

## Abstract

Prior research on utilization of health services has identified the significance of both treatment needs and preferences, but has not tested their relative importance nor the extent to which their role varies between different types of health services or in relation to available supports. In health care systems that offer services in response to consumer demand, supports to encourage demand, and seek to provide holistic health care, investigation of the relative role of need, preference, and support is critical. This study tests predictors of service use among dually diagnosed Veterans living in VA-funded supported housing after having been homeless and while participating in a 9-12 month two-city randomized trial of peer support. It distinguishes predictors of use of substance abuse services, mental health services, primary care services, and supported housing services as recorded in VA administrative data. Findings indicate that treatment preferences were a more consistent influence on service utilization than health care needs, that services for one health problem could be used in response to different health needs, and that level of social support shapes service usage. Use of housing services were most fully explained by the multivariate model. Conclusions highlight the importance of service system organization and interactions between use of services for mental health, substance abuse, physical illness, and housing.

## Service Use in Supported Housing: Veterans' Interests, Supports, or Needs?

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## VA Service Use, In-project (r)

Baseline	Subs	Psyc	Phys	Hsng
Alcohol last 30	.17*	.21**	.04	.16*
Drugs last 30	.01	.07	.05	.02
Psych last 30	.03	.21**	.18*	-.02
Dual Diagnosis	.21**	.22**	-.01	.11
Chronic	-.08	.06	.10	.02
CM Risk Rating	.20**	.07	.12	.21*
Alc Service Imp.	.27**	.25*	.24*	.10
DrugService Imp	.30**	.24*	.38***	.23*
Psych Serv. Imp	.18*	.08	.22**	.21*
Med.Service Imp	-.07	.13	.22*	.19*
Staff Help	-.06	.07	.15*	.08
N Supports	.03	.01	-.04	.06
Perceived Supp	.04	.10	.09	.19**
Site	-.08	-.25***	.06	.47**
Minority	-.09	-.27***	-.04	.17**
Female	-.09	.21**	.04	-.04
R <sup>2</sup>	.26	.32	.24	.54

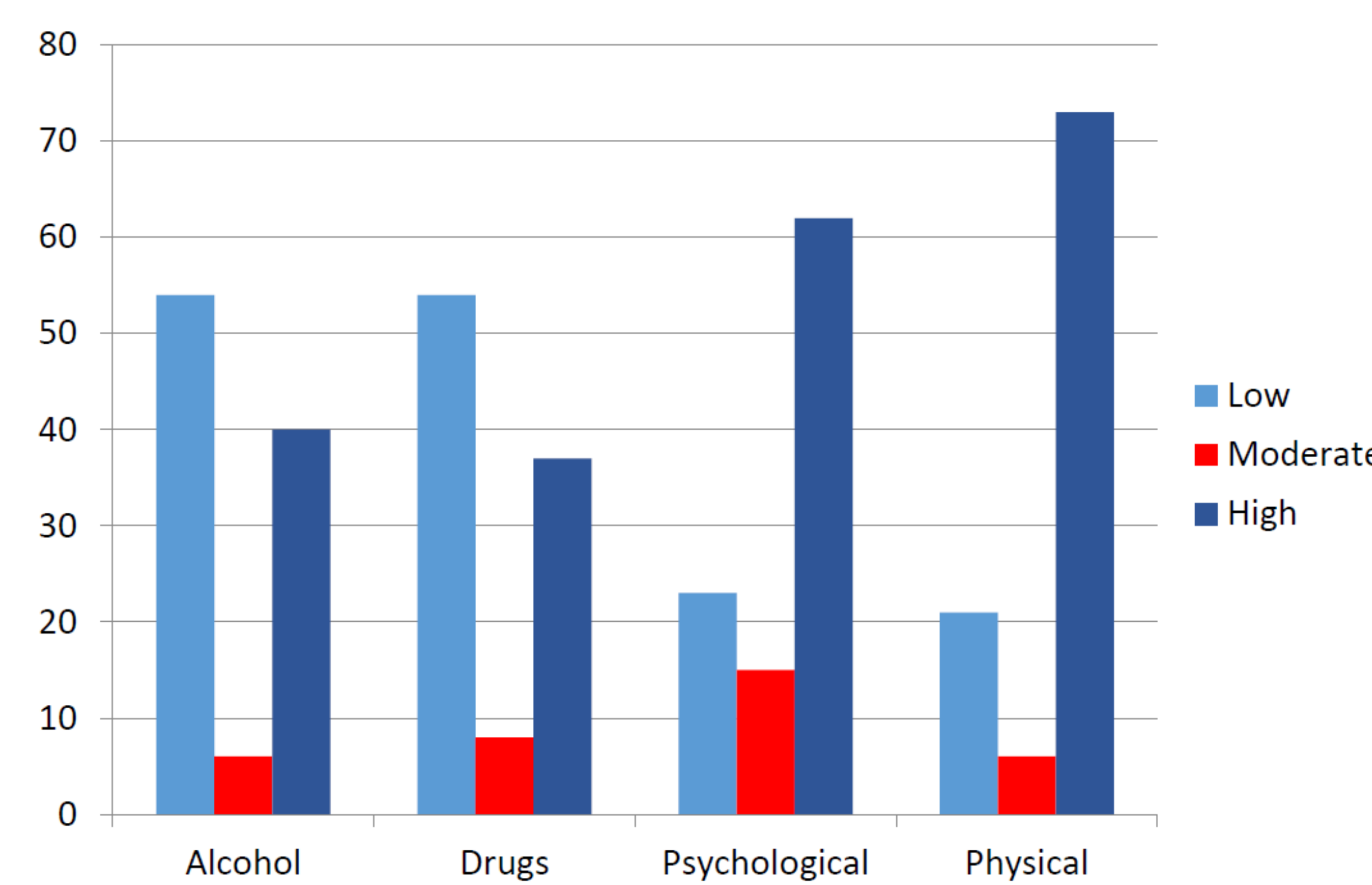
Legend	
Hypothesized	
Need	
Preference	
Social Support	
Controls	
Sig. Beta	.99
R <sup>2</sup>	.99

\*p<=.05;  
\*\*p<=.01;  
\*\*\*p<=.001.

## Research Questions

- Does the use of health services reflect health care needs and/or service preferences?
  - The Behavioral Model of Health Service Use: needs, enabling factors, predisposing factors (Andersen & Aday 1978; Andersen 1995).
  - Strong support for needs, but results vary with type of services.
  - Limited research indicates positive impact of preferences.
- Does service use vary in response to service supports?
  - Some indications of social support and peer specialists increasing service usage.
  - Less indication of effects of mental health services.
- Are predictors of service use consistent across different types of health services?
  - More service use if dual diagnosis.
  - Drug treatment retention increases with treatment motivation.

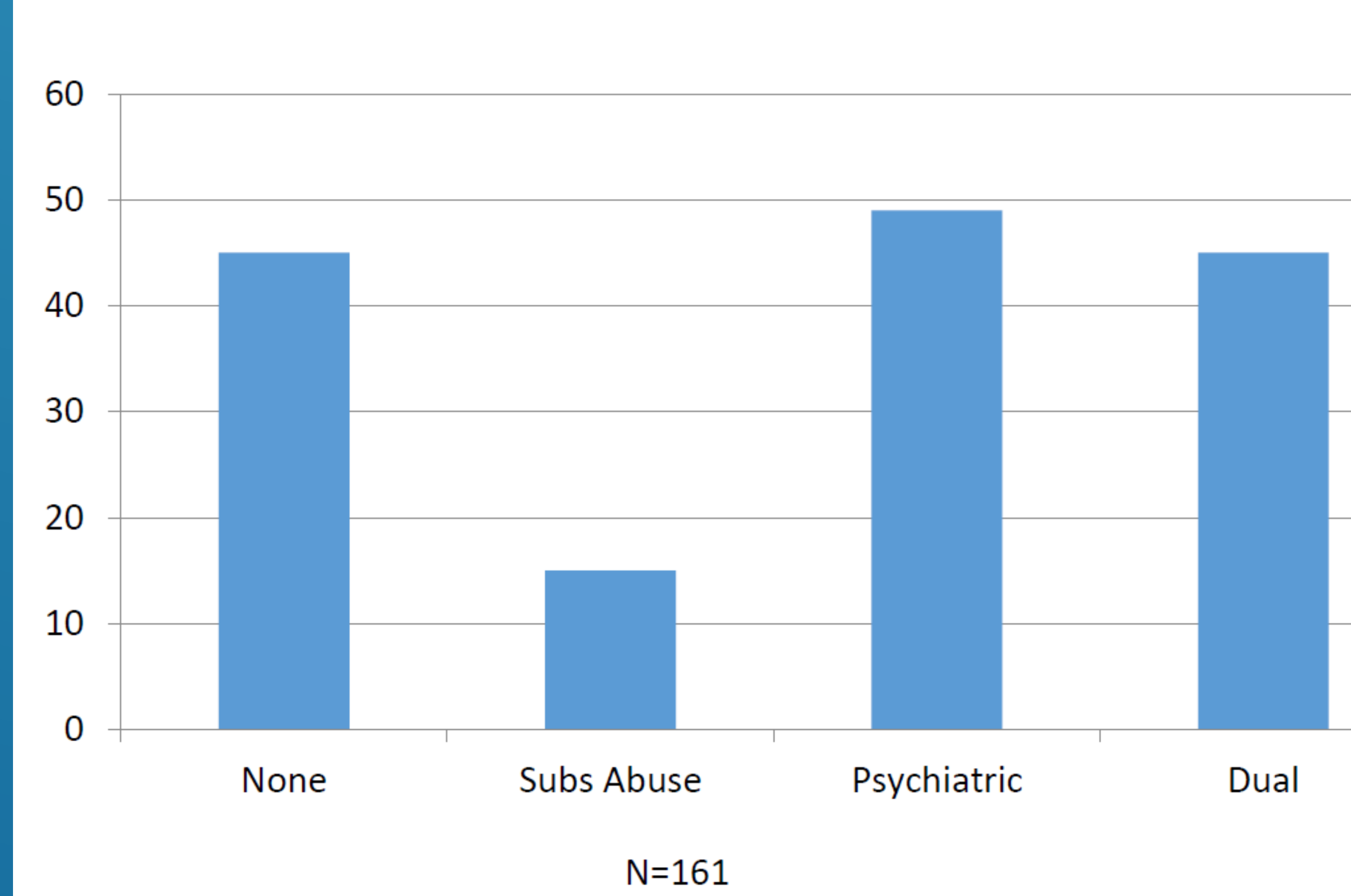
## Importance of Treatment For those reporting a problem.



## The VA AMPS Peer Support Trial

- Randomized trial, peer support @Bedford & Pittsburgh, 9-12 mos.
- Eligibility: Veterans dually diagnosed, formerly homeless, enrolled in HUD/VASH supported housing (Section 8) (case management provided)
- N (goal) =200. Contacted: 386. Consented: 43%
- Baseline N=167; T2, T3 N= 144.
- Interview measures: ASI (treatment importance, problem frequency in last month), social supports; CM rating of risk of housing loss.
- Service measures: VA VINCI database of all VA services used; 18,232 incidents classified by type.
- 40 weekly sessions in Veterans' homes or communities.
  - 20 structured sessions to use recovery-oriented exercises and worksheets adapted from the MISSION-Vet Consumer workbook.
  - 20 "unstructured" sessions intended to build rapport and respond to Veterans identified needs.

## ASI Category, last 30 days



## Regression Analysis of Change in VA Service Use, Post-Baseline

Predictor	Subs	Psych	Physical	Housing
Prior Services	.83***	.50***	.30**	.43***
AMPS Peer	-.13*	.40*	.23*	
CM Risk	.12*			.20**
PsychTrtImp	.18**			.18*
Staff Help				.17*
Social Support				.33***
Female		.34***		
Age				.18*
Time VA Use	.16*		.51***	
AMPS Time		-.30**	-.28*	-.19*
Peer*PsychImp		-.37*		
R <sup>2</sup>	.80	.53	.43	.68

## Conclusions

- Health service preferences and need positively correlated
- Alcohol & dual diagnosis, but not drug problems predicted service use
- Psych problems predicted psych and medical service use
- Preferences stronger service use predictor than need
- Effects varied with type of service; need not reliable predictor
- CM risk rating predicted use of substance abuse & housing services
- Seeking psych treatment & staff support predicted use of housing services
- Strong effect of social support on housing service use
- AMPS peers increased use of mental health and medical services, except that peers lessened mental health service use for those who initially rated mental health treatment as more important.
- Female veterans more likely to use mental health services

Measure	Mean/%	σ	N
Sex (Female)	8%		167
Education (1=8 <sup>th</sup> grade, 8=BA)	4.6	1.7	167
Race (Black)	46%		167
Age	53	9	167
Times Homeless (0=1, 4=>25)	2.1	1.2	163
N Sources of Support	3.1	.64	161
Perceived Support (4=none, 0=all week)	1.2	.83	167
Case Manager Risk Rating (1=lo, 5=hi)	2.5	.60	164
Substance Use Services (Pre)	5.2	10.4	166
Mental Health Services (Pre)	2.0	4.5	166
Medical Services (Pre)	1.5	1.7	166
HUD-VASH	2.9	4.5	166