

Homelessness in a National Sample of Incarcerated Veterans in State and Federal Prisons

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ABSTRACT

“The Veterans Health Administration (VHA) has been increasing efforts to reach out to assist incarcerated veterans. While previous studies have shown strong associations between incarceration and homelessness, few studies have examined distinctive characteristics of incarcerated homeless and non-homeless veterans. National administrative data on 30,348 incarcerated veterans served by the Health Care for Re-entry Veterans (HCRV) program were analyzed. Incarcerated veterans were classified into four groups based on their history of past homelessness: not homeless, transiently homeless, episodically homeless, and chronically homeless. Multinomial logistic regression was used to compare groups on sociodemographic characteristics, criminal justice status, clinical status, and their interest in using VHA services. Of the sample, 70% were classified as not homeless, 8% as transiently homeless, 11% as episodically homeless, and 11% as chronically homeless. Thus, 30% of the sample had a homeless history, which is five times the 6% rate of past homelessness among adult men in the general population. Compared to non-homeless incarcerated veterans, all three homeless groups reported significantly more mental health problems, more substance abuse, more times arrested in their lifetime, more likely to be incarcerated for a non-violent offense, and were more interested in receiving VHA services after release from prison. Together, these findings suggest re-entry programs, like HCRV, can address relevant mental health-related service needs, especially among formerly homeless veterans and veterans in need of services are receptive to the offer of assistance.”

RESEARCH HIGHLIGHTS

- In this study, 30,348 currently incarcerated veterans served by the Health Care for Re-entry Veterans (HCRV) were surveyed. The purpose of this study was to discover new insights on possible correlations between homeless experiences and incarceration among veterans. Researchers studied the differences between variations of homelessness in relation to incarcerated veterans' preferences for re-entry assistance, specifically veterans who have been chronically homeless, episodically homeless, or transiently homeless. 30.32% of incarcerated veterans in the sample had a history of homelessness. Of the sub-group of incarcerated veterans, 7.75% were transiently homeless, 11.29% were episodically homeless, and 11.28% were chronically homeless.
- Incarcerated veterans who were chronically homeless prior to incarceration tended to be older, Hispanic or Black, unmarried, Vietnam veterans, and without income. These veterans were also more likely to report having serious health problems, drug and alcohol abuse and dependency, and being under the influence of drugs or alcohol at the time of their incarcerating offense. Incarcerated veterans who have been chronically homeless also demonstrated the highest interest in utilizing VA services for mental and physical health, case management, and residential treatment options.
- Tsai, Rosenheck, Kaspro, and McGuire found that homelessness of any type was associated with an increased likelihood of being incarcerated. Homeless veterans were more likely to be incarcerated for drug related, property, or probation violation offenses than violent offenses. However, incarcerated veterans who had not experienced homelessness were more likely to be incarcerated for a violent offense.

IMPLICATIONS

FOR PRACTICE

This study shows that there is a strong association between homelessness and incarceration, particularly when veterans have a prior history of drug abuse or mental health issues. Thus, veterans who were recently released from a detention facility and have a history of drug abuse or mental illness should use these VA services to assist them with a successful re-entry into society. Findings of this study also indicate that access to VHA services for medical and mental health needs for previously incarcerated homeless veterans positively impacts their readiness to transition. Advocates working with incarcerated veterans should promote the HCRV program. Caseworkers and counselors of homeless veterans should address the cause(s) of their homelessness through educational programs for drug and alcohol abuse, financial management training, and promoting access to mental health services. After released, recently incarcerated veterans should utilize the VA Health Care for Re-entry Veterans (HCRV) program to equip them with the proper resources, skills, and health care needed to have a successful transition back into society.

FOR POLICY

Incarcerated veterans who served during the Vietnam and post-Vietnam era had a higher prevalence of homelessness than veterans who served Post 9/11. Using this finding, the VA might re-evaluate the success of programs aimed at helping Vietnam and post-Vietnam era aging incarcerated veterans and introduce additional programs to assist incarcerated veterans with securing housing post incarceration. Given that substance abuse and mental health issues are highly associated with criminal recidivism and homelessness, VA administrators might emphasize the importance of VA staff encouraging incarcerated veterans to utilize drug abuse treatment programs and mental health services. To help incarcerated veterans be successful after their release, the VA might allocate additional resources and staff to work with veterans while they are incarcerated. Incarcerated veterans expressed a desire for more accessible services from the VHA. The VHA might increase accessibility by ensuring the availability of residential treatment, social-vocational assistance, and case management services to incarcerated veterans. The VA might further explore the effectiveness of the HCRV (Health Care for Re-entry Veterans) program, evaluating how it successfully prepares incarcerated veterans for life after incarceration, and expand the program as needed.

FOR FUTURE RESEARCH

To maintain consistency across forthcoming studies of homeless veterans and incarceration trends, future researchers should adopt validated indicators for categorizing homelessness. Consistent categorization will help researchers better anticipate the types of services incarcerated veterans will need while transitioning. A limitation of this study was that psychiatric diagnosing is not standardized. In the future, researchers should use standardized psychiatric diagnosing mechanisms to ensure consistency across study locations. Additionally, future researchers should use comprehensive clinical diagnostic measures and valid indicators of prior homelessness for incarcerated veterans. Another limitation of this study was that veterans' histories of homelessness were self-reported which might have affected validity. Future researchers should minimize this limitation by collecting empirical data on homeless veterans' experiences. All of the participants in this study were participants of the HCRV program. Future studies should conduct a comprehensive assessment of all incarcerated veterans, including those who do not participate in the HCRV program. Scholars seeking to expand on this research should use a longitudinal study method to assess the long-term impact of access to HCRV services for veterans.

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