



Predictive and/or Protective Factors for Homelessness

From Homelessness Policy Research Institute Partners

All Alone: Antecedents of Chronic Homelessness (Economic Roundtable, 2015)

Summary

“The pathways into homelessness have been described through anecdotal stories but are seldom explored using public agency data for a large population over an extended time. This study aims to help overcome that deficit and provide a more definitive portrait of such pathways.” (p.2)

Methods

“The pathways into homelessness have been described through anecdotal stories but are seldom explored using public agency data for a large population over an extended time. This study aims to help overcome that deficit and provide a more definitive portrait of such pathways. This window on homelessness is drawn from nine years of public assistance records for 8,969,289 residents of Los Angeles County who received some form of public assistance from 2002 through 2010, including 942,562 recipients who experienced episodes of homelessness.” (p.2-3)

Results

Demographic findings:

- Recipients of cash aid have far higher reported monthly rates of homelessness (General Relief 59 percent, CalWORKs 22 percent) than recipients of other types of public assistance (food stamps 6 percent, Medi-Cal 3 percent).
- African Americans make up a share of homeless public assistance recipients that is almost six times as great as their share of the overall county population
- Married couples have a clear advantage in retaining shelter; only 2 percent are identified as homeless each month compared with 12 percent of single adults.
- Disabilities are associated with higher rates of homelessness and chronic homelessness (3)
- Having a history of homelessness, being male, and being dependent on General Relief for income maintenance is associated with greatly increased likelihood of recurrent homelessness. This risk is an order of magnitude greater for African American men. (4)

Tripwires: Tripwire events for flagging risks and occurrences of homeless include:

- Homelessness
- Prolonged or repeated episodes of homelessness
- Homeless children
- Domestic violence

- Children who are not attending school regularly
- Long-term unemployed adults

[Crisis Indicator: Triage Tool for Identifying Homeless Adults in Crisis](#) (*Economic Roundtable, 2011*)

Summary


“This paper presents a triage tool, or crisis indicator, for identifying homeless individuals in jails, hospitals and clinics who have continuing crises in their lives that create very high public costs. This is a redesigned and much more accurate version of the screening tool presented in an earlier paper, ‘Tools for Identifying High-Cost, High-Need Homeless Persons.’ This new tool enables gatekeeper institutions such as hospitals, clinics and jails to identify accurately individuals experiencing homelessness whose acute needs create the greatest public costs, and to make credible requests to housing providers that these individuals be given first priority for the scarce supply of affordable housing with services (permanent supportive housing).” (p.3)

Methods

“The triage tool looks at how a particular attribute affects the likelihood that an individual will be in the 10th decile by identifying the probability associated with that attribute. Probability looks at the percent of homeless individuals with an attribute who are in the highest decile.” (p.9)

Many separate pieces of information provide evidence about the likelihood that someone will be in the 10th decile, but no single piece of evidence by itself provides enough information to identify this population with adequate certainty. The triage tool addresses this problem by combining the predictive power of 27 pieces of information to produce an estimate of the likelihood that an individual is in the 10th decile. This includes demographic characteristics, medical diagnoses, and use of hospital and jail facilities.

“To our knowledge, this is the only tool for prioritizing the needs of homeless individuals that is based on cost data for a generally representative sample of homeless persons. This was made possible by a unique and exceptionally valuable database created by Los Angeles County’s Chief Executive Office that links service and cost records across county departments for a representative sample of General Relief recipients, 70 percent of whom were homeless during the data window provided by the linked records.” (p.1)



The triage tool is in Excel format and can be downloaded from the Economic Roundtable website: www.economicrt.org.

Findings

The most powerful components of the model are the number of days spent in hospitals as an inpatient or in jail mental health facilities as an inmate. Health conditions have a tipping effect in the model, some disorders increase and others diminish the likelihood that an individual is in the 10th decile.

[Homelessness, Unsheltered Status, and Risk Factors for Mortality: Findings From the 100,000 Homes Campaign](#) (Montgomery, Szymkowiak, Marcus, Howard, and Culhane, 2016)

Summary

People who live in unsheltered situations, such as the streets, often have poorer health, less access to health care, and an increased risk of premature mortality as compared with their sheltered counterparts. The objectives of this study were to (1) compare the characteristics of people experiencing homelessness who were sleeping primarily in unsheltered situations with those who were accessing homeless shelters and other sheltered situations, (2) identify correlates of unsheltered status, and (3) assess the relationship between unsheltered status and increased risk of mortality.

Methods

Using primary data collected as part of the 100,000 Homes Campaign—a national effort to help communities find homes for vulnerable and chronically homeless Americans—the study estimated 2 generalized linear mixed models to understand the correlates of unsheltered status and risk factors for mortality. Independent variables included demographic characteristics; history of homelessness, incarceration, foster care, and treatment for mental illness or substance use; sources of income; and past and present medical conditions. The study sample comprised 25,489 people experiencing homelessness who responded to an assessment of their housing and health as part of the 100,000 Homes Campaign from 2008 to 2014.

Findings

In the full model, the following characteristics were associated with unsheltered status:

- Being a veteran
- Having < high school education
- Accessing informal income
- Having a history of foster care
- Having a history of chronic homelessness

- Having a history of incarceration
- Having a history of substance abuse
- Being unsheltered
- Being female
- Receiving entitlements

Additional Research Outside of the Homelessness Policy Research Institute

[Assessment of Risk and Protective Factors for Homelessness: Preliminary Validation of the Life Needs Inventory](#) (Brown-Young, 2006)

Summary

“This study examined the LNI (Life Needs Inventory), used by the VOADV (Volunteers of America Delaware Valley) organization to identify risk factors, as well as protective strengths, associated with the securing of stable housing among the homeless population.”

Methods

“The method of this study consisted of the statistical examination of VOADV data from three homeless facilities. Descriptive statistics were used to explain the data and to draw valid inferences about correlations that were uncovered. The 13 Life Needs Inventory (LNI) categories were analyzed to uncover existing correlations.”

Results

Risk factors:

- No finances or limited finances/history of financial instability

- Unemployment

- Mental and medical health issues

Protective factors:

- Education
- Being involved in a neighborhood or community

[Homelessness in female-headed families: childhood and adult risk and protective factors](#) (E Bassuk, Buckner, Weinreb, Browne, S Bassuk, Perlof, 1997f)

Summary

To identify risk and protective factors for family homelessness, a case-control study of homeless and low-income, never-homeless families, all female-headed was conducted.

Methods

Homeless mothers (n = 220) were enrolled from family shelters in Worcester, Mass. Low-income housed mothers receiving welfare (n = 216) formed the comparison group. The women completed an interview covering socioeconomic, social support, victimization, mental health, substance use, and health domains.

Results

Childhood predictors of family homelessness included foster care placement and respondent's mother's use of drugs. Independent risk factors in adulthood included minority status, recent move to Worcester, recent eviction, interpersonal conflict, frequent alcohol or heroin use, and recent hospitalization for a mental health problem.

Protective factors included being a primary tenant, receiving cash assistance or a housing subsidy, graduating from high school, and having a larger social network.


[Predictors of Homelessness Among Families and Single Adults After Exit From Homelessness Prevention and Rapid Re-Housing Programs: Evidence From the Department of Veterans Affairs Supportive Services for Veteran Families Program](#) (Byrne, Treglia, Culhane, Kuhn, Kane, 2015)

Summary

This article assesses the extent and predictors of homelessness among veterans (both veterans in families with children and single adults veterans) exiting the Supportive Services for Veteran Families (SSVF) program.

Methods

SSVF program data were used to select the study's sample, which included all 41,545 veterans who exited the SSVF program at some point during FFY 2012 or FFY 2013. Information on veterans' housing status at entry was used to classify veterans as receiving either prevention (veterans currently housed but at risk of homelessness) or rapid re-housing (currently homeless veterans) services. SSVF program data



also capture whether veterans are part of a household with children under the age of 18, and this information was used to classify veterans as either veterans in families or single veterans. Veterans who were part of a household with multiple adults, but no children, were defined as single veterans. The final sample of 39,337 veterans was stratified into four subgroups, based on household type (single veterans vs. veterans in families) and SSVF service category (i.e., prevention vs. rapid re-housing). All analyses were conducted separately for each of these subgroups.

Results

Predictors of homelessness among veterans:


- Age (30-61 elevated risk compared to 18-29, and 45-54 has the highest risk)
- Male gender
- Prior history of VA homeless service use associated with an increased risk of experiencing a homeless episode
- Exiting to HUD-VASH compared to other destinations had the strongest negative relationship with risk of homelessness

[Risk Factors for Long-Term Homelessness: Findings From a Longitudinal Study of First-Time Homeless Single Adults](#) (Caton, Dominguez, Schanzer, Hasin, Shrout, Felix, McQuestion, Opler, Hsu, 2005)

Summary

This study examined risk factors for long-term homelessness among newly homeless men and women who were admitted to New York City shelters in 2001 and 2002.

Methods



Interviews were conducted with 377 study participants upon entry into the shelter and at 6-month intervals for 18 months. Standardized assessments of psychiatric diagnosis, symptoms, and coping skills; social and family history; and service use were analyzed. Kaplan—Meier survival analysis and Cox regression were used to examine the association between baseline assessments and duration of homelessness.

Results

Predictors of a shorter duration of homelessness:

- Younger age
- Current or recent employment
- Earned income
- Good coping skills
- Adequate family support
- Absence of a substance abuse treatment history
- Absence of an arrest history

Predictors of a longer duration of homelessness:

- Older age
- Arrest history

[*One-year incidence and predictors of homelessness among 300,000 U.S. Veterans seen in specialty mental health care \(Tsai, Hoff, Harpaz-Rotem, 2017\)*](#)

Summary

This study examines the 1-year incidence of homelessness among veterans seen in VA specialty mental health clinics and identified sociodemographic and clinical predictors of homelessness.

Methods

Using a retrospective cohort study design, data were extracted from the VA medical records of 306,351 veterans referred to anxiety and posttraumatic stress disorder clinics across 130 VA facilities from 2008-2012 and followed for 1 year after referral. Homeless incidence was defined as new use of any VA homeless services or a documented International Classification of Diseases (9th rev.) V60.0 (lack of housing) code during the year.

Results

Of the total sample, 5.6% (7.8% for women and 5.4% for men) experienced homelessness within 1 year after referral to VA specialty mental health care. Veterans who were unmarried or diagnosed with a drug use disorder were more than twice as likely to become homeless; those who were Black or had annual incomes less than \$25,000 were more than one and a half times as likely to become homeless.



[*Risk Factors for Homelessness: Evidence From a Population-Based Study*](#) (Shelton, Taylor, Bonner, van den Bree, 2009)

Summary

This study examined factors associated with lifetime experience of homelessness among young adults. It is important to understand the causes of homelessness because poorly informed service delivery for homeless populations may be ineffective or, worse, counterproductive

Methods

Data were collected from young adults through computer-assisted interviews six years after they had enrolled in the study as adolescents. Variables that have been associated with lifetime homelessness in at least one service sample were mapped to Add Health survey items. Data were analyzed by logistic regression.

Results

Several factors related to childhood experiences of poor family functioning, socioeconomic disadvantage, and separation from parents or caregivers were independently associated with ever being homeless. Other significant independent factors included current socioeconomic difficulty, mental health problems, and addiction problems. Indicators of involvement in crime and addiction problems with gambling and alcohol were not independently associated with homelessness.

[*Risk Factors Associated with Recurrent Homelessness After a First Homeless Episode*](#) (McQuiston, Gorroochurn, Hsu, Caton, 2014)


Summary

Alcohol and drug use are commonly associated with the experience of homelessness. In order to better understand this, this study explored the prevalence of drug and alcohol use as it related to successful re-housing within a sample of first-time single homeless adults at municipal shelters.

Methods

344 single homeless adults were interviewed upon shelter entry and followed each one every six months for 18 months using standardized social and mental health measures. Baseline assessments were analyzed relative to housing experiences during follow-up using Chi square and multinomial logistic regression.

Results

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- Recurrent homelessness was more common among those with a high school education and if initially re-housed with family.
 - Alcohol and drug use were associated with recurrent homelessness only if they were linked to other risk factors, such as arrest history and diagnosed antisocial personality disorder