) male veterans who were treated by Department of Veterans Affairs specialized mental health programs. The study showed that mortality rates in all homeless members of the cohort were significantly higher than the general U.S. population. Relative to nonhomeless cohort members, significant increases in mortality risk were observed in cohort members who at baseline were age 45 to 54 and had been homeless 1 year or less and those age 55 and older who had been homeless 1 year or less. Similar, but nonsignificant trends were observed in cohort members who had been homeless more than 1 year at baseline. Additionally, medical problems at baseline and history of prior hospitalization for alcohol problems elevated mortality risk. Employment at baseline and minority group membership reduced mortality risk. The study suggests that mentally ill veterans served by specialized VA mental health programs are at elevated risk of mortality, relative to the general population. Homelessness increases this risk, particularly in older veterans, and this difference does not abate after entry into a health care system.

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McFall M; Malte C; Fontana A; Rosenheck R.. **Effects of an outreach intervention on use of mental health Services by veterans with posttraumatic stress disorder.** *Psychiatric Services* 51(3): 369-374, 2000.

This article examines the effectiveness of an outreach intervention designed to increase access to mental health treatment among veterans disabled by chronic posttraumatic stress disorder (PTSD) and identify patient-reported barriers to care. Participants were 594 male Vietnam veterans who were not enrolled in mental health care at a Department of Veterans Affairs (VA) center but who were receiving VA benefits for PTSD. Half the sample were placed in the intervention group and received a mailing that included materials describing treatment available and informing them about how to access care. Veterans in the intervention group were significantly more likely to schedule an intake appointment, attend the intake, and enroll in

treatment. Patient-identified barriers associated with failure to seek VA mental health care included personal obligations that prevented clinic attendance, inconvenient clinic hours, and receipt of mental health services from a non-VA provider.

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Rosenheck RA; Dausey DJ; Frisman L; Kaspro W. **Outcomes after initial receipt of social security benefits among homeless veterans with mental illness.** *Psychiatric Services*, 51(12):1549-54, Dec 2000.

This study examined the relationship between receiving disability payments and changes in health status, community adjustment, and subjective quality of life. The study evaluated outcomes among homeless mentally ill veterans who applied for Social Security Disability Insurance or Supplemental Security Income through a special outreach program. Veterans who were awarded benefits were compared with those who were denied benefits; their sociodemographic characteristics, clinical status, and social adjustment were evaluated just before receiving the initial award decision and again three months later. Beneficiaries (N=50) did not differ from those who were denied benefits (N=123) on any baseline sociodemographic or clinical characteristics. However, beneficiaries were more willing to delay gratification, as reflected in scores on a time preference measure. Three months after the initial decision, beneficiaries had significantly higher total incomes and reported a higher quality of life. They spent more on housing, food, clothing, transportation, and tobacco products, but not on alcohol or illegal drugs. No differences were found between groups on standardized measures of psychiatric status or substance abuse. Receipt of disability payments is associated with improved subjective quality of life and is not associated with increased alcohol or drug use.

## 1999

Cohen CI; D'Onofrio A; Larkin L; Berkholder P; Fishman H. **A comparison of consumer and provider preferences for research on homeless veterans.** *Community Ment Health J*, 35(3):273-80, June 1999.

Despite the dramatic growth of homelessness research, there have been no systematic assessments of consumer and provider preferences regarding the content of this research. Therefore, 87 clients and 28 staff of a homeless veterans program were administered a 15-item questionnaire requesting identification of the 5 "most" and 5 "least" important research topics. Staff and clients differed significantly on 6 items considered most important and 4 items considered least important. Clients wanted more research that focused on material needs, whereas staff preferences were more broadly distributed. The fact that appreciable data exist for many of the research topics that respondents identified as important raises concerns about the accessibility of homelessness research.

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Kaspro W; Frisman L; Rosenheck R. **Homeless Veterans' satisfaction with residential treatment.** *Psychiatric Services* 50(4): 540-545, 1999.

This article examined homeless individuals' satisfaction with mental health services and the association between satisfaction and measures of treatment outcome. Demographic and clinical data were obtained from intake assessments conducted before veterans' admission to residential treatment facilities under contract with the Dept. of Veteran Affairs Health Care for the Homeless Veterans program, a national outreach and case management program. Clients completed a satisfaction survey and the Community-Oriented Programs Environment Scale, which asks them to rate dimensions of the treatment environment. Outcome data came from discharge outcome summaries completed by VA case managers. Overall satisfaction with residential treatment services was high among the 1,048 veterans surveyed. Greater satisfaction was associated with more days of drug abuse and more days spent institutionalized in the month before intake and with an intake diagnosis of drug abuse. Regression analyses indicated that satisfaction was most strongly related to clients'

perceptions of several factors in the treatment environment. Policy clarity, clients' involvement in the program, an emphasis on order, a practical orientation, and peer support were positively related to satisfaction; staff control and clients' expression of anger were negatively related. Satisfaction was significantly associated with case managers' discharge ratings of clinical improvement of drug problems and psychiatric problems. Homeless veterans are more satisfied in environments they perceive to be supportive, orderly, and focused on practical solutions. The results indicate that client satisfaction is not related to treatment outcomes strongly enough to serve as a substitute for other outcome measures.

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KasproW WJ; Rosenheck R; Frisman L; DiLella D. **Residential treatment for dually diagnosed homeless veterans: A comparison of program types.** *Am J Addict*, 8(1):34-43, Winter 1999.

This study compared two types of residential programs that treat dually diagnosed homeless veterans. Programs specializing in the treatment of substance abuse disorders (SA) and those programs addressing both psychiatric disorders and substance abuse problems within the same setting (DDX) were compared on (1) program characteristics, (2) clients' perceived environment, and (3) outcomes of treatment. The study was based on surveys and discharge reports from residential treatment facilities that were under contract to the Department of Veterans Affairs Health Care for Homeless Veterans program, a national outreach and case management program operating at 71 sites across the nation. Program characteristics surveys were completed by program administrators, perceived environment surveys were completed by veterans in treatment, and discharge reports were completed by VA case managers. DDX programs were characterized by lower expectations for functioning, more acceptance of problem behavior, and more accommodation for choice and privacy, relative to SA programs after adjusting for baseline differences. Dually diagnosed veterans in DDX programs perceived these programs as less controlling than SA programs, but also as having lower involvement and less practical and personal problem orientations. At discharge, a lower percentage of veterans from DDX than SA programs left without staff consultation. A higher percentage of veterans from DDX than SA programs were discharged to community housing rather than to further institutional treatment. Program effects were not different for psychotic and non-psychotic veterans. Although differences were modest, integration of substance abuse and psychiatric treatment may promote a faster return to community living for dually diagnosed homeless veterans. Such integration did not differentially benefit dually diagnosed veterans whose psychiatric problems included a psychotic disorder.

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Rosenheck R; Frisman L; KasproW W. **Improving access to disability benefits among homeless persons with mental illness: An agency-specific approach to services integration.** *Am J Public Health*, 89(4):524-8, April 1999.

**OBJECTIVES:** This study evaluated a joint initiative of the Social Security Administration (SSA) and the Department of Veterans Affairs (VA) to improve access to Social Security disability benefits among homeless veterans with mental illness. **METHODS:** Social Security personnel were colocated with VA clinical staff at 4 of the VA's Health Care for Homeless Veterans (HCHV) programs. Intake assessment data were merged with SSA administrative data to determine the proportion of veterans who filed applications and who received disability awards at the 4 SSA-VA Joint Outreach Initiative sites (n=6,709) and at 34 comparison HCHV sites (n=27,722) during the 2 years before and after implementation of the program. **RESULTS:** During the 2 years after the initiative began, higher proportions of veterans applied for disability (18.9% vs 11.1%) and were awarded benefits (11.4% vs 7.2%) at SSA-VA Joint Initiative sites. **CONCLUSION:** A colocation approach to service system integration can improve access to disability entitlements among homeless persons with mental illness. Almost twice as many veterans were eligible for this entitlement as received it through a standard outreach program.

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U. S. General Accounting Office. **Homeless veterans: VA expands partnerships, but homeless program effectiveness is unclear.** Washington, DC: U.S. General Accounting Office, 1999.

Despite spending \$640 million on homeless programs between fiscal years 1987 and 1997, the Department of Veterans Affairs (VA) has little information about their effectiveness. VA's homeless program sites routinely submit data about the clients' characteristics and site operations. Yet little is known about whether the clients remain housed or employed or relapse into homelessness, and VA's Northeast Program Evaluation Center has little information about whether its programs are more beneficial than other strategies for helping the homeless. The General Accounting Office recommends that VA undertake program evaluations to clarify the effectiveness of its homeless initiatives and to obtain information on how to improve them. Where appropriate, VA should make decisions about the type of data needed and the methods to be used in coordination with other federal agencies that have homeless programs. AVAILABLE FROM: U.S. General Accounting Office, P.O. Box 37050, Washington, DC 20013, (202) 512-6000. (COST: FREE)

## 1998

Conrad KJ; Hultman CI; Pope AR; Lyons JS; Baxter WC; Daghestani AN; Lisiecki JP Jr; Elbaum PL; McCarthy M Jr; Manheim LM. **Case managed residential care for homeless addicted veterans. Results of a true experiment.** *Med Care*, 36(1):40-53, January 1998.

**OBJECTIVES:** The effectiveness of case-managed residential care (CMRC) in reducing substance abuse, increasing employment, decreasing homelessness, and improving health was examined. **METHODS:** A five-year prospective experiment included 358 homeless addicted male veterans 3, 6, and 9 months during their enrollment and at 12, 18, and 24 months after the completion of the experimental case-managed residential care program. The customary control condition was a 21-day hospital program with referral to community services. **RESULTS:** The experimental group averaged 3.4 months in transitional residential care with ongoing and follow-up case management for a total of up to one year of treatment. The experimental group showed significant improvement compared with the control group on the Medical, Alcohol, Employment, and Housing measures during the two-year period. An examination of the time trends indicated that these group differences tended to occur during the treatment year, and to diminish during the follow-up year. **CONCLUSIONS:** Within groups, significant improvements were observed with time from baseline to all posttests on the four major outcomes. We learned, however, that veterans had access to and used significant amounts of services even without the special case-managed residential care program. This partially may account for improvements in the control group and have muted the differences between groups.

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Flores EJ. **The Honolulu VA Hostel: An option for the mentally ill homeless veteran.** *Continuum*, 18(6):13-7, Nov.-Dec. 1998.

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Humphreys K; Rosenheck R. **Treatment involvement and outcomes for four subtypes of homeless veterans.** *Am J Orthopsychiatry*, 68(2):285-94, April 1998.

A longitudinal study examined treatment services and outcomes in a nationwide sample of 565 homeless veterans who were classified as alcoholic, psychiatrically impaired, multiproblem, or best-functioning. All four groups experienced some improvement in their primary problem area, in employment status, and in residential quality at eight-month follow-up, but there were significant differences in degree of improvement across groups. Implications for the design of homeless programs and policies are discussed.

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Irving LM; Seidner AL; Burling TA. **Hope and recovery from substance dependence in homeless veterans.** *Journal of Social and Clinical Psychology* 17(4): 389-406, 1998.

This article examines the relationship between current hopeful thinking about goals ("state hope") and recovery from substance dependence as assessed among residents and graduates of a residential treatment program for substance dependent homeless veterans. Contrary to the authors' predictions, residents and graduates did not differ in their level of state hope. As predicted, higher state hope was related to greater time abstinent and better quality of life, as well as greater self-efficacy, placing less emphasis on the advantages of substance use, and greater perceived social support. Also as predicted, current hopeful thinking was correlated with a greater number of recovery-related variables for residents than for graduates of the program. The implications and limitations of the results are discussed.

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KasproW WJ; Rosenheck R. **Substance use and psychiatric problems of homeless Native American veterans.** *Psychiatr Serv*, 49(3):345-50, March 1998.

**OBJECTIVE:** This study estimated the proportion and representation of Native Americans among homeless veterans and compared their psychiatric and substance abuse problems with those of other ethnic groups of homeless veterans. **METHODS:** The study was based on data from the Dept. of Veterans Affairs' Health Care for Homeless Veterans program, a national outreach program operating at 71 sites across the country. Alcohol, drug, and psychiatric problems of Native American veterans (n=950) reported during intake assessment were compared with problems reported by white, black, and Hispanic veterans (n=36,938). **RESULTS:** Native Americans constituted 1.6% of veterans in the program. Relative to the general veteran population (of which 1.3% are Native Americans), Native Americans are overrepresented in the homeless population by approximately 19%. Native American veterans reported more current alcohol abuse, more previous hospitalizations for alcohol dependence, and more days of recent alcohol intoxication than members of other ethnic groups. In contrast, Native American veterans reported fewer drug dependence problems than other minority groups and fewer current psychiatric problems and previous psychiatric hospitalizations than the reference group of white homeless veterans. **CONCLUSIONS:** Native Americans are overrepresented in the homeless veteran population. They have more severe alcohol problems than other minority groups but somewhat fewer psychiatric problems.

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Rosenheck R; Seibyl CL. **Homelessness: Health service use and related costs.** *Med Care*, 36(8):1256-64, August 1998. Comment in: *Med Care*, 36(8):1121-2, August 1998.

This study examines health service use and costs for homeless and domiciled veterans hospitalized in psychiatric and substance abuse units at Department of Veterans Affairs (VA) medical centers, nationwide. A national survey of residential status at the time of admission was conducted on all VA inpatients hospitalized in acute mental health care units on September 30, 1995. Survey data were merged with computerized workload data bases to assess service use and cost during the 6 months before and after the date of discharge from the index hospitalization. Of 9,108 veterans with complete survey data, 1,797 had been literally homeless at the time of admission, and 1,380 were doubled up temporarily, for a total homelessness rate of 35%. Combining patients from general psychiatry and substance abuse programs, the average annual cost of care for homeless veterans, after adjusting for other factors, was \$27,206; \$3,196 higher than the cost of care for domiciled veterans. Approximately 26% of annual inpatient VA mental health expenditures are spent on the care of homeless persons. Homelessness adds substantially to the cost of health care services for persons with mental illness in VA, and most likely, in other "safety net" systems that serve the poor. These high costs, along with the prospect of declining public funding for health and social welfare programs, and an anticipated increase in the numbers of homeless mentally ill persons, portend a difficult time ahead for both homeless patients and the organizations that care for them.

United States Department of Labor. **Hiring disabled or low-income veterans can earn employers substantial tax savings: The work opportunity and welfare-to-work tax credits.** Washington, DC: United States Department of Labor, 1998.

This fact sheet, aimed toward the veteran community, describes two tax credit programs offered to employers: the Work Opportunity Tax Credit (WOTC) and the Welfare-to-Work Tax Credit (WtWTC). The WOTC is a tax credit that encourages businesses to hire eight targeted groups of job seekers that include disabled veterans, members of a family receiving welfare, or SSI recipients. The WtWTC encourages businesses to hire long-term welfare recipients. The fact sheet provides information about who may qualify, whom to contact for further details, and how employers can apply for these tax credits.

## 1997

Applewhite SL. **Homeless veterans: Perspectives on social services use.** Soc Work, 42(1):19-30, 1997.

Using focus group interviews, this exploratory study examined the expressed needs of homeless veterans and the obstacles encountered in obtaining health and human services. Types of problems and social services barriers were developed with exemplars from the interviews. These veterans self-reported a high incidence of health and mental health problems, limited resources, negative public perceptions and treatment, insensitive service providers, dehumanizing policies and procedures, and high levels of stress and frustration with the service delivery system. They encountered personal, situational, and bureaucratic barriers to obtaining services and were highly critical of service providers. These findings suggest a need for greater emphasis on advocacy-based case management services, affordable housing, employment opportunities, increased sensitivity in service delivery systems, and empowerment-centered practice.

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Frisman LK; Rosenheck R. **The relationship of public support payments to substance abuse among homeless veterans with mental illness.** Psychiatric Services 48(6): 792-795, 1997.

A suspicion that disability payments may exacerbate substance use among persons with chemical addictions recently led Congress to limit federal disability entitlements of applicants whose disability status is related to substance abuse, even if they have another serious mental disorder. This study empirically explored the relationship between receipt of disability payments and substance use among homeless mentally ill veterans. The study sample included 2,474 homeless veterans with a current diagnosis of schizophrenia and a substance abuse or dependence disorder who were assessed in a community outreach program sponsored by the Dept. of Veterans Affairs. After adjustment for other relevant factors, receipt of disability payments showed no significant relationship to the number of days of substance use a month, even among frequent users of alcohol and drugs. Findings about substance use among the homeless veterans with serious mental disorders in this study provide no support for the assertion that disability payments exacerbate substance use.

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Jacobson JM; Eckstrom DL. **Assessing homeless veterans using the Omaha Assessment Tool in a nontraditional home care setting.** Home Care Provid, 2:22-7; quiz 28-9, February 1997.

Homelessness is having an inappropriate place to stay and sleep and not having a mailing address for a period of overnight to six months or more. The homeless population is diverse and difficult to count.

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KasproW WJ; Rosenheck R; Chapdelaine JD. **Health Care for Homeless veterans programs: The tenth annual report.** West Haven, CT: Dept. of Veterans Affairs, Northeast Program Evaluation Center, 1997.

This report is the 10th in a series concerning the Dept. of Veterans Affairs' Health Care for Homeless Veterans (HCHV) programs. The programs involve specialized programs in addition to providing outreach services to severely mentally ill veterans, linkage with VA services, and treatment and rehabilitation services. This report provides an overview of the program's history and services, describes monitoring of the program and veterans served, discusses program process and treatment outcomes, and explains the supported housing program. A summary of program performances is included. AVAILABLE FROM: Dept. of Veterans Affairs, Northeast Program Evaluation Center, VA CT Healthcare System, West Haven, CT 06516, (203) 937-3850.

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Kizer KW; Fonseca ML; Long LM. **The veterans healthcare system: Preparing for the twenty-first century.** Hosp Health Serv Adm, 42(3):283-98, Fall 1997.

Since its establishment in 1946, the veterans healthcare system has greatly expanded in both size and responsibility. It is now the largest integrated healthcare system in the U. S., the nation's largest provider of graduate medical and other health professionals training, and one of the largest research enterprises in America. It is also the nation's largest provider of services to homeless persons, an essential provider in the public healthcare safety net, and an increasingly important element in the federal response to disasters and national emergencies. Patterned after what was considered the best in American healthcare, for most of the past 50 years the Dept. of Veterans Affairs healthcare has focused primarily on acute inpatient care, high technology, and medical specialization. Now, in response to societal and industry-wide forces, the Veterans Health Administration (VHA) is reengineering the veterans healthcare system, changing the operational and management structure from individual hospitals to 22 integrated service networks and transitioning the system to one that is grounded in ambulatory and primary care. This article briefly describes the history and functions of the veterans healthcare system, its service population, and key aspects of its restructuring.

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Lomas B; Gartside PS. **Attention-deficit hyperactivity disorder among homeless veterans.** Psychiatric Services 48(10): 1331-1333, 1997.

This article reports the results of a screening for ADHD among participants in a Department of Veterans Affairs domiciliary program for chronic mentally ill homeless veterans. Eighty-one participants who were not psychotic and did not have central nervous system damage were screened for attention-deficit hyperactivity disorder (ADHD). Results indicated that 50 of the 81 participants screened positive, yet none of the patients or their clinicians had considered ADHD a possible influence on their lives. The authors concluded that these results suggest that clinical staff working with homeless veterans should receive better training in recognizing the various manifestations of ADHD among adults.

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Porat H; Marshall G; Howell W. **The career beliefs of homeless veterans: Vocational attitudes as indicators of employability.** Journal of Career Assessment 5(1): 47-59, 1997.

This article analyzes homeless veterans' attitudes toward employment. Using the Career Beliefs Inventory (CBI) the vocational attitudes of 279 homeless veterans were compared to those of two control groups: one employed (n=390), and the other unemployed (n=67). Even though the three groups had significant demographic, medical, and social differences, there were remarkable similarities in how they viewed employment, including having a high interest in achieving and improving their socioeconomic conditions; desire to excel over others within the workplace; interest in learning new job skills; and believing that obstacles can be overcome, undermining the common notion that homeless veterans are unwilling to take active, positive steps to improve their employability.

Rosenheck R; Leda C; Frisman L; Gallup P. **Homeless mentally ill veterans: Race, service use, and treatment outcomes.** Am J Orthopsychiatry, 67(4):632-8, October 1997.

Comparisons of service use and treatment outcomes for 145 black and 236 white homeless veterans with mental disorders showed few differences. A greater improvement in psychiatric symptoms and alcohol problems among white than black veterans did not hold true when black veterans had participated in the residential treatment component of the program. The implications of the findings for the successful treatment of homeless black veterans are discussed.

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Seibyl CL; Rosenheck R; Sieffert D; Medak S. **Fiscal Year 1996 end-of-year survey of homeless veterans in VA acute inpatient programs.** West Haven, CT: Northeast Program Evaluation Center, VA Health Services Research and Development Service, 1997.

This report presents findings from a national end-of-year survey of homelessness among 17,836 veterans hospitalized in acute care sections at Department of Veterans Affairs (VA) medical centers as of midnight on Sept. 30, 1996. Altogether 2,045 veterans (13.5%) had been homeless at the time of their admission: 1,331 (7.5%) were literally homeless, residing in shelters, the streets or similar circumstances, while 1,074 (6%) were temporarily doubled-up with family or friends. Rates of homelessness varied from a high 47.2% in substance abuse treatment programs, to 24.3% in psychiatry beds, and 4.7% in medical and surgical beds. The authors conclude that these data show that the VA continues to treat many homeless veterans in its acute inpatient units, and that the extensive closure of substance abuse and psychiatric beds in the VA during fiscal year 1996 reduced the availability of these services to numbers of homeless veterans that had used them. The authors state their hope that alternative forms of community treatment are made available to homeless veterans who would otherwise have received VA hospital treatment. AVAILABLE FROM: Northeast Program Evaluation Center, VA Health Services Research and Development Service, West Haven, CT 06516, (202) 937-3850.

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Stovall JG; Cloninger L; Appleby L. **Identifying homeless mentally ill veterans in jail: A preliminary report.** Journal of the American Academy of Psychiatry and Law 25(3): 311-315, 1997.

This article describes a program for identifying and providing treatment and housing for homeless mentally ill veterans detained at the Cook County Jail in Chicago. Preliminary data are provided describing characteristics of the veterans assessed, as well as those veterans who follow up with services upon release. The authors conclude that the initial phases of the project indicate that a large urban jail is a useful location for outreach efforts that target homeless mentally ill veterans.

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Stovall J; Flaherty JA; Bowden B; Schoeny M. **Use of psychiatric services by homeless veterans.** J Ment Health Adm, 24(1):98-102, Winter 1997.

Patients treated in a Department of Veterans Affairs (VA) emergency room were evaluated to delineate the differences in use of services between homeless and domiciled veterans who have mental disorders. Data were obtained and compared on DSM-III-R diagnoses, number of hospitalizations, lengths of stay, and outpatient visits in the preceding year. Homeless veterans with mental disorders were significantly more likely to have emergency visits and psychiatric admissions in the preceding 12 months than were the domiciled veterans. However, the average length of stay was shorter for the homeless group. These differences must be accounted for in the design of programs targeting homeless veterans with mental illness.

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United States Department of Veterans Affairs. **Heading home: Breaking the cycle of homelessness among America's veterans.** Washington, DC: U.S. Department of Veterans Affairs, 1997.

This post-summit action report and resource directory summarizes what was learned from the first National Summit, convened in February 1994, to discuss homelessness among veterans. Included are priorities for action, consensus principles upon which to base intervention strategies, and suggested guidelines for implementation of summit recommendations. The report also reviews the impact of the McKinney Act programs on local service and homeless assistance networks. Three new initiatives, which build upon the summit recommendations and expand the model of VA assistance, are also discussed.

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Wilson N; Kizer K. **The VA health care system: An unrecognized national safety net.** Health Affairs, 16(4): 200-204, July-August 1997.

The dominance of local health care markets in conjunction with variable public funding results in a national patchwork of safety nets and beneficiaries in the United States rather than a uniform system. This Data Watch describes how the recently reorganized Dept. of Veterans Affairs serves as a coordinated, national safety-net provider and characterizes the veterans who are not supported by the market-based system.

## 1996

Castellani B; Wootton E; Rugle L; Wedgeworth R; Prabucki K; Olson R. **Homelessness, negative affect, and coping among veterans with gambling problems who misused substances.** Psychiatric Services 47(3): 298-299, 1996.

A total of 154 formerly homeless veterans with substance use disorders were assessed six months after treatment to determine: (1) whether those who had concurrent gambling problems had poorer coping skills than those without a gambling problem; and (2) whether gambling impacted housing and employment stability. Findings indicate that although the gamblers had poorer coping skills, they did not differ from their non-gambling counterparts in terms of housing and employment stability.

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Rosenheck R; Frisman L. **Do public support payments encourage substance abuse?** Health Affairs, 15(3): 192-200, 1996.

This commentary describes a study of homeless veterans with substance abuse problems who were contacted through a Dept. of Veterans Affairs community outreach program. The goal was to discern the relationship between substance use and both amount and source of income and thereby test the assumptions that are driving policy in this area. In this study, veterans used some portion of their public support payments to purchase alcohol and drugs, contradicting some existing evidence driving policy on support payments to persons with substance abuse problems.

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Rosenheck R; Leda CA; Frisman LK; Lam J; Chung A. **Homeless veterans.** In Baumohl J (ed.), *Homelessness In America.* Phoenix, AZ: Oryx Press 97-108, 1996.

The authors explain that for as long as there has been armed forces, homeless veterans have been subjects of concern. Military risk factors for homelessness are examined including post-traumatic stress disorder, service in combat, socioeconomic status, substance abuse, and mental health. The authors conclude that homelessness among veterans is not clearly related to military experience, rather it is the result of the same interrelated economic and personal factors that cause homelessness in the civilian population

Smith CB; Goldman RL; Martin DC; Williamson J; Weir C; Beauchamp C; Ashcraft M. **Overutilization of acute-care beds in Veterans Affairs hospitals.** Med Care, 34:85-96, January 1996.

The authors tested the hypothesis that the Dept. of Veterans Affairs (VA) hospitals would have substantial overutilization of acute care beds and services because of policies that emphasize inpatient care over ambulatory care. Reviewers from 24 randomly selected VA hospitals applied the InterQual ISD (Intensity, Severity, Discharge) criteria for appropriateness concurrently to a random sample of 2,432 admissions to acute medical, surgical, and psychiatry services. Reliability of hospital reviewers in applying the ISD criteria was tested by comparing their reviews with those of a small group of expert reviewers. Validity of the ISD criteria was tested by comparing the assessments of master reviewers with the implicit judgments of panels of nine physicians. The physician panels validated the ISD admission criteria for medicine and surgery (74% agreement with master reviewers), whereas the psychiatry criteria were not validated (66% agreement). Hospital reviewers reliably used all three criteria sets (> 83% agreement with master reviewers). Rates of nonacute admissions to acute medical and surgical services were > 38% as determined by the hospital and master reviewers and by the physician panels. Nonacute rates of continued stay were > 32% for both medicine and surgery services. Similar rates of nonacute admissions and continued stay were found for all 24 hospitals. Reasons for nonacute admissions and continued stay included lack of an ambulatory care alternative, conservative physician practices, delays in discharge planning, and social factors such as homelessness and long travel distances to the hospital. Substantial overutilization of acute medicine and surgical beds was found in a representative sample of VA hospitals. Correcting this situation will require changes in physician practice patterns, development of ambulatory care alternatives to inpatient care, and modification of current VA policies determining eligibility for care.

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United States General Accounting Office - Health, Education and Human Services Division. **Substance abuse treatment: VA programs serve psychologically and economically disadvantaged veterans.** Gaithersburg, MD; U.S. General Accounting Office, November 1996.

To better understand the VA's current substance abuse program, this report provides the following information: (1) characteristics of veterans who receive substance abuse treatment; (2) services offered; (3) methods to monitor the effectiveness of treatment programs; (4) community services available; and (5) implications of changing the VA's current methods for delivering treatment services. AVAILABLE FROM: U.S. GAO, PO Box 6015, Gaithersburg, MD 20884-6015, (202) 512-6000. (GAO/HEHS-97-6)

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Wenzel SL; Bakhtiar L; Caskey NH; Hardie E; Redford C; Sadler N; Gelberg L. **Dually diagnosed homeless veterans in residential treatment: Service needs and service use.** Journal of Nervous and Mental Disease 184(7): 441-444, 1996.

It is documented that co-occurrence of psychiatric and substance disorders among homeless persons is associated with greater service needs and difficulty with engagement and maintenance in treatment. The authors look at the extent to which characteristics of homeless veterans with dual disorders differ from those with neither diagnosis or a single diagnosis of serious mental illness or substance dependence. Such differences may be important for refining approaches to serve homeless veterans in treatment programs. The study reports statistics on demographics, age, length of military involvement, legal status, and recent social service use. For the Department of Veterans Affairs to fully achieve its aim of meeting the biopsychosocial needs of troubled homeless veterans, it is necessary to improve the understanding of this subgroup.

## 1995

Humphreys K; Rosenheck R. **Sequential validation of cluster analytic subtypes of homeless veterans.** American Journal of Community Psychology 23(1): 75-98, 1995.

In this article, the authors critically review previous efforts to generate quantitative, empirical typologies of homeless persons. The authors then expand on the work by developing a typology based on a more rigorous cluster analytic methodology than had been employed previously. The authors explain that policy and interventions need to be tailored to match the problems experienced by different subgroups of homeless people: the goal of taxonomic research on homelessness is to identify those subgroups empirically. To do this researchers employ cluster analytic statistical procedures, but many have not employed important statistical safeguards against arbitrary results. This study demonstrates a cluster analytic procedure sequential validation that enhances the replicability, external validity, and cross-validity of cluster solutions in a nationwide sample of 745 homeless veterans.

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Leda C; Rosenheck R. **Race in the treatment of homeless mentally ill veterans.** J Nerv Ment Dis, 183(8):529-37, August 1995.

A multi-site descriptive outcome study examined differences between black and white veterans in admission characteristics, program participation, and outcomes following an episode of treatment in a Veterans Affairs residential program for homeless veterans with psychiatric and substance abuse problems. Admission, discharge, and 6-month and 12-month postdischarge follow-up data were collected on 119 black and 144 white veterans admitted to the Domiciliary Care for Homeless Veterans Program at three sites. The study looked at differences between racial groups at admission and then identified differences between black and white veterans in improvement. On admission, blacks were younger and had more problems with drugs and violent behavior, but were less likely than whites to have clinical diagnoses of alcohol abuse or a serious psychiatric disorder, and had fewer suicide attempts. They also had more social contacts and had more frequently experienced a recent disruption in an important relationship. Few differences were found between the two racial groups in measures of program participation. One year after discharge, both black and white veterans had improved in virtually all domains. Black veterans showed greater improvement in medical symptomatology, social contacts, and violence, while white veterans showed a greater increase in outpatient health service use. While both black and white veterans benefitted from participation in residential treatment, the data suggest that blacks were more likely to reestablish previously disrupted social ties while whites increased their involvement in the VA health care system.

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Lloyd-Cobb P; Dixon DR. **A preliminary evaluation of the effects of a veterans' hospital Domiciliary Program for Homeless Persons.** Research on Social Work Practice 5(3): 309-316, 1995.

The article describes a study where the Clinical Anxiety Scale, the Generalized Contentment Scale, the Revised UCLA Loneliness Scale, and the Problem-Solving Inventory were administered to nine male veterans in a Domiciliary Care for Homeless Veterans program. All four rapid assessment instruments were administered when the veterans were admitted into the program, and again after three months of participation. The program had an intense focus on individual and group counseling. Results suggested that this program is effective in helping reduce homeless veterans' feelings of anxiety, depression, and loneliness, and in helping them gain confidence in their problem-solving abilities.

Prabucki K; Wootton E; McCormick R; Washam T. **Evaluating the effectiveness of a residential rehabilitation program for homeless veterans.** *Psychiatric Services* 46(4): 372-375, 1995.

This study sought to evaluate the effects of a residential rehabilitation program for homeless veterans with serious mental illnesses using several measures of community adjustment. Housing status, financial and vocational status, psychological stability, utilization of coping resources, and extent of social contacts were measured at entry into the residential rehabilitation program and six months after discharge from the program. As a group, subjects assessed at follow-up showed significant improvement in housing, financial and vocational status. Comprehensive residential rehabilitation programs can help homeless veterans improve several aspects of their lives and maintain stability in those areas after discharge.

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Rosenheck R; Frisman L; Gallup P. **Effectiveness and cost of specific treatment elements in a program for homeless mentally ill veterans.** *Psychiatr Serv*, 46(11):1131-9, November 1995.

**OBJECTIVES:** The study examined relationships between specific treatment elements and their costs and ten outcome measures using data from a longitudinal outcome study of a VA program for homeless mentally ill veterans. **METHODS:** Baseline and outcome data over an eight-month period were analyzed for 406 homeless veterans with psychiatric and substance use disorders who were treated in VA's Homeless Chronically Mentally Ill Veterans Program. The relationship between ten measures of outcome and six treatment elements (program entry via community outreach, number of contacts with program clinicians, number of referrals for other services, duration of program involvement, number of days of residential treatment, and increased public support payments) were examined. **RESULTS:** Each of the six treatment elements was significantly related to improvement on at least one of the outcome measures. The number of clinical contacts with program staff and days in residential treatment were associated with improvement in the greatest number of outcome domains. Improvement associated with residential treatment was far more costly than improvement related to other treatment elements. **CONCLUSION:** This study provides evidence of the effectiveness of a multimodal approach to the treatment of homeless mentally ill persons. Attention should be paid to differences in the cost of improvement associated with various treatment elements.

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Thompson JP; Thornby J; Boeringa JA; Lewis F. **Some selected psychological and social characteristics of veteran psychiatric inpatients without stable housing.** *Psychological Reports* (76): 391-394, 1995.

This article compares demographic variables of 58 veterans with stable housing to those of 54 veterans without stable housing. Both groups were selected from the same inpatient psychiatric treatment program at the Houston, Texas, VA Medical Center. Findings indicate that the homeless veterans were significantly less likely to be married or employed. Results underscore the relevance of social services to treatment, discharge, and rehabilitation planning when working with veterans without stable housing.

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Tollett JH; Thomas SP. **A theory-based nursing intervention to instill hope in homeless veterans.** *Advances in Nursing Science* 18(2): 76-90, 1995.

This study sought to determine if a specific nursing intervention to instill hope would positively influence levels of hope, self-efficacy, self-esteem, and depression in homeless veterans. Miller's Model of Patient Power Resources served as the conceptual framework from which a middle-range theory of homelessness-hopelessness was derived to guide the study. Homeless veterans completed pretests on admission to a VA Medical Center, were randomly assigned to a treatment or waiting control group, and completed post-tests at the end of four weeks. There was support for the homelessness/hopelessness theory as evidenced by a high level of depression and low levels of hope, self-efficacy, and self-esteem among these homeless veterans.

There were increased levels of hope and self-esteem and decreased depression in veterans who received the nursing intervention. Treatment and control groups differed significantly with regard to hope at post-test.

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Wenzel SL; Bakhtiar L; Cashey NH; Hardie E; Redford C; Sadler N; Gelberg L. **Predictors of homeless veterans' irregular discharge status from a domiciliary care program.** Journal of Mental Health Administration 22(3): 245-260, 1995.

This article addresses the relationship of homeless veterans' discharge status from a domiciliary care program to bio-psychosocial characteristics presented at admission into the program. Hypotheses were that younger age, less education, and substance abuse or psychiatric disorder would predict an irregular discharge. Research participants were 367 homeless male veterans who had been admitted to a domiciliary care program at the West Los Angeles VA Medical Center for treatment of medical, psychiatric, or substance use disorders. Status of veterans' program discharge (regular or irregular) served as the outcome measure. Findings indicated irregular discharge from the program was more likely among veterans who were black, had poor employment histories, or had problems with alcohol. Results indicate the need to maintain homeless veterans in treatment programs so that they can achieve maximum benefit from available programs.

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Wenzel SL; Bakhtiar L; Caskey NH; Hardie E; Redford C; Sadler N; Gelberg L. **Homeless veterans' utilization of medical, psychiatric, and substance abuse services.** Med Care, 33:1132-44, November 1995.

This study focuses on the association between homeless veterans' prior utilization of medical, psychiatric, and substance abuse services and biopsychosocial characteristics reported at admission into a domiciliary care program. Given the large number of veterans in the US homeless population and their health care needs, understanding factors associated with health service use among homeless veterans is significant. Research participants were 429 homeless male veterans who had been admitted to the Domiciliary Care for Homeless Veterans Program site at the West Los Angeles VA Medical Center between February 1988 and July 1992 for treatment of medical, psychiatric, or substance disorders. Self-reported need (chronic medical problems, serious psychiatric symptoms, combat stress, alcohol use) and evaluated need for care (evidence of liver dysfunction) were important to veterans' use of health services in the six months before program admission. Predisposing social structure factors (education, residential stability, and usual sleeping place) were also significant predictors of service utilization. Overall, need factors were more strongly related to service use. Comorbidity of need factors deserves attention in understanding homeless veterans' use of services. It is important to attend to predisposing social structure factors as potential barriers to care for homeless veterans.

## 1994

Burling TA; Seidner AL; Salvio MA; Marshal GD. **A cognitive-behavioral therapeutic community for substance dependent and homeless veterans: treatment outcome.** Addictive Behaviors 19(6): 621-629, 1994.

This article presents data regarding a residential rehabilitation program that integrates cognitive-behavioral and therapeutic community techniques to treat homeless persons with substance use disorders. The study cohort was 110 military veterans admitted to a Domiciliary Care for Homeless Veterans Program of the Department of Veterans Affairs. The cohort had multiple psychosocial problems at admission, and all had drug/alcohol abstinence as a treatment goal. Structured interviews conducted at three, six, nine, and 12 months postdischarge revealed that a substantial proportion had positive outcomes with respect to housing, substance

abuse abstinence, employment, and self-rated psychological symptoms. This integrated cognitive-behavioral therapeutic community approach appears to be a viable treatment for this subset of homeless individuals and also may be effective for other populations with similar clinical characteristics.

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Hartz D; Banys P; Hall SM. **Correlates of homelessness among substance abuse patients at a VA medical center.** Hospital and Community Psychiatry 45(5): 491-493, 1994.

According to the authors, because many studies of homeless individuals sample only populations in emergency shelters or on the streets, those that are marginally or temporarily housed may be overlooked. This study sought to address this deficiency by exploring substance abuse patterns in a large sample of veterans seeking treatment for drug and alcohol abuse at the Veterans Affairs Medical Center in San Francisco, Calif. Findings indicate that with decreasing housing stability, alcohol use increases and heroin use declines. In contrast, cocaine use rates among patients who were marginally and permanently housed were similar but much lower than rates among those living in the streets or shelters.

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James SL. **Alcoholism in homeless veterans: A historical overview** [see comments] Clin Nurse Spec, 8:241-4, 240, September 1994.

The department of Veterans Affairs uses a variety of approaches to assist homeless veterans suffering from alcoholism, including outreach and domiciliary programs. The history of alcoholism and homelessness is discussed in this article and characteristics of homeless veterans are delineated. Cultural considerations, treatment options, and the role of the CNS working with this population are presented. Implications for further research are included.

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National Association of State Mental Health Program Directors. **PATH Finder Report: Meeting the needs of homeless veterans.** Washington DC: National Association of State Mental Health Program Directors, September, 1994.

The primary purpose of this PATHFinder Report is to assist State PATH Contacts and local PATH service providers in developing, or strengthening, collaborative efforts with programs that serve homeless veterans, especially those that serve veterans with mental illnesses. This issue includes a list, provided by the U. S. Dept. of Veterans Affairs, of Veterans Affairs Regional Offices, Health Care for Homeless Veterans Programs, and VA Medical Centers and Veteran Centers. AVAILABLE FROM: National Assn. of States Mental Health Program Directors, 66 Canal Center Plaza, Suite 302, Alexandria, VA 22314 (703) 739-9333.

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Rosenheck R; Frisman L; Chung A. **The proportion of veterans among homeless men.** American Journal of Public Health 84(3): 466-469 1994.

This study examines whether particular groups of veterans based on age and race are disproportionately represented among homeless people. Although veterans appear to be over-represented among homeless men, this overrepresentation primarily includes younger veterans who served in non-wartime periods, especially the post-Vietnam era. The authors contend that the increased vulnerability to homelessness among veterans may be related to the admission of poorly adjusted young men to military service during non-wartime eras and to the reduced availability of Veterans Affairs benefits to these veterans.

## 1993

Rosenheck R; Gallup P; Frisman LK. **Health care utilization and costs after entry into an outreach program for homeless mentally ill veterans.** *Hosp Community Psychiatry*, 44(12):1166-71, December 1993.

To evaluate the impact of a Dept. of Veterans Affairs (VA) outreach and residential treatment program for homeless mentally ill veterans on use and cost of health care services provided. Veterans at nine sites were assessed with a standard intake instrument. Services provided by the outreach program were documented in quarterly clinical reports and in residential treatment discharge summaries. Data on nonprogram VA health service use and health care costs were obtained from national VA databases. Changes in service use and cost from the year before first contact with the program to the year after were analyzed. Total annual costs to the VA also increased by 35%, from \$6,414 to \$8,699 per veteran per year. Both clinical need and participation in the program were associated with increased use of health services and increased cost. Veterans with concomitant psychiatric and substance abuse problems used fewer health care services than others. Specialized programs to improve the access of homeless mentally ill persons to health care services appear to be effective, but costly. Dually diagnosed persons seem especially difficult to engage in treatment.

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Rosenheck R; Koegel P. **Characteristics of veterans and nonveterans in three samples of homeless men.** *Hosp Community Psychiatry*, 44(9):858-63, September 1993.

To uncover possible explanations for the large numbers of veterans in the homeless population, by identifying differences in sociodemographic and clinical characteristics between homeless male veterans and other homeless men. A secondary analysis of data from three surveys of homeless Americans conducted during the mid-1980s was used to compare homeless veterans and homeless nonveterans. Compared with nonveterans, homeless veterans were older, more likely to be white, better educated, and previously or currently married. Generally, veterans did not differ from nonveterans on any indicator of residential instability, current social functioning, physical health, mental illness, or substance abuse. Examination of national data comparing domiciled veterans and nonveterans in the general population showed that observed sociodemographic differences between homeless veterans and nonveterans were largely explained by differences between these groups in the general population. Although homeless veterans had higher educational levels and were more likely to have been married in the past than homeless nonveterans, these advantages did not appear to protect them from homelessness. Veterans appear to be at risk for homelessness for much the same reasons as other American men.

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United States Department of Veterans Affairs. **Homeless programs and activities.** U.S. Department of Veterans Affairs, Washington, DC, 1993.

This packet contains information about homeless veterans and the U.S. Department of Veterans Affairs homeless programs and activities. Also included is a section called Homelessness Facts, and two true/false quizzes regarding homelessness and veterans .

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Wenzel SL; Gelberg L; Bakhtiar L; Caskey N; Hardie E; Redford C; Sadler N. **Indicators of chronic homelessness among veterans.** *Hosp Community Psychiatry*, 44(12):1172-6, December 1993.

To develop a set of indicators of chronic homelessness as a basis for better understanding and treatment of the homeless veteran population. **METHODS:** Characteristics of veterans who reported long-term homelessness (more than 12 months total since age 18) were compared with those of veterans who reported short-term homelessness (12 months or less). Subjects were 343 homeless male veterans receiving treatment for physical, mental, or substance abuse disorders at the West Los Angeles site of the Domiciliary Care for Homeless Veterans Program. Variables included history of homelessness, employment history, physical and mental health, substance abuse history, social and financial support, criminal history, age, ethnic group, education, military service, and program discharge status. Veterans experiencing long-term homelessness were more likely to be white, to have had a longer period of recent homelessness and a greater number of homeless episodes, to have a poor employment history, to have symptoms of mental and substance abuse disorders, and to have weaker social support. Results show that variables besides duration of lifetime homelessness are important indicators of chronic homelessness.

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Winkleby MA; Fleshin D. **Physical, addictive, and psychiatric disorders among homeless veterans and nonveterans.** *Public Health Reports* 108(1):30-36, 1993.

This study examines the proportion of veterans among homeless adults in three shelters in Santa Clara County, Calif., and whether adverse childhood events, histories of mental physical and addictive disorders differ among nonveterans, combat-exposed veterans and noncombat-exposed veterans. Of those surveyed, the length of time between military discharge and initial loss of shelter was more than a decade for 76% of the combat-exposed veterans. The authors contend that further research is needed to determine if military service increases the risk of homelessness.