A STUDY OF HOMELESS VETERANS IN SACRAMENTO COUNTY

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A STUDY OF HOMELESS VETERANS IN SACRAMENTO COUNTY

A Thesis

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Abstract

of

A STUDY OF HOMELESS VETERANS IN SACRAMENTO COUNTY

by

Christopher Anthony McKinney

This thesis addresses the problem that cities, counties and states are experiencing with a rising number of homeless veterans. Specifically, it analyzes the relationship between homeless veterans in Sacramento County, California, and long-term homelessness. The hypothesis is that when all other factors of homelessness are held constant, a veteran of the U.S. Military is more likely to experience long-term homelessness than a non-veteran.

The data used to determine this relationship is from the 2007 Sacramento County homeless survey. Multivariate logistic regression models analyzed this data in order to determine the relationship between long-term homelessness and different possible causal factors. The regression results indicated that there is no discernable relationship between veteran status and long-term homelessness, thus disproving the hypothesis of the thesis. The model also indicated that the drug abuse, alcohol abuse, former foster care/group home resident, and age variables are positive and statistically significant predictors of long-term homelessness. In addition, the demographic African-American variable reported as a statistically significant negative predictor of long-term homelessness.

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Robert W. Wassmer, Ph.D., Department Chair

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Date

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TABLE OF CONTENTS

Page

LIST OF TABLES

Page

Chapter 1

INTRODUCTION

For the past several decades, cities, counties and states have struggled with an increasing number of homeless veterans. A recent study from the National Coalition for the Homeless (2008) indicates that approximately 400,000 veterans nationwide experience homelessness each year. While many consider this number too high already, it will grow in the coming years. The U.S. Department of Veterans Affairs found that male veterans are 1.3 times more likely to become homeless than non-veteran males, female veterans are 3.6 time more likely to become homeless than non-veteran females, and that veterans are twice as likely to be homeless on a long-term basis (U.S. Department of Veterans Affairs, 2008). In addition to this, military personnel returning to the United States after serving in Iraq will experience homelessness both sooner and more frequently than previous veterans will. This is in part due to improved battlefield medical technology and treatment that has resulted in fewer combat causalities (Nevius, 2007). These soldiers, who are surviving and living with the emotional and physical trauma they experienced, are returning home to the United States to cope with their experiences. If they fail cope, they have a great potential of becoming homeless.

This thesis focuses on veteran status and its relationship to homelessness. The hypothesis is that when all other factors are held constant, a veteran of the U.S. Military is more likely to experience long-term homelessness than a non-veteran. While this will be the focus of the study, I will also discuss variables that potentially contribute to homelessness. Examples of these variables are persons formerly in foster-care, persons

of different ethnic backgrounds, alcohol abuse, drug abuse, and others characteristics that will be defined in later chapters. The purpose of this thesis is not simply to figure out whether or not veterans experience homelessness to a greater degree, but to be able to look into why this might be happening. Understanding characteristics associated with homeless veterans could provide the insight necessary to remove the barriers they encounter when seeking stable homes and stable lives. It is hopeful that the implications of this comparison, and discovery of the correlative relationship of the different variables, will lead to policy that addresses the real causes of homelessness.

The remainder of this chapter discusses the issue of homeless veterans, offers a historical explanation of homelessness in America, and introduces the topic of homeless veterans in Sacramento County, CA. I will discuss why the issue of homeless veterans is a problem for Sacramento County and look at the major legislative provisions passed by the government to combat homelessness. This information helps answer the following questions as the paper progresses: How has the issue of homelessness arisen become the problem that it has? How does the government currently address homelessness, and what is not working about this policy? Is there any accountability for political parties involved? This material creates a base for understanding the severity of the problem that the United States and Sacramento County face with homeless veterans.

Homeless Veterans

The United States has taken the global lead in providing assistance for veterans. These benefits can be traced back to 1636, when pilgrims of the Plymouth Colony passed a law that gave support to soldiers that suffered a disability while at war with the Pequot

Indians protecting the colony (U.S. Department of Veterans Affairs, 2008). As the same time, England was creating veterans' homes for sailors living as transients after many years at sea (Leda, 1996). While there were previous efforts to honor veterans prior to this, the 16th century appears to mark a time when the necessity for caring for those veterans became apparent.

More than one hundred years later, the Continental Congress of 1776 tried to encourage enlistment during the Revolutionary War by providing pensions for soldiers who were disabled. In addition to these pensions, they offered medical care for all veterans who suffered injury while in battle. Over the next century, this benefit expanded to include treatment for all medical conditions, and not just war related injuries (U.S. Department of Veterans Affairs, 2008). During the 19th century, veterans saw their benefits extended to include widows and their dependents (U.S. Department of Veterans Affairs, 2008). In 1930, congress authorized the president to "consolidate and coordinate Government activities affecting war veterans" by creating the Veterans Administration (U.S. Department of Veterans Affairs, 2008). This establishment has grown to include more than 170 medical centers, 350 outpatient, community, and outreach clinics, 126 nursing home care units, and 35 domiciliaries (U.S. Department of Veterans Affairs, 2008). While the government has made great progress in taking care of its veterans, there have been instances where this was not the case.

In 1932, just two years after creating the VA, approximately 15,000 veterans descended on Washington D.C. These individuals, many of whom were desolate and unemployed, called themselves the Bonus Expeditionary Force, or the Bonus Army. The

former soldiers were demanding the money that a congress agreed in 1924 to give them for their service during World War I (with the provision that it would be allocated in 1945) (Eyewitness to History, 2000). The money, which amounted to $1.25 for each day served overseas and $1.00 for each day served in the United States during the war, was badly needed by these individuals in middle of the depression. When the Senate voted not to give veterans the money and the crowd refused to leave, the federal government advanced with soldiers, tear gas and bayonets. The pitiful scene ended with the Bonus Army's camp in flames, several causalities (including two babies), and shame for the government who ordered the advance (Eyewitness to History, 2000). While the government was taking care of veterans and creating the VA with one hand, it was also neglecting the needs of many with the other.

While homeless veterans have existed for many years, the large number of them emerging in the 1980's was not easy for many to comprehend. This contradicted what the public believed about military service, which is that socialization and teamwork build the tools necessary to be successful in the work place. The job training programs and post-military college benefits, preferential treatment when applying for civil service jobs, and the fact that they aim to recruit physically and mentally fit individuals, would all appear to work against the notion that veterans have a greater likelihood of becoming homeless (Robertson, 1987). In fact, veterans consistently have higher median incomes and lower rates of poverty and unemployment and achieve better education levels than non-veterans (Leda, 2007). This did not stop the large number of veterans appearing on the streets.

The large increase in homeless veterans was at first attributed to combat related post-traumatic stress disorder (PTSD) experienced during Vietnam. While a survey done in the 1980's indicated approximately half of the homeless military veterans served during Vietnam seemed to support this theory, it did not tell the entire story (Leda, 2007). Studies since then indicate that there is no correlation between homeless status and involvement in military conflicts (Leda, 2007). While veterans are 1.4 times more likely to be homeless than non-veterans, this does not change depending on the persons' involvement in military conflicts. In fact, people who served during the years of 1972-1980 and saw little or no combat are four times more likely than their non-veteran peers to experience homelessness (Leda, 2007). It appears from these results that there are other factors at play.

The increase in the likelihood that the individuals serving between the years 1972-1980 experience homelessness is associated with the end of the military draft and the negative public opinion about United States military in the early 1970's. This led to the armed forces taking almost anyone who applied for service by sheer necessity (Leda, 2007). Many of these individuals would have been rejected from military service in prior years and ended up homeless, regardless of their veteran status. While this is true for veterans of this group, veterans who served during World War II are actually less likely (0.9 times) to experience homelessness when compared with their non-veteran peers (Leda, 2007). It is therefore not only important to look at whether or not a person is homeless, it is also important to find out when that person served. Perhaps understanding

more about the time in which homeless veterans have served in the past will indicate why they are homeless in the present.

When looking to help homeless veterans, it is important to understand that they are only a subgroup of the larger problem of homelessness. To understand the full picture, it is equally important to learn about the problem of homelessness in the United States.

Homelessness in America

Homelessness has always existed. It goes hand-in-hand with the "have-not" category of the economic social ladder. Throughout the years, names like hoboes, bums, tramps, urban nomads and more have identified homeless individuals. These names both identify and discriminate. The terms vagrancy and vagrant have universally implied that these individuals are not only without homes, but also prone to criminal activity (Crannell, 2007).

The issue of homelessness became a social issue in England when there was a transition to a capitalist economy from a feudal economy. In 1601, the government began passing a form of social security measures known later as the "Poor Laws." While these laws did help individuals who were incapacitated and unable to help themselves, it also criminalized vagrancy for able-bodied individuals who were able but refused to work (Crannell, 2007).

Since the mid-eighteenth century, people have opined that the number of homeless individuals correlates with changes in economic conditions; increasing with economic downturns and then declining during more prosperous times (Hoch, 1987). In

the United States, the issue of vagrancy became a problem in the years following the Civil War. During this period, many people utilized the railroad system to travel away from poor agricultural areas in search of work. What sprang from this were large homeless camps near railroad stations in the early 20th century. These camps were dangerous, and in the years between 1901 and 1904, there were an estimated 24,000 "trespassers" killed with an equal number severely injured (Crannell, 2007).

The homeless population ballooned in the Great Depression. The large dustbowl experienced in the Midwest uprooted entire cultures and created a new class of homeless migrant worker. People began to flood urban areas looking for any kind of work. It was during this time that the national government began to accept responsibility for the concept of a social welfare program. In fact, the passage of the Social Security Act of 1935 was the first time that the federal government addressed social "welfare" at a national level in the United States. Prior to that, states administered some poorhouse/ workhouse programs, but nothing of an organized nature had been administered (with the exception of a limited number of programs for disabled veterans, subjugated Indians, and victims of national disasters) (Crannell, 2007). The combination of the Safety Net created by the Social Security Act of 1935 and the economic boom created by the United States' involvement in World War II stymied the ballooning homeless problem, but it did not eradicate the issue.

Events in the last couple of decades have compounded the homeless issue and resulted in nearly three and a half million people experiencing homelessness in the United States annually, a third of which are children (National Coalition for the

Homeless, 2008). In the early 1980's, President Ronald Reagan followed through with campaign promises to reduce both the size of federal government as well as federal involvement in local assistance programs. He made cuts to several local assistance programs which cut Section 8 Housing (subsidized housing for low income families) funding in half and closed the doors on many mental health institutions across the country (Dreir, 2004). These cuts, combined with the negative economic effects of the 1981-1982 recession and the high cost of housing associated with the double-digit inflation that the country experienced in the 1970's, forced many people to the streets (Burt & Cohen, 1989). Indeed, the term "Homeless" and "Homelessness" came into prominence during this time, as the government once again attempted to address the issue (Burt & Cohen, 1989).

The federal government, realizing that there was a growing problem with homelessness, created two major federal assistance plans in order to mitigate the impact of the economic woes and the severe cuts that they had implemented. The first was the Temporary Emergency Food Assistance Program (TEFAP) passed in 1981. This piece of legislation focused primarily on providing nutritional support to qualifying families (Burt & Cohen, 1989). TEFAP provided surplus commodities like butter, rice, flour, honey, cheese and cornmeal to needy families. These items are primarily directed for home use, however, and a study of recipients after the implementation of this program showed that less than one percent were homeless (Burt & Cohen, 1989). A lesson learned from this legislative effort was that homeless individuals need nutritional assistance in the form of soup kitchens, where the food is prepared on site.

The second federal assistance policy was the Emergency Food and Shelter Program (EFSP) of 1983. This program subsidized housing and provided additional nutritional assistance funding for needy families (Burt & Cohen, 1989). The EFSP was a direct response to the 1981-1982 recession and supplied 318 million meals and eight million nights of shelter in the five years following its implementation (Burt & Cohen, 1989). When this program first implemented, 70 percent of funding was for the purchase of food and 30 percent for subsidized housing. Within three years, these funding ratios had shifted to see over half of the resources going towards subsidized housing. The extreme need for shelter was becoming more and more apparent.

TEFAP and the EFSP were steps in the right direction and parts of the bills became part of the more expansive, and still utilized, Stewart B. McKinney Homeless Assistance Act of 1987. While there have been modifications and expansions to this act, it remains the single most important federal legislative effort to address homelessness. Because of the import that this Act has played and continues to play on addressing the issue of homelessness, a description of it follows.

Stewart B. McKinney Homeless Assistance Act of 1987

The McKinney Act consists of six subchapters. The first section includes the "findings" section of the Act and states that the "Nation faces an immediate and unprecedented crisis due to the lack of shelter for a growing number of individuals and families, including elderly persons, handicapped persons, families with children, Native Americans, and veterans" (Cornell University Law School, 2008). The bill

acknowledges that the federal government has both the responsibility and capacity to play a more important part in filling the basic needs of homeless persons.

This section also states that the bill has three purposes. The first is to establish the United States Interagency Council on Homelessness. The second is to use public resources and programs in a more coordinated manner in order to meet the homeless needs of the nation. The third is to provide funding for homeless assistance programs, especially those designed to help elderly, Native Americans, veterans, handicapped, and families with children (Cornell University Law School, 2008). The act mandates action from multiple agencies such as the Federal Emergency Management Agency (FEMA) and the Interagency Council, and it has provided billions of dollars nationwide since its implementation (Dreier, 2004). In addition to the stated purposes, the McKinney Act defines homelessness as:

> **(1)** an individual who lacks a fixed, regular, and adequate nighttime residence; and
> **(2)** an individual who has a primary nighttime residence that is—
>
> **(A)** a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
> **(B)** an institution that provides a temporary residence for individuals intended to be institutionalized; or
> **(C)** a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. (Cornell University Law School, 2008).

The information provided in the first chapter plays an important role in understanding the role that the federal government indicated it plays in helping the homeless.

The second subchapter of the McKinney Act establishes the Interagency Council on Homelessness and details the requirements for its membership, function, powers,

transfer of functions, authorization of appropriation, termination and the ever-important encouragement of state involvement. By creating this council, the federal government was not just indicating that it *should* do something; it was demanding action and results by creating an oversight committee.

The third subchapter creates the Emergency Food and Shelter Program National Board; a committee consisting of a director and one member for each of the following organizations

(1) The United Way of America.
(2) The Salvation Army.
(3) The National Council of Churches of Christ in the U.S.A.
(4) Catholic Charities U.S.A.
(5) The Council of Jewish Federations, Inc.
(6) The American Red Cross.

The inclusion of the volunteer and non-profit groups in federal efforts to address the homeless issue is a tribute to the effort that these groups have played in fighting homelessness. This council has the authority to allocate nearly $200 million in federal funding each year (Cornell University Law School, 2008). They are, however, subject to annual independent audits, and must submit an annual report to congress that reports on the state of homelessness.

The fourth subchapter is the housing assistance section and defines a comprehensive homeless assistance plan. This section also statutes an emergency shelter grant program, supportive housing program, rural homeless housing assistance. This section authorizes the Secretary of HUD to allocate nearly a half billion dollars annually to states in order to address the shelter costs associated with caring for the homeless (Cornell University Law School, 2008).

The fifth subchapter authorizes the measured use of unutilized and underutilized public property and surplus goods in order to care for the homeless. The final subchapter outlines an education program for homeless adults and homeless children. Included in this is job training for the homeless and family support centers to offer supportive services necessary for individuals to utilize the above mentioned services (Cornell University Law School, 2008). While the goals of the first five sections are to address the immediate need associated with homelessness, this final section seeks to help individuals achieve self-sufficiency by teaching them how to provide for themselves.

The McKinney Act, now the McKinney-Vento Act, created several funding streams for supportive housing services and emergency shelters. In the late 1990's however, the funding sources and application for the funding was consolidated to streamline the process. This resulted in the "Continuum of Care" model of homeless programs administered by the United States Housing and Urban Development (HUD) (Sacramento County, 2008). Many different metropolitan areas still rely heavily on this funding source as they attempt to combat the issue of homelessness. Sacramento County, as discussed in the following section, receives approximately $13 million each year in federal funds to provide homeless services through the Continuum of Care funding stream (Sacramento County, 2008). Some of these funds are augmented by County General Funds, City General Funds, redevelopment funds, and to a lesser degree, funds from other nearby cities within county lines (Sacramento County, 2008).

As this thesis will focus on Sacramento County, the following section will provide information about what the county has done to address the homeless problem. It

will also offer an explanation as to why the issue of homelessness is particularly bad for the region.

Homelessness in Sacramento County

Sacramento County is naturally susceptible to having a homeless problem. Sacramento experiences seasons that are rather mild when compared with regions that experience freezing temperatures, extreme heat, tornados, earthquakes, hurricanes and other natural disasters. As this is the case, people who are already experiencing homelessness to varying degrees would be more likely to seek out Sacramento County to avoid having to battle the elements. In addition to this, Sacramento County has an extremely high cost of living. A study by the Missouri Economic Research and Information Center of the first quarter in 2008 took into consideration groceries, housing, utilities, transportation, health care and miscellaneous goods and ranked California the second most expensive state to live in, behind only Hawaii (Missouri Department of Economic Development, 2008). Many public assistance programs however are not region specific, and those struggling in California are going to have a difficult time finding shelter in more expensive areas where there assistance check does not go as far. This means that low-income individuals would be more likely to experience homelessness in Sacramento County compared with a location that had lower cost of living. The combination of these two factors creates an environment that would lead to an increased number of homeless individuals, and this also means that Sacramento County would have an increased number of homeless veterans.

With the issue of homelessness gaining prominence during the 1980's, it is difficult to find information specific to Sacramento County during and prior to this period. The reports and studies reviewed for this thesis appeared to deal with homelessness only on a national level. It was not until the late 1990's that the appearance of reports focusing on California began to circulate. Most of these reports did not offer much history on the subject in Sacramento County itself, but rather focused on homelessness itself and the relationship that it has with contributing factors (high cost of housing, etc.). In addition to the absence of historical data for this period, the absence of reliable numerical data is also notable. Most of the numeric homeless estimates appearing during this period vary greatly in methodology and definition (Quigley, J.M., Raphael, S. & Smolensky, E., 1999). While it is not possible to learn much about the exact severity of the problem in Sacramento County itself, what is generally agreed is that the incidence of homelessness increased during the 1980's and has not yet declined (Quigley, J.M. et al., 1999).

While information about the specifics is lacking, Sacramento County has been working to address the homeless problem over the past decade. In the late 1990's and early part of the 2000's, Sacramento employed a Continuum of Care method of addressing homelessness. As designed by HUD, this plan was:

> A community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximum self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness (Sacramento County, 2008).

Sacramento County used this method for several years. While certain parts of the plan were indeed successful, there were several restrictions associated with it that left people

with severe alcohol and drug abuse conditions without services. There were sobriety demands, community demands and hygiene demands that were necessary for a person to receive the benefits under this plan. Persons who did not comply with these requirements would no longer receive aid. The result was that the individuals who needed the assistance the most, the individuals who had severe emotional and personal issues and had been homeless for years, did not receive the assistance they required.

When designing a plan to replace the Continuum of Care model, Sacramento County considered the following categorical definition of homelessness provided by HUD:

> *Temporary Homelessness*– A person identified as being temporarily homeless is one that spends brief periods in the system as does not return. These people consist of 80 percent of the homeless population and consume roughly 32 percent of the resources.
>
> *Episodic Homelessness*– Persons identified as episodically homeless move in and out of the homeless system on a somewhat regular basis. This group consists to roughly 10 percent of the homeless population and consumes roughly 18 percent of its resources.
>
> *Chronic Homelessness* – People who fall into this category are identified as an unaccompanied individual with a disabling condition who has been homeless for a year or more or who has at least four episodes of homelessness in three years. This group consists of 10 percent of the population and consumes about half of its resources.

Sacramento County chose to focus on the chronically homeless population, and in November of 2005, they proposed a ten-year plan to end chronic homelessness in its borders. Their vision was that "Sacramento County will have permanent housing and access to resources or support services necessary to prevent the cycle of chronic homelessness" (Sacramento County, 2008).

Looking at the plan that Sacramento County adopted will offer insight into what they deem to be important. As such, the Ten-Year plan breaks down briefly into the following sections:

Housing First

The housing first aspect of the plan seeks permanent community-based housing for homeless persons with disabilities complete with supportive services. These supportive services are social work case management, medical benefits (including psychological analysis and counseling), and drug/alcohol treatment. The plan would see the county acquire this housing through both leasing and development. Leasing units would solve the immediate need for units, but caseworkers and medical providers would have to travel to multiple sites to provide treatment. By providing comprehensive management and living quarters, the county will be able to lessen the number of homeless peoples on the street while at the same time reducing the amount of money spent on medical care issues and other social costs involved with vagrancy (Sacramento County, 2008). The housing first approach believes that housing is the single most important step towards curing homelessness. If these individuals receive a key to a home, then they can focus on curing the conditions that led to their homelessness.

Outreach and Central Intake

The goal of this strategy is "to create an effective culturally competent, and user friendly process aimed at moving chronically homeless people from the streets or shelters into permanent supportive housing" (Sacramento, 2008). An effort here would help the hard-to-reach, chronically homeless individuals that would not otherwise seek the help of

the county and would end up in costly emergency rooms and jails. A couple of the essential elements of the plan include; 1) referrals from the community and other homeless individuals; 2) mobile assessment that can take place on the streets; 3) screening for immediate and/or life threatening needs; 4) documentation about the individual, so that more information about the group is available for study (Sacramento, 2008).

Prevention

Sacramento County makes a push to prevent individuals and families from becoming homeless in the first place. This would be done through discharge planning: that is, to implement a "zero tolerance policy for discharge into homelessness by local institutions" (Sacramento County, 2008). Hospitals, jails and youth authority facilities would no longer be able to discharge people without them having a place to go. This "zero tolerance" policy would keep people off the street and direct them to the proper agencies. There would be a focus on teens and veterans, something important to note because estimates from Sacramento County indicate that approximately 25 percent of the chronic homeless individuals in the county are veterans (Sacramento County, 2008).

Leadership

With influential people involved in trying to remedy chronic homelessness, it would be easier to spread light on the two biggest obstacles homelessness battles: funding and education. This proposed aspect of the ten-year plan would see an integrated mix of politicians, businesspersons, non-profit organizations, philanthropies and faith and civic-

minded groups. Its demand is that people are committed not just to reducing the issue of chronic homelessness, but ending it (Sacramento County, 2008).

Evaluation and Reporting

Since the exactness of the homelessness problem is impossible to estimate, the final aspect of the ten-year plan will be to focus on obtaining accurate information. The information compiled from Sacramento County's studies will contribute to the national Homeless Management Information System (HMIS) database. This data can then be used to "evaluate program effectiveness, guide future planning, inform funding decisions, and report to the community on progress in ending homelessness" (Sacramento County, 2008). With the right information, Sacramento County will be better able to find a solution to the homeless problem.

Thesis Format

The literature review contained in Chapter 2 exploring both studies and reports specific to homeless veterans will be discussed in order to see what others have said about the topic. As this thesis will utilize regression analysis to look at the different characteristics of homelessness, Chapter 3 will include a description of the regression method and explain how to interpret the results of the analysis. This section will also introduce my dependent variables and discuss the type regression equation utilized in this paper. In Chapter 4, the regression analysis results are interpreted, as is the overall fit of the regression model. Chapter 5 will offer concluding remarks in which I will compare the results of the regression findings with the results explored in the literature review section. The conclusion contains policy suggestions for Sacramento County on how to

combat homelessness among veterans. It is my hope that these suggestions may in turn lead to fewer homeless veterans, which is the overall purpose of this thesis.

Chapter 2

LITERATURE REVIEW

It is difficult to find a consensus when trying to explain the causes of homelessness. There are so many different factors at play that the results of homeless studies are often varied and controversial. When looking into the issue of homeless veterans, many of the studies do not seek to explain why veterans are more susceptible to homelessness but rather focus on fixing the problem. Since many of these studies simply accept the fact that veterans are more likely to be homeless, they do not offer the analysis of characteristics that could explain why this is true. This type of analysis could leave out critical information that would help explain the issue. This literature review therefore will include a detailed analysis of the relationship between homelessness and the multiple factors identified through previous research. This will allow for the potential discovery of spurious factors; meaning that it might not be veteran status that leads to a higher likelihood of homelessness, but rather the alcohol and drug abuse also associated with this population.

The first part of this chapter will discuss the causes of homelessness. The second part will analyze what researchers are saying about the issue of homelessness in general. The third and final section will conclude with a detailed analysis and comparison of homeless veterans to homeless non-veterans. Many of the studies discussed will utilize regression analysis, which is a type of study that measures the influence of one variable on another variable while holding all other variables constant. This type of analysis will

be extremely helpful in analyzing homelessness because of the multiple variables at play. A detailed explanation of regression analysis is included in later chapters.

Causes of Homelessness

In an article published in Contemporary Sociology, Wright (2000) wrote that the various ways society conceptualizes the problem of homelessness determines how it addresses the problem. Homelessness, according to Wright, is broken down into individual proximate causes and social-structural proximate causes.

Individual Proximate Cause

The individual proximate causes are those defined by a personal limitation such as a mental illness, substance abuse problem and or inability to maintain relationships (Wright, 2000). This idea of personal causation goes back many decades. In 1936, researchers Sutherland and Locke opined that a lack of human capital (e.g. education and job skills) was a major cause of homelessness. Since this time, poor education and employment history have been successful indicators of long-term homelessness (Calsyn & Roades, 1994).

According to Wright (2000), the "conservative" part of society views the homeless either as lazy individuals who make the choice to live on the street, or as "crazy" individuals who need police action to contain their movements. This view maintains that homelessness is a "deviant" subculture, with its own set of beliefs, attitudes, behavior patterns and institutions (Hopper, 2003). This "traditional" view of homelessness is similar to the social perspective of the homeless in the 1930's Depression Era.

On the converse, the "liberal" perspective views homelessness as a treatable condition rather than as a personal or moral failing. People in society who hold this perspective believe that with help and guidance, it is possible to get homeless individuals back on their feet. When discussing homeless veterans, it seems only right to utilize this compassionate view in light of the service they provided for their country. In addition to this reason, information from the VA indicates that at least one-third of homeless veterans have a serious mental illness and over half have substance abuse issues (US General Accounting Office, 1999). While some veterans have the ability to function without assistance, many would be completely helpless without it.

The traditionalists believe that we need punitive solutions to shape undesirable behaviors as a way of curing homelessness. This type of treatment is costly to the state however, as it calls for the jailing of these homeless individuals; something that might not be feasible with prisons in California that are operating past capacity. Liberals lobby for compassionate solutions to address a situation that is not the individual's fault. This type of treatment is also expensive however, because to do it successfully takes comprehensive wrap around psychological and medical treatment (US General Accounting Office, 1999). The fundamental differences between the liberal and conservative views lead to the creation of different types of public policies to address the situation. What they do agree on however, is that the reasons for homelessness stem from the individual. This is an important distinction to make because it contrasts another perspective that Wright introduces, which is that homelessness is actually the result of a societal failure.

Social-Structural Cause

The Social Structural Cause is the belief that "homelessness is the result of a wide variety of complex social system dislocations that render large numbers of people at risk of losing their shelter" (Wright, 2000). This point-of-view argues that decisions made by both the government and the market economy result in a situation in which some people are simply not able to succeed. The poverty associated with homelessness is "not the result of indolence or mischief, but a symptom of structural deficiencies in a capitalist economy, abetted by the neglect of the state" (Hopper, 2003). In other words, homelessness happens to certain people and there is very little they can personally do about it. For veterans, it means that they have fallen victim to the very institution that they fought to protect, something that would again seem to call for compassion when dealing with these individuals. The three social-structural causes most often discussed as a contributing factors of homelessness are structural changes in housing availability, mental health policy, welfare provisions and the economy (Lee, Jones & Lewis, 1990).

This information is important to consider when analyzing homelessness. If a locality does not have enough low-income housing units, and this leads to homelessness, then it is appropriate to create more low-income housing units as other factors of homeless are irrelevant. However, if personal choices are at the root of the issue, then cities and counties do not have to waste time building more low income housing because it will not solve the problem. What is likely is that homelessness is a result of both individual situation and a lack of affordable housing (among other things), and these should be considered during the creation of policy.

What Veterans Say

When trying to figure out if being a veteran increases the likelihood of homelessness, one approach would simply be to ask homeless veterans. This is exactly what researchers Mares and Rosenheck did in their 2004 regression study, during which they asked 631 veterans if they felt that being a veteran increased their chances of being homeless. They targeted veterans who were currently homeless, expressed some interest in seeking competitive employment, were not currently receiving VA health services, and agreed to quarterly follow-up interviews over the next two years.

The dependent variable for their study was the perceived increased risk of homelessness associated with their military service. To code this in a way that would allow for measurement, they first had to begin by asking veterans the following question: "Do you think military service increased your risk of becoming homeless after leaving the military?" (Mares & Rosenheck, 2004). Mares and Rosenheck then created a binary dependent variable for the regression equation, with answers indicating "very much," "somewhat," "yes," etc. equaling one and "no" answers equaling zero.

The independent variables (the potential causal factors) used in the study were the time to first homeless episode after leaving military service, age, gender, ethnicity, and income during the past month. Additional characteristics were levels of involvement in the criminal justice system, childhood problems and social support levels (with social support measured by the number of persons who would help the veterans with a loan or transport in an emotional crisis). Independent variables of a clinical nature included mental health diagnosis (based on the diagnoses of the VA homeless outreach clinician),

severity of psychiatric/substance abuse problems (calculated by taking self-reported answers and applying the Addiction Severity Index) and finally the overall level of physical and mental health (Mares & Rosenheck, 2004).

Of the recipients queried, 31 percent reported that they believed that their prior military service increased their likelihood of becoming homeless. Of this group, 75 percent attributed their perceived susceptibility to homelessness to a substance abuse problem that began during their military years, 68 percent to the lack of preparation for civilian employment and 60 percent to a loss of structured military lifestyle. Another 43 percent attributed the increase to a weakened social connection with friends and family, 42 percent to health problems that started while in military service, and 29 percent to having their education interrupted for military service (Mares & Rosenheck, 2004).

Mares and Rosenheck then used logistic regression to identify independent variables associated with the overall perception that military service increased the risk of becoming homeless after discharge from the military. Multiple regression analysis identified characteristics that were associated with the period between leaving the military the first homeless episode. What they found was that the independent variables determined to have a level of significance greater than 95 percent and positively influencing homelessness were age, mental handicaps, childhood problems, health problems and drug and alcohol abuse. No other variables were determined to be significant.

Overall, Mares and Rosenheck opine that due to the large number of veterans who do not believe homelessness is a result of veteran status, there is no direct causal

relationship between veteran status and homelessness. To reinforce this finding, they note that the average number of years from military discharge to the first spell of homelessness (an average of 14 years) suggests no proximate causal relationship. In addition, fewer than 8 percent of individuals report becoming homeless less than a year after leaving the military and less than 25 percent within five years of leaving the military. In the concluding remarks, they note that one of the strongest predictors of homelessness was negative childhood experiences. People who have problems during childhood *and* enter the military cannot have their homelessness directly attributed to their veteran status.

A perceived problem with the study was that beta scores were not provided with the variables. This made the weight of the variables impossible to assess. Also absent from the study was the overall fit of the regression analysis. Thus, it was impossible to determine the accuracy of the findings. While the report did include useful information regarding the veterans' perceptions of their own condition, it would have been more credible if the results were conveyed in a way that allowed readers the ability to interpret them separately.

Homeless Veterans

In an effort to explain the rising number of homeless veterans, Rosenheck and Koegel (1993) examined three data sets from the mid 1980's so that they might compare homeless veterans to homeless non-veterans. These authors offer a comparison of the two groups that analyzes the characteristic differences such as personal resources, health and mental problems, age, race, educational attainment, marital status, recent work

history and criminal justice involvement. In order to make sure that these characteristics were unique to the homeless populations, they compared national data comparing domiciled veterans and non-veterans in the general population.

The data that was analyzed came from the Urban Institute's 1987 national survey of homeless in cities with a population over 100,000 (N= 1,148 men) and two separate single-city surveys that were conducted in 1986 in Los Angeles (N = 308 men) and Chicago (N = 535 men) (Rosenheck & Koegel, 1993). These studies are ideal because they contained questions about veteran status while also asking questions about health and psychiatric well-being. To analyze the data, Rosenheck and Koegel (1993) utilized a chi-square test, which is a statistical hypothesis test frequently used in social science. The Chi-Square test is based on a null hypothesis, which is the assumption that two observed populations have no relationship, and compares expected-outcome frequencies with observed frequencies in order to find the distribution of variables if the two are unrelated (Babbie, 2007). Because of the great variances in age and race between the veteran and non-veteran homeless groups, variables that had significant differences were examined further using multivariate analysis in which age and race were controlled (Rosenheck & Koegel, 1993). Table 2.1 reflects their findings.

Table 2.1: Rosenheck & Koegel Findings

	Chicago			Urban Institute			Los Angeles		
Character-istic	Vets	Non-Vets	Percent Difference	Vets	Non-Vets	Percent Difference	Vets	Non-Vets	Percent Difference
Age									
Under 35	27.2	44.3	-17.1***	30.6	70.1	-39.5***	35.5	49.2	-13.7***
35 to 44	24.0	27.3	-3.3	22.1	36.7	-14.6	23.1	26.2	-3.1
Over 44	48.4	28.4	20.0	47.4	23.3	24.1	41.3	21.4	19.9
Race									
White	42.5	24.7	17.8**	62.4	38.7	23.7***	43.0	24.6	18.4**
Black	50.4	64.0	-13.6	28.6	47.1	-18.5	38.8	47.6	-8.8
Hispanic	2.9	5.7	-2.8	5.0	13.3	8.3	9.1	16.6	-7.5
Other	4.2	5.7	-1.5	4.0	0.9	3.1	9.1	11.2	-2.1
Educat-ion.									
Less than H.S	32.5	55.0	-22.5***	42.3	54.0	-11.7***	24.6	38.8	-14.2*
H.S.	38.6	27.1	11.5	28.0	32.7	-4.7	43.4	37.8	5.6
More than H.S.	28.9	17.9	11.0	29.7	13.3	16.4	32.0	23.4	8.6
Marital Status									
Married	8.1	4.4	3.7*	14.4	4.4	10.0***	0.8	3.7	-2.9***
Widowed	5.2	3.3	2.0	9.7	2.3	7.4	7.4	3.7	3.7
Separated or Divorced	36.7	29.6	7.1	34.7	25.3	9.4	47.5	23.9	23.6
Never Married	49.6	62.8	-13.2	41.3	68.0	-26.7	44.3	68.6	-24.3
Hospitali zation									
Subs-stance Abuse	-	-	-	48.3	29.1	19.2***	-	-	-
Detox-ification	-	-	-	44.5	14.6	29.9***			

* p < .05
** p < .01
*** p < .001

Source: (Rosenheck & Koegel, 1993)

What they found was that compared with homeless non-veterans, homeless veterans are more likely to be older, better educated, more likely to be or have been married, and more likely to be white (Rosenheck & Koegel, 1993). Homeless veterans were not in any better or worse overall health than homeless non-veterans. However this data was self reported on a scale ranging from poor to excellent and is subject to inaccurate reporting. Hospitalization for drug and alcohol problems is also more prevalent in this group. It is possible, however, that this might not be indicative of a higher degree of abuse than experienced by homeless non-veterans, but rather by veterans having better access to medical treatment through VA services and/or better knowledge about how to use system benefits from their military experience ((Rosenheck & Koegel, 1993).

The data of Rosenheck and Koegel (1993) is interesting because while it indicates that homeless veterans are more likely to be married and have better educational attainment, these advantages do not appear to protect them from homelessness. Why might this be? Rosenheck and Koegel (1993) believe that it is possible that the educational attainment levels represent the completion of high school equivalency tests during military service, something that may have less value in the job market. The marriages that appear in greater frequency may have experienced a great deal of stress due to changes of residence and general active duty worry, and as such, might not truly reflect a substantial degree of social support (Rosenheck & Koegel, 1993). It is also possible that other experiences, such as the disruption of natural support networks, also play a part in increased homelessness (Rosenheck & Koegel, 1993). While the answer is

not vetted out in its entirety in this study, the authors provide sound information and bring up good questions that will lead to a better understanding of the homeless issue.

What Others Have Said

Quigley, Raphael and Smolensky (1998) used regression analysis in a study titled "Homeless in America, Homeless in California" in which they focus on homelessness caused by the changing circumstances in the housing market and by income distribution. While the authors do not differentiate between veterans and non-veterans, they note that it is appropriate to focus on the housing affordability issue rather than the broad social factors such as changes in institutionalization of the mentally ill and increased drug use during the times that homelessness became a growing problem. "The onset of the crack epidemic (that many blame for an increase in homelessness) is often dated to the mid-1980's, nearly five years after noticeable increases in homelessness" (Quigley, Raphael & Smolensky, 1998). They argue that the decline in the numbers of mentally ill on the street is offset by the increases in the numbers of mentally ill confined in other institutional settings (prisons, etc.).

The results of their findings suggest that tighter housing markets are positively associated with higher levels of homelessness. Their findings show that the rental vacancy rate has a negative and statistically significant effect on homelessness, and measures of housing such as median rent levels and rent-to-income ratios have a positive and significant effect on homelessness (Quigley, Raphael & Smolensky, 1998). Such quantitative analysis indicates that relatively small changes in housing market conditions can have substantial effects of homeless rates.

This is not to say, however, that governmental housing subsidies are the answer. In 1998, Early took up the issue to add to the relatively little research that had been done to date on the topic. Before constructing his regressions analysis to determine the relationship between the subsidized housing and homelessness variables, he noted that prior research had been not only sparse but ill prepared. The previous studies used dependent variables that were of questionable reliability, and the correlation between the error term and the rate of homelessness and other variables biased the results (Early, 1998).

Among other things, Early found that expanding the current subsidized housing programs would not have much effect on homelessness. "Many variables commonly thought to be important determinants of homelessness, such as real monthly income, depression, race, gender, and temperature, not only had coefficients with the expected signs but were also statistically significant (at the 10 percent level)" (Early, 1998). He then notes that the housing market variables, such as the relative price of housing, the lowest level of housing available, and vacancy rates, had coefficients that were not significantly different from zero (Early, 1998). His findings indicate that an increase of 100 subsidized housing units would reduce the number of homeless persons by less than five (Early, 1998). The data that he presents therefore suggests that it is important to analyze homelessness at the individual level in order to figure out what drives it. This is important to remember in the next section, which analyzes the individual characteristics of homeless veterans.

Difficulties in Homeless Studies

Studying homelessness is a difficult task. In a report for Sacramento County, Barbara Aved, Ph.D. conducted a point-in-time study in which she opined that there were approximately 11,100 homeless people within county lines (Sacramento County, 2008). The official county homeless estimate, however, is between 2,145 and 11,100 homeless persons at any given point in time (Sacramento County, 2008). This large variance is a good indicator of exactly how difficult it is to study this group. In addition, certain homeless individuals might not want any contact with the government. The study of the homeless could possibly exclude these individuals and therefore alter the results of the study.

Trying to study the characteristics of homelessness also has its difficulties. Because of the living situation of the individuals, it is necessary to collect survey information through face-to-face interviews. These interviews can suffer from respondents not reporting accurate information because of the personal embarrassment that would have otherwise been collected in telephone or mail surveys. It is also possible for the interviewer to bias the survey in unfair ways during a face-to-face interview. When probing for more information after asking a question, the interviewer *must* be completely neutral or otherwise risk leading the respondent towards an answer they would not have normally provided (Babbie, 2007). Finally, follow up interviews are also more difficult to obtain because of the nomadic nature of the respondents.

All of this makes accountability difficult to assign when discussing homelessness. How does government know if a policy is working to reduce the number of homeless

when it is so difficult to determine how many homeless individuals there are? Sacramento County is moving in the right direction, however, by conducting an annual homeless count and survey.

The remainder of this paper analyzes this information to try to determine the correlation between homelessness and veteran status. The next chapter will introduce and explain how to read and interpret regression analysis. This will include definitions of the dependent variables as well as the multiple independent variables used in the regression equation. The remaining two chapters interpret the regression equation and offer a conclusion in which there is a recommendation to Sacramento County about how to handle the homeless veteran problem.

Chapter 3

METHODOLOGY

The literature reviewed in the previous chapter discussed some of the different characteristics associated with the homeless veteran population. There were specific attributes noted, such as education, race and marital status, but homelessness is a condition that is subject to a seemingly endless number of variables. How is it possible, then, to test the hypothesis of this thesis, that veterans of the U.S. Military are more likely to experience long-term homelessness than non-veterans? In order to do this, I use regression analysis to hold all other characteristics thought to cause homelessness constant, so that a determination of the influence of veteran status on severe cases of homelessness can be made.

This chapter will discuss the methodology used for testing the hypothesis about homeless veterans. It with begin with an explanation about how to read and interpret regression analysis and provide an example to put it into easy-to-read terms. The next section will discuss the data used in the equation. Following this will be an explanation of the dependent variable used for the regression equation and the identification of the rest of the explanatory variables. I will end by defining the broad causal categories and their specific causal factors and offer a prediction about their anticipated effects.

Regression Analysis

Regression analysis will test the hypothesis because of its ability to explain movements in one variable (the dependent variable) through movements in other variables (independent or explanatory variables) (Studenmund, 2001). Thus, the

quantification of a single equation will allow for insight about the statistical significance of the relationship between variables. While the definition is easy enough to write, it would be best to provide a real-world example of regression analysis to explain why this tool will assist in testing the hypothesis.

As an example, consider the following. The owner of a lot that sells used cars is attempting to find a better way to price vehicles. To do this, he writes down the type of car, total miles the car has been driven, year the car was manufactured, color, number of doors, design of the vehicle (car, truck, etc.), and general condition of the car. He then records all sales for a three-month period. What is the relationship between the number of doors and total selling price? Moreover, is it possible to hypothesize that the number of doors on the car is a positive predictor of the total selling price of the vehicle? Is it possible to do this for the other variables? Regression analysis is a statistical measurement tool that will determine the relationship between the variables, as well as the magnitude of its influence.

Continuing with the above example, assume that the owner decides to analyze the information he gathered utilizing regression analysis. He assembles in a spreadsheet all of the variables mentioned above, the total sale price, and then uses multivariate regression analysis (a type of regression analysis with more than one possible explanatory variable) to help him price his cars. What the model would tell him, in addition to the level of influence from the variables, is the level of statistical significance, or confidence, between the estimated relationship and true relationship between the variables. Thus, if a variable greatly influences the total sale price (the dependent variable) but the statistical

significance is small, it is possible to remove the variable from the equation to make the overall fit of the model better. Variables that fall under this category must be footnoted however, as simply deleting the variable without doing so would bias the study.

This thesis uses multivariate regression analysis to test its hypothesis. The computer program utilized to estimate the effects of the explanatory variables on the dependent variable, as well as the statistical significance of the relationship between the variables, is Statistical Package Social Sciences (SPSS). The multivariate regression model utilized in this thesis consists of two dependent variables and 18 explanatory variables with the interpretation of it occurring in Chapter 4. The remainder of this chapter will discuss these variables and identify the broad causal factors that could be influential to the dependent variable.

Dependent Variables

The regression equation for this thesis has two dependent variables. The first dependent variable is the condition of chronic homelessness. This category is one of three where HUD places homeless persons. Chronic homelessness describes people who are alone, have a "disabling condition," and have either been homeless for a year or more, or have experienced four episodes of homelessness in the past three years. Chronic Homelessness is the dependent variable because of the hypothesis that veterans are more likely to experience homelessness in the long term. In other words, homeless veterans are more likely than homeless non-veterans to be chronically homeless. The name of this dependent variable in the model and in the regression equations is "chronic

homelessness" and is a dichotomous variable; assigned a value of one if a person is chronically homeless and a zero if not.

It is not easy, however, to identify individuals as chronically homeless. It is fairly easy to determine if a person satisfies the "time spent homeless" criteria and the "alone" criteria based on their responses, but determining if a person has a "disabling condition" makes the issue much more complex. HUD attempts to provide clarity by defining a disabling condition as a diagnosable, serious mental illness, developmental disability, chronic physical illness, substance use disorder, or disability including the co-occurrence of two or more of these conditions. Despite the effort for clarity, the resources needed to make the diagnosis are not widely available. Therefore, due to feasibility issues, this aspect of the definition is limited.

To avoid this confusion with this study, indication of any physical or mental handicap, as well as any reported indication of drug or alcohol abuse will fulfill the "disabling condition" criteria. The policy solution that arises from this study will hopefully be designed to help the homeless regardless of the "condition" they are in, but it must be made clear that this definition considers long term homelessness to be chronic homelessness in order to align Sacramento County with the Federal Government. Defining the group in this way will make working on a policy fix collaboratively with the federal and state governments much more fluid.

Because of the difficulty with identifying the disabled component of chronic homelessness, the second dependent variable will consist of only the time component of HUD's definition of chronic homelessness. This variable will consist of individuals who

have been homeless for the past twelve months or have been homeless four separate times in the past three years. Unfortunately, it is not possible to use a dependent variable that is continuous because the questions asked respondents did not prompt these types of answers (something that is understandable as the overall goal of the survey was to identify whether or not the individuals were chronically homeless). As such, this dependent variable is "long term homelessness" and is a dichotomous variable that equals one if the individual meets these conditions and zero if they do not. Including this second variable will allow for the inclusion of the drug abuse and alcohol abuse criteria in the regression equation, variables that have been otherwise necessary to exclude because of their inclusion in the coding of the chronic homeless dependent variable.

Population

The data gathered for the regression study came from a survey that the Sacramento County Department of Human Assistance conducted in February of 2007. This survey was conducted by both Sacramento County employees and volunteers that the County employed for the project (some of whom were homeless themselves). These surveyors approached homeless individuals at several different food lockers, Loaves and Fishes, Salvation Army and the Union Gospel Mission, all of which are located in Sacramento County. All respondents acknowledged being homeless, were willing to participate in the survey, and received a pair of socks and a granola bar as "payment" for participating.

At the food lockers, surveyors approached individuals who "looked homeless" to take the survey (meaning they had backpacks, shopping carts, haggard hands, etc.).

Booths were set up at the Loaves and Fishes and Salvation Army locations. Volunteers announced that people who participated in the survey would receive a granola bar and a pair of socks, which drew the respondents to the survey. Surveyors at the Union Gospel Mission obtained permission from the management to approach every occupant without discrimination to participate in the survey. All respondents who identified themselves as homeless and indicated their interest in participating in the survey have their answers included in the results. Sacramento County removed nineteen surveys from the final number (439) as they were deemed "too incomplete" to assist the study.

The information provided does have the normal issues associated with a survey (i.e. reliability on truthfulness of the respondents, etc.), but both the questions and the way in which they were presented were seen by the administrators who oversaw the project to prompt honest answers.

Broad Causal Model

The model utilized that explores the correlation between chronic homelessness and veteran status is as follows:

Chronic Homelessness or Long-Term Homelessness = *f* [Individual Demographics, Family/Social Inputs, Previous Experiences, Race/Ethnicity]

where:

Chronic Homelessness = *f* [Fulfilling HUD's Criteria of Chronic Homelessness]

Long-Term Homelessness = *f* [Fulfilling HUD's Time Spent Homeless Criteria of Chronic Homelessness]

Individual Demographics = *f* [Age, Male]

Family/Social Inputs = *f* [Prior Foster Care Recipient, Prior Physical Abuse]

Previous Experiences = *f* [Spent Time in Jail, Spent Time in Prison, Kids under Eighteen, Veteran Status, Alcohol Abuse*, Drug Abuse*, With Partner*]

Race/Ethnicity = *f* [African American, American Indian/Alaskan Native, Asian, Caucasian, Hawaiian, Hispanic/Latino/Mexican, Pacific Islander]

** The "Alcohol Abuse," "Drug Abuse" and "With Partner" independent variables are not included from the regression equation that has Chronic Homelessness as the dependent variable because of their inclusion in the coding of the variable.*

All of the above variables, including the dependent variable, are dichotomous variables (they have values of zero and one) with the one exception of the age variable, which is continuous. The four broad causal factors identified above will help test the hypothesis. These individual proximate variables will not take into consideration the outside influences that might be at play. These explanatory variables are included in many other homeless studies, including ones mentioned in the literature reviewed in Chapter 2. The education variable which is included in many other homeless studies is absent from the broad causal model because this question was not included in the homeless survey.

Respondents do not have control over the variables in the *individual demographics* category. Both the age and male variables will be positive indicators to the dependent variables because older males are more susceptible to homelessness. The *family and social inputs* category contain both positive and negative indicators of homelessness. The physical abuse variable indicates that the respondent has been the

victim of physical violence at home either as a child from a guardian or as an adult from a spouse/partner. Victims of abuse likely develop fewer relationships, and this would in turn make their social circle smaller. These individuals are more prone to alcohol and drug abuse, conditions that are believed to be positive indicators of homelessness. The former foster care/group home variable could be influential either way. Former recipients could be less likely to experience homelessness, as they are more familiar with government assistance programs. These individuals are also likely have less family support, however, something that would positively predict more severe cases of homelessness.

Previous experiences is an extremely important category because, among other things, the veteran variable is included in this group. This category contains both positive and negative predictors of more severe cases of homelessness. As can be guessed from the hypothesis of this thesis, veteran status will be a positive predictor of homelessness for the many reasons mentioned in the literature review section. The time spent in jail/prison is also expected to be a positive indicator of homelessness as it represents the same kind of serious problems that lead to long-term homelessness. Individuals who are parents of children under eighteen would be less likely to be homeless because they would qualify for more social welfare and would be more likely to receive assistance from family and friends "for the kids' sake."

Alcohol and drug abuse will be an extremely heavy predictor of severe cases of homelessness. Due to the lack of functionality associated with alcoholics and drug addicts, these people would not be able to maintain employment or relationships long

enough to build self-sufficiency. Drugs and alcohol are also extremely expensive addictions, and this would leave respondents with less money to pay for housing. The final variable, with partner, will negatively predict more severe types of homelessness. In general, individuals with a social safety net (i.e. family) would likely have more resources, both monetary and emotional, that would help them avoid long-term homelessness.

The final category of *race/ethnicity* will predict more severe cases of homelessness in both directions. The larger families (larger social network) associated with Hispanic/Latino/Mexican respondents would likely lead this variable to predict less severe cases homelessness: however, the poverty associated with this group could be considered a positive predictor. The overall small populations of American Indians/Native Alaskans, and subsequent smaller family bases, would more likely cause respondents in this category to experience more severe cases of homelessness.

It is assumed that Caucasian respondents would be less likely to experience severe cases of homelessness because there are fewer obstacles in their way to finding employment (i.e. employers would be less likely to discriminate against them because of their race). On the other hand, African American respondents would be more likely to experience severe cases of homelessness because of employer discrimination and higher likelihood of poverty associated with this group. The Asian variable will negatively predict homelessness because of the studies indicating better overall student/school performance associated with this group. They would therefore likely be better educated

and more employable. The influence of the Pacific Islander and Hawaiian variables is unknown.

Data

Prior to the interpretation of the regression results below, I offer tables providing the details of the different variables. These tables will denote the different variables, the descriptions of the variables along with the source from which they were provided and finally their descriptive statistics.

The following chart summarizes the conversation about the variables that occurred above. Included in this will be a brief description of the independent variables as well as the expected impact these variables will have on the dependent variables. For this chart, a "+" sign indicates that the variable will have a positive predictor effect on the dependent variable, a "-" sign indicates a negative predictor effect, a "+/-" sign is a mixed non-zero effect (meaning that the variable could predict either way), and "?"indicates an unknown effect.

Table 3.1: Expected Impact for Individual Variables

Variable	Expected Impact	Description
Individual Demographics		
Age	+	This variable indicates more obstacles to maintaining gainful employment as it becomes more difficult to stay mentally and physically fit with age.
Male	+	The expected effect is positive because men are more likely to be alone and therefore would have less support from family.
Prior Foster Care/ Group Home Recipient	+/-	There will be an impact to the dependent variable, but it is unknown. The respondents' experience with the foster care/ group home system could have given them skills that would help them navigate the welfare assistance program, which would result in a negative predictor. The lack of a family safety net could result in this variable being a positive predictor.
Prior Physical Abuse	+	The expected effect is positive because of the psychological and physical disabilities associated with this type of trauma.
Spent Time in Jail	+	The expected effect is positive because formerly jailed homeless persons are frequent violators of the public intoxication laws, thereby fulfilling HUD's disabled condition.
Spent Time in Prison	+	The expected effect is positive because the more institution time people experience, the less likely they are able to function outside of that institution. These people are also more likely to be chronic drug/alcohol abusers thereby fulfilling HUD's disabled condition.
Kids Under Eighteen	-	The expected effect is negative because individuals with children under eighteen would be more likely to be receiving public assistance and family support.

Table 3.1: Expected Impact for Individual Variables (continued)

Variable	Expected Impact	Description
Veteran Status	+	The expected effect is positive because of the psychological and physical disability associated with combat experience. Veterans also have their social lives interrupted, which could result in the loss of family support.
Alcohol Abuse	+	The expected effect is positive because the high cost and functionality issues associated with alcohol abuse.
Drug Abuse	+	The expected effect is positive because the high cost and functionality issues associated with drug abuse.
With Partner	-	The expected effect is negative because these individuals will have a greater social network on which they can rely.
African American	+	Indicates a lower socioeconomic status and more barriers to obtaining gainful employment (racial discrimination), which positively influences the dependent variable.
American Indian/ Alaskan Native	+	This variable indicates a smaller family/social network base, something that will positively influence the dependent variable.
Asian	-	Indicates better educational attainment and therefore negatively influences the dependent variable.
Caucasian	-	Indicates higher socioeconomic status and fewer barriers to obtaining employment (no racial discrimination) and therefore negatively influences the dependent variable.
Hawaiian	?	The impact of this variable is unknown.
Hispanic/Latino/ Mexican	+/-	Indicates a larger family base which results in it negatively influencing the dependent variable: however, the lower socioeconomic status could result in negative predictability.
Pacific Islander	?	The impact of this variable is unknown.

Table 3.2 provides the source and definition of the variables along with an abbreviated variable name, and Table 3.3 offers descriptive statistics for each variable.

Table 3.2: Variable Label, Description and Source

Variable Name	Description	Source
Dependent Variable		
Chronic	Dummy variable – 1 if person meets HUD's definition of chronic homelessness; 0 if not	Sacramento County February 2007 Homeless Survey
Time	Dummy variable – 1 if person has been homeless for either the past 12 months consecutively or 4 times in the last 3 years; 0 if not	Sacramento County February 2007 Homeless Survey
Independent Variables: Individual Demographics		
Age	Age of person as of February 2007	Sacramento County February 2007 Homeless Survey
Male	Dummy variable – 1 if male; 0 if not	Sacramento County February 2007 Homeless Survey
Independent Variables: Previous Experiences		
Jail	Dummy variable – 1 if ever spent time in jail; 0 if not	Sacramento County February 2007 Homeless Survey
Prison	Dummy variable – 1 if ever spent time in prison; 0 if not	Sacramento County February 2007 Homeless Survey
Kids	Dummy variable – 1 if parent to children under eighteen; 0 if not	Sacramento County February 2007 Homeless Survey
Veteran	Dummy variable – 1 if military veteran; 0 if not	Sacramento County February 2007 Homeless Survey
With Partner	Dummy variable – 1 if with wife/husband/partner; 0 if not	Sacramento County February 2007 Homeless Survey
Alcohol	Dummy variable – 1 if ever abused alcohol; 0 if not	Sacramento County February 2007 Homeless Survey
Drug	Dummy variable – 1 if ever abused drugs; 0 if not	Sacramento County February 2007 Homeless Survey

Table 3.2: Variable Label, Description and Source (continued)

Variable Name	Description	Source
Independent Variables: Family/Social Inputs		
Foster Care	Dummy variable – 1 if ever in foster care; 0 if not	Sacramento County February 2007 Homeless Survey
Prior Abuse	Dummy variable – 1 if ever experienced physical abuse; 0 if not	Sacramento County February 2007 Homeless Survey
Independent Variables: Race/Ethnicity		
African American	Dummy variable – 1 if African American; 0 if not	Sacramento County February 2007 Homeless Survey
American Indian/Alaskan	Dummy variable – 1 if American Indian/Alaskan Native; 0 if not	Sacramento County February 2007 Homeless Survey
Asian	Dummy variable – 1 if Asian; 0 if not	Sacramento County February 2007 Homeless Survey
Caucasian	Dummy variable – 1 if Caucasian; 0 if not	Sacramento County February 2007 Homeless Survey
Hawaiian	Dummy variable – 1 if Hawaiian; 0 if not	Sacramento County February 2007 Homeless Survey
Hispanic	Dummy variable – 1 if Hispanic/Latino/Mexican; 0 if not	Sacramento County February 2007 Homeless Survey
Pacific	Dummy variable – 1 if Pacific Islander; 0 if not	Sacramento County February 2007 Homeless Survey

Table 3.3: Descriptive Statistics

Variable Label	N	Minimum	Maximum	Mean	Std. Deviation
Dependant Variable					
Chronic	416	.00	1.00	.2764	.44778
Time	433	.00	1.00	.6097	.48838
Individual Demographics					
Age	436	18	80	44.27	10.477
Male	437	0	1	.7300	.44600
Previous Experiences					
Jail	437	0	1	.8800	.32400
Prison	436	0	1	.3100	.46500
Kids	423	0	1	.2861	.45245
Veteran	437	0	1	.2100	.40700
With Partner	439	0	1	.1822	.38648
Alcohol	439	0	1	.4806	.50019
Drug	435	0	1	.5126	.50042
Family/Social Inputs					
Foster Care	435	0	1	.3257	.46410
Prior Abuse	439	0	1	.3257	.46919
Race/Ethnicity					
African American	434	0	1	.2650	.44183
American Indian/ Alaskan	434	0	1	.1382	.34556
Asian	434	0	1	.0069	.08295
Caucasian	434	0	1	.4677	.49953
Hispanic	434	0	1	.0783	.26902
Pacific	434	0	1	.0046	.06781

Table 3.4 provides a correlation matrix between the independent variables. This is important because it helps prevent instances of Multicollinearity, which occurs when either an explanatory variable is a perfect or near perfect linear function of another explanatory variable, something discussed further in the next chapter. If an instance of Multicollinearity occurs between two variables, it is necessary to remove one of the variables to prevent distorting the regression findings.

Table 3.4: Correlation Matrix

Vari-able	Age	Male	Jail	Prison	Kids	Vet-eran	With Part-ner	Alco-hol	Drug
Age	1 436								
Male	.092 .055 434	1 437							
Jail	.095 .001 434	.228 .000 435	1 437						
Prison	.109 .024 433	.245 .000 434	.249 .000 436	1 436					
Kids	-.232 .000 420	-.101 .038 421	.011 .829 421	.005 .911 421	1 423				
Vet-eran	.230 .000 434	.250 .042 435	.033 .496 435	.091 .057 434	-.149 .002 421	1 437			
With Part-ner	-.179 .000 436	-.220 .000 437	-.064 .184 437	-.129 .007 436	.054 .269 423	-.024 .614 437	1 439		
Alco-hol	.014 .776 436	.105 .028 437	.196 .000 437	.023 .632 436	-.010 .843 423	-.051 .287 437	-.064 .178 439	1 439	
Drug	-.074 .126 432	.065 .180 433	.164 .001 433	.139 .004 432	-.020 .688 419	-.016 .734 433	-.018 .710 435	-.233 .000 435	1 435

Table 3.4: Correlation Matrix (continued)

Variable	Age	Male	Jail	Prison	Kids	Veteran	With Partner	Alcohol	Drug
Foster Care	-.201 .000 432	-.036 .456 433	.045 .345 435	.033 .496 434	.051 .294 419	-.066 .172 433	.017 .728 435	.000 .995 435	.069 .151 431
Prior Abuse	.000 .997 436	-.333 .000 437	.000 .996 437	-.091 .058 436	.049 .313 423	-.055 .251 437	-.064 .183 439	.071 .139 439	.130 .007 435
A. American	.065 .181 431	.014 .780 432	.057 .236 434	.134 .005 433	.015 .755 418	-.012 .798 432	.011 .823 434	.072 .134 434	-.046 .346 430
A. Indian/ Alaskan	.014 .765 431	-.041 .390 432	.105 .029 434	.002 .963 433	-.069 .158 418	-.008 .864 432	.085 .077 434	.003 .946 434	.017 .718 430
Asian	-.011 .817 431	.051 .291 432	.030 .527 434	.003 .940 433	.008 .867 418	.026 .594 432	-.040 .410 434	-.024 .613 434	.030 .536 430
Caucasian	.023 .637 431	.021 .669 432	-.088 .067 434	-.094 .050 433	-.023 .642 418	.047 .328 432	-.053 .274 434	-.077 .111 434	-.045 .351 430
Hawaiian	-.015 .758 431	.029 .543 432	.018 .716 434	-.033 .499 433	-.031 .524 418	-.025 .609 432	-.023 .635 434	-.046 .338 434	.047 .329 430
Hispanic	-.083 .086 431	.001 .980 432	.080 .096 434	.013 .794 433	.114 .020 418	.023 .635 432	.038 .426 434	.012 .802 434	.124 .010 430
Pacific	-.014 .765 431	.042 .389 432	.025 .606 434	.027 .571 433	.032 .512 418	-.035 .468 432	-.032 .502 434	.071 .140 434	-.002 .974 430

Table 3.4: Correlation Matrix (continued)

Vari-able	Foster Care	Prior Abuse	A. Amer-ican	A Indian/ Alas-kan	Asian	Cauc-asian	Hawai-ian	His-panic	Pacific
Foster Care	1 435								
Prior Abuse	.077 .109 435	1 439							
A. Ameri-can	-.110 .023 432	-.049 .312 434	1 434						
A. Indian/ Alaskan	.064 .188 432	.078 .102 434	-.240 .000 434	1 434					
Asian	-.056 .245 432	-.058 .229 434	-.050 .298 434	-.033 .487 434	1 434				
Cauc-asian	.064 .187 432	-.059 .222 434	-.563 .000 434	-.375 .000 434	-.078 .104 434	1 434			
Hawai-ian	-.032 .503 432	-.033 .488 434	-.029 .549 434	-.019 .689 434	-.004 .934 434	-.045 .349 434	1 434		
His-panic	-.047 .326 432	.091 .059 434	-.175 .000 434	-.117 .015 434	-.024 .613 434	-.273 .000 434	-.014 .771 434	1 434	
Pacific	.028 .562 432	.025 .597 434	-.041 .396 434	-.027 .571 343	-.006 .906 434	-.064 .185 434	-.003 .946 434	-.020 .680 434	1 434

Chapter 4

Regression Analysis

The previous chapter introduced the variables and broad causal model for the regression equation that will test the hypothesis of this thesis. This chapter will discuss the results of the actual regression analysis. Prior to interpreting this data, a short description will explain how to read and interpret these results. This will include an explanation of the fit of the model, the regression coefficients, and the confidence levels for the variables. A brief summary will then take place in which different types of functional forms will occur followed by discussion about the potential errors that can occur with these types of multivariate regression analyses. This chapter will conclude with discussion about what attempts were made to address these errors.

Evaluating Regression Results

Regression analysis is an extremely valuable policy tool because of its ability to show the relationships between two variables. Indeed, the results of regression studies might influence how policy makers support different policies. Because this data can be so influential, the interpretation of these results must be as accurate as possible. Analyzing these results properly takes a solid understanding of the many components of the regression equation.

Overall Fit of the Estimated Model

Analyzing the overall fit of an estimated model is helpful for a number of reasons. "The overall fit of an estimated model is useful not only for evaluating the quality of the regression, but also for comparing models that have different data sets, functional forms,

or combination of independent variables" (Studenmund, 2001). In addition to this, a good fit will explain variations in the dependent variable with a higher level of accuracy.

The coefficient of determination, or R^2, is the simplest and most commonly used measure to test the fit of the regression equation. The values of R^2 range between zero and one, with one indicating a perfect fit of the sample data and zero indicating no relationship at all between the variables. "Measures of this type are called 'goodness of fit' measures" (Studenmund, 2001). Measuring the fit in this way is useful when the regression equation is a linear equation but is not appropriate when the dependent variable is dichotomous and bound by zero and one. When this happens, it is appropriate to determine the fit of equations by looking at the mean percentage of correct prediction, or R_p^2. What this calculates is the percentage of ones explained correctly and the percentage of zeros explained correctly (the values of the dummy dependent variable) (Studenmund, 2001). Both methods of fit work relatively well, but must differ slightly depending on the type of regression analysis selected.

Estimated Regression Coefficient

The estimated regression coefficient measures the effect that independent variables have on the dependent variable with all other independent variables held constant. Specifically it measures the impact to the dependent variable with a one-unit change in the independent variable, again, all other variables held constant. The sign in front of the coefficient indicates the type of relationship that the independent variable has to the dependent variable. A negative regression coefficient will negatively influence the dependent variable while a positive sign will positively influence the dependent variable.

To use an example from this thesis, marriage will arguably help prevent severe cases of homelessness and will have a negative coefficient sign. Drug and alcohol abuse, however, will have positive coefficient signs, as they will arguably lead toward more severe cases of homelessness.

Confidence Levels/Level of Significance

An independent variable is statistically significant when the coefficient has a non-zero effect on the dependent variable. The level of significance usually sought for these studies is 95 percent, which means that 95 percent of the time, there will be a non-zero effect occurring in the dependent variable. This confidence level is determined by subtracting the level of significance for the given variable from 100 percent. Thus, a 1 percent significance level for a coefficient also has a 99 percent confidence level. This thesis will look for the 95 percent confidence level, but will note variables coefficients that meet a 90 percent confidence level as a "real world" application of this type of information. While statisticians might look for a 95 percent confidence level, politicians might see 90 percent as a high enough level of significance to move a desired policy.

While it is important to have statistically significant confidence level to show the likelihood of influence between potential variables, it is also important to remember the most important rule in regression analysis: correlation does not equal causation. All regression analysis can do is test whether a significant quantitative relation exists between two variables (Studenmund, 2001). Thus, regression analysis cannot prove causality, no matter how statistically significant the variables are or how good the fit of

the model is. Therefore, this type of statistical analysis is still an excellent way to isolate and determine one variable's influence on another.

Choosing a Functional Form

The dependent variables in the regression equations are dichotomous, and this greatly limits the types of regression equations available to test the hypotheses. Methods like log/linear and log/log are not appropriate because this would require taking the log of the variables; something that can be done if zero is a potential answer. In this equation, 17 of the 18 variables are dichotomous, and taking the log of any of these would be inappropriate.

With these limitations in mind, there are two different regression models offered in order to determine which best shows the shape that exemplifies the expected underlying economic principals (Studenmund, 2001). These are the Logistic Regression model and the Ordinary Least Squares (OLS) model.

Ordinary Least Squares

OLS is what Studenmund (2001) refers to as the bread and butter of regression analysis. This linear probability model is a linear-in-the-coefficients equation used to explain dependent variables. The right side of the equation (the independent variables) refers to linear probability while the left side measures the probability that the dependent variable is dichotomous and equals one (Studenmund, 2001). This form is useful because it minimizes the sum of the squared residuals (which are the differences between the actual value of the dependent variables and the estimated value of the dependent variable produced by the regression equation). This form can lead to a better overall fit of the

regression equation and is applicable in multivariate regression equations as well as equations with only one independent variable.

Problems arise with using OLS when the dependent variable is dichotomous. As can be assumed with a linear model, the estimated line is not bound by the same values as the dependent variable. Thus, while the dependent variable can equal a zero at the least and one at the most, the model can estimate scores less than zero and more than one. This can be dealt with in a simplistic way by ignoring values that exceed the known limits. Anything greater than one would equal one, and anything less than zero would equal zero. This solves the problem by ignoring it, and while this method works, it does not really include the influence of all of the independent variables, as a regression result of three would essentially be the same as a regression result of two.

Logistic Regression Model

The Logistic Regression model is an estimation technique for equations that have dichotomous dependent variables. Compared with a linear probability model, which offers a straight line to predict the value of variables, this model offers an "s-shaped" pattern that keeps the dependent variable bound by zero and one; something appropriate as the weight cannot exceed these values. This model is quite satisfying to many researchers because real-world data are explained well by these "s-shaped" patterns as opposed to the straight lines offered by the linear models (Studenmund, 2001). It is not possible to estimate logistic equations using the OLS method. Instead, it uses a "maximum likelihood" method, which is an iterative estimation technique that is useful for equations with nonlinear coefficients (Studenmund, 2001).

Regression Results: Uncorrected

Table 4.1 below lists the uncorrected results of the regression for this study in the OLS and the Logistic Regression forms for the Chronic Homelessness dependent variable. Following this, Table 4.3 lists the uncorrected results of the regression for this study in the OLS and the Logistic Regression forms for the Long Term Homelessness dependent variable. Both tables reflect the variables that are in the regression model, the estimated coefficients and the standard error (in parenthesis). Asterisks indicate statistically significant variables.

The Exp(*B*) scores included with the logistic regression results are the percentage change in the odds for each unit change in the independent variable (Pollock, 2005). In order to calculate this percentage difference, one simply needs to subtract one from the score and then multiply the findings by 100 to figure the percentage change. For example, if the Exp(*B*) score is 1.250 then the calculation would be (1 - 1.25 = 0.25 x 100 = 25 percent). What this means is that a one-unit increase in this independent variable would positively influence the dependent variable by 25%. A more detailed description of this occurs in Chapter 5. The explanations of the Variance Inflation Factor (VIF) scores, along with the multicollinearity error associated with it, occur later in the chapter.

Following the results in each of the tables will be the classification table, which shows the percentage of correct predictions for each of the dependent variables in the Logistic regression models. Table 4.2 shows the predicted percentage for the Chronic Homelessness dependent variable, and Table 4.4 will show the percentage for the Time Homeless dependent variable.

Table 4.1: Regression Results Uncorrected (Chronic Homelessness)
Standard Error in Parentheses

	OLS		Logistic Regression	
Variable	Estimated Coefficient	VIF	Estimated Coefficient	Exp (B)
Dependent Variable: Chronic Homelessness				
Individual Demographics				
Age	.004* (.002)	1.218	.023* (.013)	1.023
Male	.147** (.059)	1.355	.876** (.353)	2.401
Previous Experiences				
Jail	.046 (.075)	1.160	.329 (.463)	1.389
Prison	.066 (.051)	1.167	.329 (.263)	1.389
Kids	.002 (.052)	1.121	.008 (.284)	1.008
Veteran	-.055 (.058)	1.146	-.286 (.304)	.752
Family/Social Inputs				
Foster Care	.082* (.050)	1.098	.412 (.263)	1.510
Prior Abuse	.028 (.052)	1.178	.171 (.282)	1.187
Race/Ethnicity				
African American	-.179 (.126)	6.513	-.909 (.651)	.403
American Indian/Alaskan	-.161 (.132)	4.188	-.784 (.681)	.457
Asian	.086 (.332)	1.153	.326 (1.557)	1.385
Caucasian	-.077 (.123)	7.574	-.357 (.625)	.700

Table 4.1: Regression Results Uncorrected (Chronic Homelessness) (continued)

	OLS		Logistic Regression	
Variable	Estimated Coefficient	VIF	Estimated Coefficient	Exp (B)
Race/Ethnicity				
Hawaiian	-.374 (.454)	1.076	-20.674 (40,192.970)	.000
Hispanic	-.179 (.144)	2.999	-.920 (.768)	.398
Pacific	-.468 (.332)	1.150	-21.179 (28,225.354)	.000
Model Fit	**Adjusted R^2**	**.026**	**R_p^2**	**73.9**

**Significant at the 90% confidence level (based on a two-tail test)*
***Significant at the 95% confidence level (based on a two-tail test)*
****Significant at the 99% confidence level (based on a two-tail test)*

Table 4.2 Classification Table (Chronic Homelessness)

		Predicted		
		Chronic Homelessness		
Observed		Is Not Chronically Homeless	Is Chronically Homeless	Percentage Correct
Chronic Homelessness	Is Not Chronically Homeless	281	3	98.9
	Is Chronically Homeless	98	5	4.9
Overall Percentage				**73.9**

Table 4.3: Regression Results Uncorrected (Long-Term Homelessness)
Standard Error in Parentheses

	OLS		Logistic Regression	
Variable	Estimated Coefficient	VIF	Estimated Coefficient	Exp (B)
Dependent Variable: Time Homelessness				
Individual Demographics				
Age	.008*** (.003)	1.241	.039*** (.012)	1.039
Male	.090 (.065)	1.460	.400 (.295)	1.491
Previous Experiences				
Jail	.024 (.082)	1.216	.095 (.362)	1.099
Prison	-.021 (.055)	1.199	-.095 (.256)	.910
Kids	-.073 (.055)	1.113	-.332 (.245)	.718
Veteran	-.022 (.062)	1.167	-.114 (.286)	.892
With Partner	.048 (.066)	1.138	.225 (.301)	1.252
Alcohol	.080 (.051)	1.142	.388* (.231)	1.473
Drug	.125** (.051)	1.171	.578** (.233)	1.782
Family/Social Inputs				
Foster Care	.093* (.054)	1.096	.471* (.254)	1.601
Prior Abuse	.022 (.057)	1.250	.095 (.262)	1.100
Race/Ethnicity				
African American	-.247* (.137)	6.690	-1.204* (.683)	.300
American Indian/Alaskan	-.084 (.144)	4.378	-.459 (.718)	.632

Table 4.3: Regression Results Uncorrected (Long-Term Homelessness) (continued)

	OLS		Logistic Regression	
Variable	Estimated Coefficient	VIF	Estimated Coefficient	Exp (B)
Race/Ethnicity				
Asian	-.135 (.361)	1.158	-.668 (1.567)	.513
Caucasian	-.094 (.133)	7.871	-.509 (.668)	.601
Hawaiian	-.755 (.494)	1.085	-22.410 (40,192.970)	.000
Hispanic	-.207 (.157)	3.051	-1.024 (.760)	.359
Pacific	-.791** (.360)	1.153	-22.633 (28,293.385)	.000
Model Fit	**Adjusted R^2**	**.071**	**R_p^2**	**65.3**

**Significant at the 90% confidence level (based on a two-tail test)*
***Significant at the 95% confidence level (based on a two-tail test)*
**** Significant at the 99% confidence level (based on a two-tail test)*

Table 4.4: Classification Table (Long-Term Homelessness)

		Predicted		
		Time Homeless		
Observed		Has Not Met Time Homeless Criteria	Has Met Time Homeless Criteria	Percentage Correct
Chronic Homelessness	Has Not Met Time Homeless Criteria	65	96	40.4
	Has Met Time Homeless Criteria	43	196	82.0
Overall Percentage				**65.3**

The cut value is .500

Uncorrected Model

The regression functional forms above are flawed and biased but are displayed for comparison purposes. Before discussion about how we can correct the errors in these equations, it is necessary to select one functional form and one dependent variable to represent the findings of the paper. The selected model for this thesis is the logistic method as the dependent variable is dichotomous, and the dependent variable selected is the long-term homelessness dependent variable. The long-term homelessness variable is the appropriate choice because it shows the effects of drug and alcohol whereas they would have otherwise have been excluded from the chronic homelessness model. In addition, five independent variables show statistically significant, compared with two in the chronic homelessness model. While not statistically significant above the 90 percent threshold, male (83 percent), kids (83 percent) and Hispanic (82 percent) show significant above the 80 percent level. The final reason for the selection of the long-term homelessness model instead of the chronic homeless model is the findings displayed in the classification tables.

The R_p^2 for the models indicate that the chronic homelessness dependent variable predicts zeros and ones accurately an average of 73.9 percent of the time. This would seem like a better fit than the long-term homelessness dependent variable because it is higher than the 65.3 percent indicated in that model, but the classification tables tell a different story. Table 4.2 indicates is that the model predicted that 98 percent of all the cases were not chronically homeless. This leaves the number of non-chronic homeless predictions with a very high percentage (98.9 percent predicted accurately) and the

chronically homeless predicted percentage with a very low percentage (4.9 percent predicted accurately). Since there are fewer individuals identified as chronically homeless within the homeless population, the model is a decent fit. This classification table indicates that these findings are suspect. On the other hand, Table 4.4 indicates that the long-term homelessness model predicts that the individuals have not met the time homeless criteria 40.4 percent of the time but have met this criterion 82 percent of the time. The overall result might be slightly lower, but the ways that these findings appear in the classification table make this the preferred method.

For the regression model selected, there are 18 independent variables, some of which do not influence the dependent variable in the anticipated direction. The regression model indicates that individuals who have been to prison are less likely to meet the time homeless component of chronic homelessness whereas the opposite was expected. Additionally, based on the findings of previous research, it is somewhat surprising that the veteran status variable does not show as statistically significant. It is also equally surprising that it shows as a negative predictor of the time homeless dependent variable whereas positive prediction was expected.

The race variables also indicate some interesting findings. With the value of the dependent variable bound by zero and one, coefficients with values greater than one or less than zero cannot exist. The African American, Hawaiian, Hispanic, and Pacific Islander have these excessive values however, which leads to the belief that issues of multicollinearity are skewing the results. It is possible that this error is interfering with other variables, including the veteran status variable, in which case an attempt to correct

for this will have to occur. A discussion of this error and other potential errors occur in the following section.

Correcting for Errors

Errors like heterscedasticity and multicollinearity are common problems with many regression equations. The first of these, heterscedasticity, is an error that overestimates or underestimates the true variance in the variable coefficients. Fortunately, this error is not an issue with the logistic regression equation selected for this thesis. Were the above OLS method selected, this error would have to be tested for and corrected. As it stands, multicollinearity is the only remaining error to discuss.

Multicollinearity

Multicollinearity becomes a problem when two (or more) independent variables significantly relate to each other. When this occurs, movement in one variable results in the movement of another; thereby skewing the results of the equation. With this error present, it becomes difficult to isolate the effect one variable has on the dependent variable, which somewhat defeats the purpose of the regression equation. If there are significant signs of multicollinearity between two variables, it is necessary to remove one of the variables in order to find the impact of it without the influence of the other variable interfering.

It is important to note that there are no statistical tests for multicollinearity, as it exists to a certain extent in every equation. In simple terms, everything relates to each other even if only to a small degree. Multicollinearity becomes a problem when the

relationship between one variable is significant enough to influence which way other variables move. There are two different way to detect for this level of interference.

The first way to detect for multicollinearity is to review the correlation coefficients of the independent variable (viewed in the correlation matrix in Table 3.4). Variables that indicate a relationship greater than 80%, or .80, in the correlation matrix have a high likelihood of multicollinearity. The second method utilizes the VIF to detect multicollinearity. This method examines the extent that all of the other independent variables in the equation can explain an independent variable (Studenmund, 2001). Since all variables connect to each other, all have a VIF that appears from the regression equation. If the VIF score exceeds five, then multicollinearity exists (Studenmund, 2001).

As the logistic model selected for this regression equation does not offer VIF's, the numbers of the OLS model will serve to determine potential problems with this error. Table 4.3 indicates that two of the variables show signs of this error, African American (VIF – 6.690) and Caucasian (VIF – 7.871). Besides these variables, no other shows a result greater that even five. The correlation matrix indicates that relationship of these variables is -.563. This relationship does not exceed the .80 mark, but with the information from the VIF scores, the final regression equation will exclude the Caucasian variable to avoid the possibility of multicollinearity issues.

The correlation matrix also indicates that Pacific Islander has multicollinearity issues with the Hawaiian (.946) and Asian (.906) variables. In addition, the Hawaiian variable has multicollinearity issues with the Asian (.934) variable. The final regression

equation will therefore exclude the Pacific Islander and Hawaiian variables to avoid multicollinearity errors.

The final regression equation utilizes the long-term homelessness dependent variable and has 15 independent variables. Table 4.5 reflects the results of this analysis.

Table 4.5: Regression Results Corrected (Long-Term Homelessness)
Standard Error in Parentheses

	Logistic Regression	
Variable	Estimated Coefficient	Exp (B)
Dependent Variable: Time Homelessness		
Individual Demographics		
Age	.038*** (.012)	1.039
Male	.336 (.292)	1.400
Previous Experiences		
Jail	.103 (.360)	1.109
Prison	-.099 (.243)	.906
Kids	-.346 (.243)	.707
Veteran	-.080 (.284)	.923
With Partner	.221 (.300)	1.247
Alcohol	.379* (.229)	1.461
Drug	.558** (.230)	1.748
Family/Social Inputs		
Foster Care	.466* (.251)	1.594
Prior Abuse	.080 (.258)	1.083
Race/Ethnicity		
African American	-.670*** (.261)	.512

Table 4.5: Regression Results Corrected (Long-Term Homelessness) (continued)

	Logistic Regression	
Variable	Estimated Coefficient	Exp (B)
Race/Ethnicity		
American Indian/Alaskan	.072 (.345)	1.074
Asian	-.127 (1.437)	.881
Hispanic	-.483 (.418)	.617
Model Fit	**R_p^2**	**64.3**

**Significant at the 90% confidence level (based on a two-tail test)*
***Significant at the 95% confidence level (based on a two-tail test)*
****Significant at the 99% confidence level (based on a two-tail test)*

Table 4.6: Classification Table Corrected (Long-Term Homelessness)

		Predicted		
		Chronic Homelessness		
Observed		Is Not Chronically Homeless	Is Chronically Homeless	Percentage Correct
Chronic Homelessness	Is Not Chronically Homeless	62	99	38.5
	Is Chronically Homeless	44	195	81.6
Overall Percentage				**64.3**

The cut value is .500

Conclusion

This chapter discussed several different methods of how to analyze the data for this study. Multicollinearity issues appeared with the data but were corrected by removing the variables seen to pose the potential problems. With a final R_p^2 percentage of 64.3 percent, the fit of the model is decent, but only five of the fifteen independent variables in the final equation were statistically significant over 90 percent. While the kids variable showed significant at 84 percent, no other variables exceeded the 80 percent

threshold, and all other variables were less than 70 percent significant. Veteran status showed significant at only 22 percent and negatively predicted the time homeless dependent variable; both of which are unexpected and disprove the hypothesis of the thesis.

The next chapter will discuss how these results translate into policy terms. I will review the results and provide suggestions about how Sacramento County can use these results to create policy solutions for the homeless problem.

Chapter 5

Conclusion

The purpose of this thesis has been to analyze the relationship between homelessness and different types of variables, specifically veteran status. Chapter 1 discussed this potential link between homelessness and veterans and offered historical data on both topics. The next chapter examined the link between these two subjects by reviewing what others have written about them. Chapter 3 explained the regression analysis model utilized to test the hypothesis that veteran status leads to more severe cases of homelessness. This chapter also included the identification of the specific variables, both dependent and independent, used in the regression model. Chapter 4 used these variables in different forms of multivariate regression analyses in order to look for the model that offered the most accurate findings. In the final chapter of this thesis, I will review these findings and discuss the policy implications that result from them.

Regression Results

It was the intention of the regression analysis to show how different variables correlate with increased stays of homelessness, holding other explanatory variables constant. What is important to remember when analyzing these results is that while correlation might exist, it does not prove causation. With regression analysis however, we can be a bit more certain about causation as opposed to only considering bivariate analysis. These results show that there is a relationship between several significant variables and more severe cases of homelessness. While the intention of the regression analysis was to show these results, the overall purpose of it was to test the hypothesis of

this thesis. I will first discuss what these findings mean to the veteran status hypothesis and then discuss the independent variables that showed statistically significant.

Veteran Status Hypothesis

The results of the regression analysis do not allow me to reject the null hypothesis of this thesis, that veteran status alone does not matter to homelessness status. While the findings do not allow this rejection, the implications of these findings are extremely important. What they mean is that when holding all the other variables constant, veteran status has no effect on long-term homelessness. Perhaps when looking at this group then to discern why they are more susceptible to homelessness, it would also be appropriate to ask why these individuals are not as likely as non-veterans to be homeless long-term.

Unfortunately, I was not able to find any other research that confirms these findings. It is possible that this deals more with the structure of this regression analysis, which tested for causes of long-term homelessness within an existing population of the homeless. Organizations like the National Coalition for Homeless Veterans (NCHV) and the VA sponsored these studies, and they are interest groups focused on helping homeless individuals (and indeed this help may be why veterans are not as likely to suffer from long-term homelessness). The studies sponsored by these groups discuss homeless veterans in general, and these individuals do represent a greater percentage of the homeless than non-veterans do. If it is possible to apply the results of the above study, perhaps the prevalence of other precursors rather than veteran status causes this overrepresentation as well. A more detailed discussion about the policy implications of these findings follow and analysis of the statistically significant variables.

Odds Ratio of Significant Variables

In linear regression equations, a display showing the elasticity of significant variables often assists in interpreting the findings. What elasticity shows is "the percentage change in the dependent variable caused by a one percent increase in the independent variable, holding the other variables in the equation constant" (Studenmund, 2001). In regression equations where the dependent variable is dichotomous, like the one used in this thesis, it is impossible to calculate this. This is because the dependent variable must equal zero or one, and can therefore not change by percentage points. In this case, to see how the independent variable affects the dependent variable, the odds ratio is calculated.

The odds ratio is derived from the Exp(*B*) scores seen in Tables 4.1, 4.3 and 4.5. What it shows is the increased likelihood that the dependent variable will equal one given a one-unit change in an independent variable holding all else constant. If the odds ratio is .010 and the independent variable is continuous (like age), then the respondents' age is used as a multiplier against the odds ratio to calculate the influence that variable would have on the dependent variable. For example, if a person were 50 years old, then the likelihood that person would experience prolonged homelessness (the dependent variable) is 50% greater (.010 x 50 - .50). When the independent variable is dichotomous, like four of the five significant variables in the final regression equation are, then the influence of the independent variable is the odds ratio itself. Table 5.1 shows the odds ratios for the variable significant at the 90 percent or greater level.

Table 5.1: Odds Ratio of Significant Variables

Variable	Odds Ratio
Individual Demographics	
Age	.039
Previous Experiences	
Alcohol	.461
Drug	.748
Family/Social Inputs	
Foster Care	.594
Race/Ethnicity	
African American	-.488

Individual Demographics

As noted in the chart, the age independent variable shows statistically significant. This indicates that age does have an impact on increased stays of homelessness, but the magnitude is different for individuals depending on their age. This data suggests that each year a homeless person ages, they are 3.9 percent more likely to suffer from long-term homelessness. This can also be interpreted that a 70-year-old homeless person is two times more likely than a 35-year-old person to experience increased homeless spells.

These finding are consistent with the expectations of the age variable, that it is a positive predictor of long-term homelessness. These findings are also consistent with previous research on the topic. Researcher Carl Cohen (2007) indicates, "durations of homelessness are substantially higher among older men." The longer these individuals are on the streets, the better they become at adapting and surviving the homeless lifestyle (Cohen, 2007). It is somewhat surprising, however, that the magnitude of the variable is so large. A seemingly small age difference between two individuals of 5 years equates to a 19.5 percent greater likelihood that the older individual will experience the prolonged

homeless condition. These findings suggest that policy designed to assist younger individuals would have a higher success rate as it would have fewer obstacles. This is something to keep in mind during the policy conversation at the end of the chapter.

Previous Experiences

The alcohol abuse and drug abuse variables report statistically significant. This is not at all surprising, and both variables are, as expected, positive predictors of the long-term homeless condition. It is further not at all surprising that the odds ratio in Table 5.1 identifies these variables as being heavily weighted. Homeless individuals who abuse alcohol are 46.1 percent more likely to experience long-term homelessness, and the homeless who abuse drugs are 74.8 percent more likely to see their homeless stint prolonged.

These findings are consistent with previous research. There are substantial findings that drug and alcohol abuse is the most pervasive health problem facing homeless individuals (Glasser & Zywiak, 2007). To offer an example, "the rate of alcohol abuse has been estimated to be 58 to 68 percent for homeless men, 30 percent or homeless women, and 10 percent for mothers in homeless families" (Fischer & Breakey, 1991). Additionally, a 1999 study of homeless individuals found that 38 percent of respondents reported alcohol abuse in the past month, 46 percent in the past year, and 62 percent in their lifetime (Fischer & Breakey, 1991). The same study indicated that 58 percent of respondents indicated drug abuse at some point in their lifetime.

Unfortunately, the relationship between homelessness and alcohol/drug use somewhat feed off each other. It is difficult to find shelter when so much money is spent

on substances. It is also much more difficult to find/keep employment when individuals fall into this classification. It is therefore critical to design policy that addresses these underlying conditions as a way to address homeless predictors.

While not statistically significant at the 90 percent threshold, the kids variable that identifies respondents who are parents of children under the age of 18 is statistically significant at the 84 percent level. Additionally this variable is a negative predictor of increased homelessness as these parents are 29.3 percent less likely to experience long-term homelessness. This is important to keep in mind for the policy discussion because the social welfare programs that these individuals would not have otherwise qualified for, such as the California Work Opportunity and Responsibility to Kids (CalWORKs) program, could be serving as protection from increased homelessness for these individuals. Thus, policy to help other homeless individuals should arguably mirror the CalWORKs (and other) welfare programs.

Family/Social Inputs

The results of the regression showed somewhat alarming results with regard to individuals who have experienced foster care or groups homes in their youth. It was unclear at the beginning of the analysis which way this variable would influence the dependent variable, but this variable reported as 94 percent significant and as a positive predictor of long-term homelessness. While the positive reporting is somewhat surprising by itself, the finding that these individuals are 59.4 percent more likely to experience long-term homelessness is profound. What is happening to foster care

recipients that make them so much more susceptible to this extended long-term homeless condition?

It is not likely that the foster care and group homes are cause the increased homelessness for these individuals, but rather that the experiences leading these children into the system. Researchers Munoz, Vasquez and Panadero (2007) note that traumatic events in infancy and adolescence are high predictors of homelessness. These types of events are physical abuse, sexual abuse, mental abuse and neglect and may indeed be precursors to the foster kids' institutional stays. Others believe that it is simply that when these kids turn 18, they time out of the system, have nowhere to go and simply become homeless. In a 1995 homeless study from Koegel, Melamid and Burnam, the authors note that 46 percent of survey respondents reported that their parents did not raise them and 20 percent reported that they were educated in institutions. To avoid long-term homelessness with younger persons, it might be possible to create a policy for the kids while they are still in foster care/group homes. Sacramento County should create policies with these individuals in mind.

Race/Ethnicity

The final variable that shows statistically significant is African American. The regression equation indicates that this variable reduces the likelihood of long-term homelessness by 48.8 percent when compared to the Caucasian, Hawaiian and Pacific Islander variables. This finding is surprising considering the expectation of the variable to be a positive indicator of homelessness based on the potential social barriers they might experience. It is also surprising that none of the other ethnicity variables showed

statistically significant (although there were multicollinearity issues that necessitated the removal of three race variables).

These findings contradict what others have written about the subject. Ahmen and Toro (2007) indicate, "African Americans represent 12 percent of the U.S. population and 50 percent of the U.S. homeless population." These authors explain that this overrepresentation is the result of an increase in poverty among the African American population. "Roughly 25 percent of African-Americans in the United States live in poverty. In addition, whereas 20 percent of the U.S. children live below the poverty line, 50 percent of ethnic minority children live below the poverty line" (Ahmen & Toro, 2007). If these individuals grew up in low-income households as the data indicates, African American individuals would be at greater risk of long-term homelessness. While the findings of Ahmen and Toro seem high, they are more in line with the expected results of the variable. The consideration of this research, as well as the findings of the regression analysis, occurs in the policy implication section.

Policy Implications

Better understanding of homelessness is unfortunately not all it takes to address the problem. Indeed the regression results from this study reinforce what many others have written about homelessness, and yet the problem not only still exists, it is getting worse. This means that understanding a problem and knowing how to fix that problem are two very different things. It is therefore important to understand how to create and pass public policy before using the findings of the regression analysis to offer suggestions to Sacramento County.

Policy Problems

Kingdon (2003) offers unique insight about what happens during the creation of policy. He states that in order to gain the political will that is needed to address a political issue, people must first consider it a problem. Since many people do not consider homelessness to be a problem, but rather a condition/situation of society, this is the first thing that must change in order to create buy-in from the public.

While media campaigns might work to inform people about the thousands of people living on the streets of the county, a focusing event needs to occur to capture their attention (Kingdon, 2003). A focusing event is often something politicians have no control over, like a national disaster or large crisis, which forces people to pay attention. When this event happens, a "window of opportunity" opens during which it is much easier to gain the public and political will needed to pass a policy. Many people consider the drastic increase of homeless individuals (homeless veterans specifically) during the 1980's to be the focusing event that led to passing of the McKinney Act in 1986. These windows of opportunity do not stay open long, however, as problems tend to fade when new/different problems arise. This is not to say that Sacramento County should not attempt to pass legislation to address the issue, but it is important to understand that it will be much more difficult to do so without a focusing event. Considering this, it would be much easier to alter Sacramento County's existing policy than to create and pass a brand new one.

Chapter 1 included an outline of Sacramento County's Ten-Year Plan to End Chronic Homelessness. The following section will analyze the five different pieces of

the plan to see if it includes the regression findings above. A look at what other localities have done will follow this analysis, and suggestions are then made about how Sacramento County's current plan should be altered to include the findings from the significant variables above.

An Assessment of Sacramento County's Ten-Year Plan to End Chronic Homelessness

Sacramento County's plan focuses on helping individuals that HUD considers chronically homeless. As I noted several times throughout this thesis, identifying these individuals is a difficult task. In addition, focusing on these individuals might neglect others who have serious issues but are not chronically homeless. It would therefore be my first policy recommendation to Sacramento County to expand the target group of this plan to include all homeless individuals. Below is an analysis of the plan while considering the significant variables from the regression model.

Housing First

The design of the housing-first approach is not an area that needs adjustment. This strategy is a generalized policy statement that explains what Sacramento County is doing to acquire the housing units desired for needy individuals. In addition, the supportive services offered in this housing plan address the addiction treatment needed by the individuals reporting alcohol and drug problems; two of the significant variables noted above. Where this section of the plan needs to change is in the number of units that the county seeks to acquire to assist homeless individuals. The plan notes that it is Sacramento County's goal to acquire 280 of these units in the first five years of the plan. Understanding that there are thousands of homeless individuals on the streets, it would be

my recommendation to increase this number if the county expects to end homelessness in its borders. Finding the resources to acquire these units is an unfortunate issue that might prevent this addition.

Outreach and Central Intake

The plan offers no specifics about the homeless individuals that will benefit from this section other than that they are the "hard to reach" individuals. Using the information from the regression equation, the County of Sacramento should target older individuals as the most susceptible to long-term homelessness. Offering them shelter, medical services, and alcohol and drug abuse treatment would save the county money by keeping them out of the emergency rooms and jails. County outreach should also focus on identifying individuals who are former foster care and former group home residents. Individuals not yet in the long-term homeless category would benefit greatly from county assistance, and those currently in the long-term stage of homelessness would have their problems addressed and thus would be less likely to revert to this classification.

Prevention

Sacramento County has correctly identified the need for a zero tolerance policy for discharge into homelessness. While the plan specifically identifies hospitals, jails and youth authority facilities, the county should work with the State of California to treat foster care and group home recipients the same way. In addition, Sacramento County should design an outreach program to identify individuals who are currently in foster care and/or group homes and talk to them early. This would be the ideal time to inform these people about homelessness and about what services are available to avoid this condition.

To make this part of the plan more feasible, the county should work with the State of California to create a policy that works with foster care and group home kids to ease the transition into adult life. Working with the state would ease the financial burden and would result in fewer homeless individuals on the streets.

Sacramento County should also attempt to prevent alcohol and drug abuse, a major form of homeless prevention. Since these two variables are such heavy predictors of homelessness, the county should offer rehabilitation clinics to everyone who needs them. While the cost of the clinics would be significant, and it would be unlikely that individuals would have medical insurance help mitigate the costs, the county would save money in the end by addressing the underlying reasons that keep people homeless. This strategy is included in the supportive services section of the housing first section, but as noted, the county does not possess enough units to offer this service to everyone. While it may not be possible to house everyone, drug and alcohol treatment would be a key component in ending homelessness.

Leadership

It is unclear how to modify this section to include the findings of the regression analysis. Perhaps the county should seek the council of more African American community leaders as that variable shows a negative predictor to long-term homelessness. Perhaps also the county can consult the VA to determine what they are doing to keep veterans from having an increased chance of homelessness.

Evaluation and Reporting

This regression analysis was possible because of the survey and reporting successes from Sacramento County. My recommendation for change in this section is to include more variables that would help in the study of the homeless population in the county. I would include questions that asked about the respondents' education, their native location (Sacramento native, etc.), whether or not they were homeless by choice or by circumstance, and the age that they first experienced homelessness. The information from these questions would expand on the information of Sacramento County's homeless individuals, and this would help with creating more successful plans to end homelessness.

Conclusion

This thesis began discussing the homelessness experienced by veterans. After completing this study, it has become apparent that veteran status does not significantly contribute to long-term homelessness as defined in this paper but rather that causation occurs from variables such as drug and alcohol abuse. Is it possible that veteran status and drug and alcohol abuse are related? There have been several studies suggesting that they are.

The Rosenheck and Koegel chart displayed on Table 2.1 indicate than homeless veterans are 66 percent more likely than homeless non-veterans to be hospitalized due to drug abuse and over 300 percent more likely than non-veterans to be hospitalized for alcohol abuse (Rosenheck & Koegel, 1993). A 2005 study from the U.S. Department of Health and Human Services reported that heavy alcohol use was 15 percent more prevalent among veterans than non-veterans, and drug use was 60 percent more prevalent

when holding other factors constant. Rosenheck, Kasprow and Seibyl (2007) indicate that veterans have "somewhat more severe alcohol problems" than non-veterans. There is much research about the correlation between homeless veterans and drugs and alcohol, but where did these addictions come from?

Authors Lewis and McCarthy wrote an article in November 2007 about the issues that active military are experiencing with these addictions. The addictions that these individuals come home with are a result of being around common abuse, like using/witnessing cocaine, marijuana and heroin in the barracks. Other addictions result from military doctors over-prescribing pain medications and anti-depressants (Lewis & McCarthy, 2007). The individuals interviewed in this article believe that the addictions are a result of military service. If this is the case, then a more tolerant policy should be created for substance abusers who are homeless veterans.

Homelessness is a complicated issue. There are many different reasons that people may be more susceptible to this condition, and every person is different. This makes designing a plan to cure homelessness difficult at best. In addition, finding the public support, political will and funding sources needed to support homeless policies is exceptionally difficult. This is, at least in part, why homelessness has continued to increase over the years.

Sacramento County policy makers have difficult decisions to make about how to address homelessness. The results from this study indicate that there are ways to both prevent and stop homelessness, but these policy solutions are very expensive. While there are inexpensive policy recommendations made in the above section, such as

expanding the plan to help all homeless individuals and expanding the homeless questionnaire, a majority of the suggestions would cost millions of dollars that Sacramento County would have difficulty finding. As this is the case, it might not be feasible to put in all of the above policy recommendations in the current Sacramento County plan. It is my hope that this information will be utilized to better understand the causes of long-term homelessness. This will assist in the creation future homeless policies. If this turns out to be true, then homeless individuals will be better off because of this work, and this was my ultimate goal when I sat down to begin this thesis so many months ago.

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