

#### Predicting Homelessness Among U.S. Army Soldiers No Longer on Active Duty



Katherine A. Koh, MD, MSc,<sup>1,2</sup> Ann Elizabeth Montgomery, PhD,<sup>3,4</sup> Robert W. O'Brien, PhD,<sup>5</sup> Chris J. Kennedy, PhD,<sup>6</sup> Alex Luedtke, PhD,<sup>7,8</sup> Nancy A. Sampson, BA,<sup>9</sup> Sarah M. Gildea, BS,<sup>9</sup> Irving Hwang, MPH,<sup>9</sup> Andrew J. King, MS,<sup>9</sup> Aldis H. Petriceks, BA,<sup>10</sup> Maria V. Petukhova, PhD,<sup>9</sup> Murray B. Stein, MD, MPH,<sup>11,12</sup> Robert J. Ursano, MD,<sup>13</sup> Ronald C. Kessler, PhD<sup>9</sup>

<sup>1</sup>Department of Psychiatry, Massachusetts General Hospital and Harvard Medical School, Boston, Massachusetts; <sup>2</sup>Boston Health Care for the Homeless Program, Boston, Massachusetts; <sup>3</sup>Department of Health Behavior, School of Public Health, The University of Alabama at Birmingham, Alabama; <sup>4</sup>VA Health Care System, Birmingham, U.S. Department of Veteran Affairs, Birmingham, Alabama; <sup>5</sup>VA Health Services Research and Development Service, Washington, District of Columbia; <sup>6</sup>Department of Biomedical Informatics, Harvard Medical School, Boston, Massachusetts; <sup>7</sup>Department of Statistics, University of Washington, Seattle, Washington; <sup>8</sup>Vaccine and Infectious Disease Divi- sion, Fred Hutchinson Cancer Research Center, Seattle, Washington; <sup>9</sup>Department of Health Care Policy, Harvard Medical School, Boston, Massachusetts; <sup>10</sup>Harvard Medical School, Boston, Massachusetts; <sup>11</sup>Department of Psychiatry, University of California San Diego, San Diego, California; and <sup>13</sup>Department of Psychiatry, Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences, Bethesda, Maryland

# INTRODUCTION

- The ability to **predict and prevent homelessness** has been an elusive goal.
- The purpose of this study was to develop a prediction model that identified U.S. Army soldiers at high risk of becoming homeless after transitioning to civilian life based on information available before the time of this transition.

# METHODS

- This prospective cohort study consisted of observations from 16,589 soldiers who were separated or deactivated from service and who had previously participated in 1 of 3 baseline surveys of the Army Study to Assess Risk and Resilience in Servicemembers (Army-STARRS) in 2011–2014.
- A machine learning model was developed to predict selfreported homelessness in 1 of 2 Longitudinal Study (LS) surveys administered in 2016–2018 and 2018–2019.
- Predictors included survey, administrative, and geospatial variables available before separation/deactivation.

#### 1.0 0.9 0.8 0.7 0.6

## RESULTS





Figure 1. Receiver operating characteristic curves in subsamples of the test sample.

- The **12-month prevalence of homelessness** was **2.9%** (SE=0.2%) in the total sample.
- The area under the receiver (AUC) operating characteristic curve in the test sample was 0.78 (SE=0.02) for homelessness. AUC measures model accuracy (e.g. AUC 0.5 is as good as random chance, 1.0 provides perfect accuracy).



**Figure 2**. Predictor importance based on kernel SHAP values in the test sample (n=4,977). LT = lifetime; LTT = lifetime trauma; MDE = major depressive episode; GAD = generalized anxiety disorder; UL = unit level; NCO = noncommissioned officer

- Self-reported lifetime histories of depression, trauma of having a loved one murdered, and post-traumatic stress disorder were the 3 strongest predictors of homelessness.
- The 4 highest ventiles (top 20%) of predicted risk included 61% of respondents who reported homelessness.

**Figure 3.** Sensitivity of the model predicting homelessness and persistent homelessness (≥3 months) in the test sample by ventiles of predicted risk.

### CONCLUSIONS

- Indicators of mental health emerged as the most important predictors, as well as certain lifetime traumas and childhood homelessness.
- A prediction model for homelessness can accurately target soldiers for preventive intervention before transition to civilian life.

## REFERENCES

1. Culhane DP, Metraux S, Byrne T. A prevention-centered approach to homelessness assistance: a paradigm shift? Hous Policy Debate. 2011;21(2):295–315

 Shinn M, Greer AL, Bainbridge J, Kwon J, Zuiderveen S. Efficient target- ing of homelessness prevention services for families. Am J Public Health. 2013;103
Tsai J, Rosenheck RA. Risk factors for homelessness among U.S. Vet- erans. Epidemiol Rev. 2015;37(1):177–195.

4. Tsai J, Pietrzak RH, Szymkowiak D. The problem of Veteran home-lessness: an update for the new decade. Am J Prev Med. 2021;60 (6):774–780.