

Understanding Homelessness

We begin by providing a brief overview of homelessness today. To do this, we answer two questions: Who are the homeless and what caused them to become homeless? Since there is an extensive body of excellent research that exists on homelessness, we rely on studies and texts by national experts. This provides the best opportunity for a complete understanding of the nature of the problem. We will later find that homelessness in Maine is a microcosm of the national problem.

The face and scope of homelessness changed markedly beginning in the 1970's and has continued into the year 2001. While there was little public homelessness in the 1950's and 1960's, today we commonly see our less fortunate citizens congregating near shelters and soup kitchens or living on the streets. There has been a myriad of studies undertaken to estimate the size of the homeless population, its characteristics and the underlying causes for its growth. The following outline, which draws from several studies, is intended to provide a snapshot of today's homeless population.

In recognition of the emergence of a growing homeless problem, Congress passed the *Stewart B. McKinney Homeless Assistance Act* in 1987. The Act created a federal authority to coordinate efforts of twelve federal agencies, the Interagency Council on the Homeless. One of the first tasks of this body was to estimate the number of homeless persons. The original estimate was 600,000 people homeless on any given night.¹ This estimate has been updated to 750,000 on any given night or 2 million US residents on an annual basis as of 2001.² The Council estimated that 7 million different Americans experienced homelessness over a 5-year period during the Clinton Administration.³

The Council on the Homeless describes the homeless population as falling into two categories. The first category is people who experience episodic disruptions in their lives brought about as a result of living in poverty. The second category, who tend to experience more chronic homelessness, are individuals with disabilities. The common disabilities cited are severe mental illness or addiction disorders, caused by drug and/or alcohol abuse.⁴ Although this simplification is useful in grasping the big picture of homelessness, we gain a deeper understanding by examining data on the homeless population and the attributes of the sub-populations of the homeless.

The majority of the homeless population, roughly 70%, is comprised of adult males.⁵ The more urban the setting, the higher the proportion of males.⁶ Three out of every four homeless men have a history of institutional stays, including foster care homes, correctional facilities, mental health facilities or inpatient chemical dependency treatment.⁷ Approximately 45% of shelter occupants have mental health problems while 60% of homeless adults have a drug or alcohol dependency problem.⁸ Although the majority of shelter residents are males, there are increasing numbers of women, youth and families among the homeless. ⁹

The 1998 US Conference of Mayors identified families, the fastest growing segment of the homeless population, as now comprising 38% of the homeless problem.¹⁰ A significant portion of homeless families experience domestic violence.¹¹ Another rapidly growing segment is the working poor. Maine's data corroborates the emergence of these two segments. One segment of the population that researchers have found difficult to measure is homeless youth. Estimates range from 500,000 to 1.5 million.¹² 4 The National Center for Disease Control estimates that homeless youth (12-17 year olds) comprise 7.6% of homelessness.¹³

Several studies list the common denominator across the homeless subpopulations as extreme poverty. This defining characteristic of the homeless is also a principal cause of homelessness. Before exploring the causes of homelessness, we need to more closely examine the specific attributes of the sub-populations of the homeless.

Families

Family homelessness is increasing rapidly, both nationally and in Maine. The typical homeless family is made up of a homeless mother with 2 children under the age of 5.¹⁴ They are extremely poor with income significantly below poverty level. The mother has limited earning power, low job skills, and limited education. She is often overwhelmed at the prospect of arranging for childcare. Frequently, the mother is a victim of domestic violence.

Families only reach the shelter system as a last resort. The mother often has been working sporadically at a low wage service job.¹⁵ A 1996 study showed that many families moved 3-5 times in the year before entering a shelter, often doubling up with family or friends in their attempt to avoid shelters.¹⁶

Extreme poverty and shelter experiences have devastating effects on families and children. Homeless children are more likely to have delayed immunizations, elevated levels of lead in their blood, high rates of developmental delays and emotional/ behavioral difficulties. Homeless children are more likely to be expelled from school or retained in the same grade.¹⁷ The Interagency Council estimates that one third of homeless children are not attending school on a regular basis.¹⁸ A 1996 study shows that homelessness can cause dissolution of the family. Some families willingly place their children with others to allow them to avoid the shelter. Others lose their children to the foster care system.¹⁹

The two primary reasons cited by researchers for the increase in family homelessness are domestic violence and the inability to pay rent.²⁰ The underlying causes for a woman's inability to pay rent are the erosion of public welfare benefits and the decline of marriage by extremely low income women with children. In 1969, 16% of this population had children. By 1989, 31% of this population had children.²¹ This increase in the number of extremely low income households of single women with children has been cited as a reason for the increasing numbers of homeless families in shelters. ²²

Researchers agree that families need housing, daycare, job training and job placement to exit the cycles of homelessness. Families that have experienced the trauma of

domestic violence need an even more intensive array of services. Given the rise in family homelessness, we will need to develop appropriate service solutions for this subpopulation.

Mental Health

There is no question that people with severe mental illness comprise a significant proportion of the homeless population. The Department of Health & Human Services estimates one third of the homeless have severe mental illness.²³ The General Accounting Office estimates that a total of 45% suffer from mental health problems.²⁴ Yet according to the Federal Task Force on Homelessness and Severe Mental Illness, only 5-7% of homeless persons with mental illness need to be institutionalized; most can live in the community with appropriate supportive housing options.²⁵ It is important to understand why this subpopulation represents an intransigent presence in the shelter population if we are to make headway in ending this population's role in the shelter system.

Professor Christopher Jencks describes the deinstitutionalization of mentally ill and the effects on homelessness in his book, *The Homeless*. The majority of deinstitutionalization, which occurred in the 1950's and 1960's, had very little impact on homelessness. Jencks describes several rounds of de-institutionalization. In the late 1950's, the advent of drugs, particularly Thorazine and Lithium, made outpatient treatment easier at a time when psychiatric professionals were beginning to condone patients leaving institutions. This round of deinstitutionalization created little homelessness as there was adequate inexpensive housing available and the highest functioning adults left institutions. In 1965, Congress set off the second round of de-institutionalization when it established Medicaid. Medicaid would not cover people in a mental hospital, but would cover short term psychiatric care in general hospitals or nursing homes. States transferred many patients to nursing homes. Again, there was little effect on homelessness. Congress initiated a third round of deinstitutionalization by establishing Supplemental Security Income (SSI) in 1972. Patients of state mental hospitals became eligible for these benefits upon discharge, giving states a financial incentive to move the mentally ill out. Between 1965 and 1975, the number of adults in state mental hospitals dropped by 60% with little noticeable increase in homelessness. Inexpensive housing was still plentiful. The SSI benefit was as high as it would ever be in terms of buying power for the disabled. The final round of de-institutionalization began in 1975 when the Supreme Court ruled that mental illness alone was not grounds for involuntary commitment. With the end of involuntary commitment, the population in institutions dropped by 54% over the next 15 years. During this period, a significant number of inexpensive housing units were destroyed through urban renewal, SSI lagged inflation and rents rose faster than inflation. As a result, by the late 1980's, people with severe mental illness became a significant and chronic portion of the homeless population.²⁶

Additional insights into the strong correlation between homelessness and the disabled, mentally ill are offered in Down and Out In America by Peter Rossi, one of the best quantitative studies on the subject. Rossi compares extremely poor people who have a place to live with homeless persons and finds that individuals with chronic mental illness or severe alcoholism are more vulnerable to homelessness.²⁷ Rossi states that "the disabled are least able to negotiate successfully the labor and housing markets, to use the welfare system,

or to obtain support from family.”²⁸ Rossi presents compelling evidence that few of the homeless participate in the welfare programs they appear to be eligible for. For example, only 22% receive General Assistance and less than 7% receive SSI or SSDI.²⁹ Of note, over 70% applied for benefits and most were turned down or later terminated.

Procuring income benefits for the homeless mentally ill is critical. A study of homeless mentally ill shows that 50% exited homelessness within three months of receiving Social Security Disability.³⁰ Currently, it is estimated that less than 3% of the homeless mentally ill receive their entitled disability benefit.³¹ One of the major recommendations from Rossi’s study is to make enrollment of chronically mentally ill in the disability support net easier.³²

A thesis put forward by researchers of the homeless mentally ill is that homelessness is both an effect and a cause of serious mental illness. As individuals spend prolonged periods of time living on the street, some “seek refuge in alternative realities.”³³ However, one observation from a study of 170 homeless street people by Snow and Anderson is that focusing on disabilities and imperfections can lead one to view the homeless with stereotypic characterizations. We tend to see them as individuals who are disabled and in need of medical curatives rather than as individuals coping with the direst of circumstances. The study’s point is that “the disabilities or pathologies we tend to associate with individuals are not always so much attributes of individuals as attributes of disabling situations. If the presumably troubled individual is removed from the disabling context or the context is repaired, the disabilities often disappear or at least lose salience.”³⁴ People who spend prolonged periods living on the streets cannot help but have doubts about their self worth. As one subject stated, “It’s real hard to feel good about yourself when almost everyone you see is looking down on you.”³⁵ Yet, the study documents in detail the resourcefulness and resilience of the homeless disabled as they make their way in the face of extraordinarily difficult circumstances.

Inadequate access to affordable housing and jobs along with a reduction in public benefits are cited as major causes of homelessness for this sub-population. Snow and Anderson go further, stating that our shelter system is accommodative rather than curative. The homeless do not receive the necessary support and services they need to cycle out of homelessness.

Addiction Disorders

The Federal Interagency Council on Homeless states that 60% of homeless adults have past or current alcohol or drug use problems. Three studies found that about one-half of the homeless population had histories of alcohol abuse or dependence and about one-third had histories of drug abuse or dependence.³⁶ This phenomenon of addiction disorders is also cited as both a cause and effect of homelessness. A statistical analysis of homeless street people documents the direct correlation between the increasing use of alcohol and drugs and the length of stay in homelessness.³⁷ Street culture is one that increases the prospects of alcohol and drug use. The researcher found that “alcoholism and mental illness sometimes function as means of coping psychologically with the traumas of street life”.³⁸

Many homeless people are dually diagnosed. About half of those with serious mental illness also have substance abuse disorders.³⁹ Additionally, alcohol abuse and dependence are often combined with the use of illicit drugs.⁴⁰

The phenomenon of increased drug and alcohol use is not limited to adults. There is clear documentation of disproportionately high rates of substance abuse problems among homeless youth as well.⁴¹

As stated earlier, homeless individuals with disabilities have a remarkably difficult time negotiating the public systems from which they should be receiving income benefits and services. These same people have difficulty successfully negotiating the job market and a tight housing market. At the same time, there are a number of studies that show people with disabilities can exit homelessness when given the appropriate services and income support.⁴² One of Rossi's recommendations is to create an easier enrollment process into the disability safety net for long term substance abusers. This recommendation is bolstered by his study of two control groups; a control group which received income support in the form of general assistance has much lower homelessness than a control group without income support.⁴³ Unless we institute this change, we can expect persistent and chronic homelessness among a significant number of individuals with addiction disorders.

Researchers state that a reduction in the number of homeless people with addiction disorders can be achieved by offering appropriate supports. People with mental illness and addiction disorders have similar needs: outreach and engagement, case management, income support, a range of supportive housing, and treatment options. Evidence shows they are willing to use these services.⁴⁴ There are challenges to bringing those necessary supports to people with addiction disorders. In 1996, a law passed that denies Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) disability benefits and, by extension, access to Medicaid, to people whose addictions are considered to be a cause of their disability status. This action increased homelessness; two thirds of those who were paying for their own housing who lost their benefits as a result of this law have also lost their housing.⁴⁵ Another significant challenge is the lack of a federal program that targets funds to services for homeless people who have addiction disorders. The main source of federal substance abuse treatment funds, the Substance Abuse Prevention and Treatment Block Grant, does not target funds to homeless people.⁴⁶ Services alone, however, will not be sufficient to remove disabled individuals from the shelters. A 1996 study shows that housing vouchers, not intensive case management alone, improved housing outcomes.⁴⁷ And, even with vouchers, there must exist an adequate supply of appropriate housing options in which these people can live.

Homeless Youth

The Department of Health and Human Services estimates that 2.8 million youth run away in a given year.⁴⁸ A significant portion end up homeless with estimates ranging from 500,000 to 1,500,000.⁴⁹ This is another segment of the homeless population that is growing.

The National Center for Disease Control defines homeless youth as single individuals, aged 12 to 17.⁵⁰

The most common causes cited for youth becoming homeless are family conflict and physical and sexual abuse.⁵¹ Studies of homeless youth show an incidence of physical abuse in the family of origin ranging from 40% to 65%. Studies of homeless youth show an incidence of sexual abuse ranging from 17% to 35%.⁵² Two additional causes are cited which link homelessness to underlying family poverty. The first is family dissolution brought about due to economic crisis. The second is “residential instability”; it is well documented that homeless youth often come from families experiencing multiple moves in the year prior to homelessness.⁵³

Several studies document the profound effects of homelessness on youth. They experience depression, conduct disorder and post traumatic disorder at three times the normal rate.⁵⁴ There are high rates of emotional and mental health problems. “Rates of serious disorders assessed with standardized instruments with diagnostic criteria range from 19 to 50 percent.⁵⁵ Another study documents the direct relationship that exists between substance abuse and time spent on the street. The longer a youth is homeless, the higher the probability he or she will use drugs.⁵⁶ Additionally, and of equal concern, youth become more likely to engage in criminal activity as their time on the street increases.⁵⁷

There are a number of long-term effects to youth that remain homeless. One study shows that 42% of homeless youth were physically assaulted and another 12% were sexually assaulted while living on the streets.⁵⁸ And as adults, runaways have higher rates of mental disorder, divorce and arrest than non-runaways.⁵⁹

As stated above, many youth also develop addictive disorders while homeless. Due to the stresses involved with living on the streets, youth exhibit high levels of suicidal behavior.⁶⁰

It is possible to seriously mitigate the effects of homelessness on youth. This requires a comprehensive array of services including housing, education, vocational training, health care, mental health care, substance abuse services and legal assistance. Researchers recommend early intervention at shelters.⁶¹ It is also necessary to work at intervention before youth reach the shelter. An extraordinarily high number of youth who end up in shelters come from institutional care: foster care homes, criminal justice and psychiatric hospitals.⁶² Experts recommend three strategies to prevent homelessness for this population: discharge planning, aftercare tracking and expanding next step residential options. The intent of these strategies is to ensure that youth are placed in appropriate residential settings and monitored to assure suitable services are provided.

Single Unattached and Working Poor

Our final category of the homeless population is single unattached individuals and the working poor. Clearly, there is crossover between this category and the subpopulations listed above. Since the homeless do not fit into neat little boxes, this catchall category is a convenient device to discuss the balance of the homeless not listed above.

The vast majority of the homeless are single; the Interagency Council provides an estimate of 75% of the homeless population.⁶³ Of course, many of these unattached singles fit into the sub-populations listed above: mentally ill, people with addictive disorders or homeless youth. Although we do not know the exact size of the non-disabled, adult single population, it would appear to be less than 20%. Although the majority of single homeless are males, the percentage of homeless women has been increasing since the mid 1980's.⁶⁴ This is a disturbing trend. Homeless women face extreme hazards. The vast majority of single women who have been on the streets for longer than 6 months have been assaulted and/or raped.⁶⁵

Single unattached homeless share one common denominator: they are extremely poor. Another common attribute is the absence of income support. Research shows that few participate in welfare programs.⁶⁶ A characteristic that has remained consistent over time is the core presence of homeless veterans. Estimates show forty percent of homeless men are veterans.⁶⁷ Additionally, a small percentage of the single homeless are elderly.

An increasing phenomenon among the homeless is the emergence of individuals who are working, but whose income is at a level where they are unable to support an apartment. There are estimates that up to 40% of the homeless work nationwide.⁶⁸ Although this fact seems counterintuitive, it is easily explained when we examine the causes of homelessness.

Causes of Homelessness

The Interagency Council distinguishes between risk factors and causes of homelessness. Risk factors are attributes of families or individuals that increase their probability of entering homelessness. They are not the cause of homelessness, but a characteristic of a family or individual that increases the likelihood that homelessness will occur.

Poverty is the most dominant risk factor. Psychiatric disability, substance abuse and domestic violence are all significant risk factors. Institutional confinement in jails, prisons or psychiatric hospitals is a risk factor as is one's "aging out" of foster care.⁶⁹ Risk factors among youth also include residential instability, physical or sexual abuse and family dissolution.⁷⁰

Researchers often refer to the causes of homelessness as "structural" or "underlying". Typically, they are referring to economic or policy changes that have occurred on a societal level which directly contributed to the rise in homelessness or increased the prospects for at least some element of our society to become homeless. Although there are a multitude of studies and books that speak to the causes of homelessness, there is consistency in their findings.

The findings provided in several books and studies can be presented as the following five causes of homelessness:

1. Extreme poverty brought about through:
 - (a) Changes in the labor market
 - (b) Reduction in the real dollar value of public benefits
 - (c) Changes in marriage patterns
2. Rents in the 1970's and 1980's rose faster than income
3. De-institutionalization of the mentally ill
4. Insufficient supply of affordable housing
5. Poor links between existing government resources and the homeless or near homeless

Following is a brief review of these causes:

Extreme poverty is generally considered the primary cause of homelessness. Three factors, which occurred in the last 25 years, contribute to the increase in extreme poverty: changes in the labor and wage market, the reduction of the real dollar value in public benefits and changes in marriage patterns.

America's job market has changed. The Interagency Council on the Homeless cites America's transition from a goods production economy to service production with its displacement of workers and simultaneous reduction in real wages as a contributing factor.⁷¹ Researchers have documented that the demand for unskilled and semiskilled workers declined in the late 1970's and 1980's.⁷² Additionally, and perhaps of more consequence, the demand for day laborers has significantly declined.⁷³ Thus the job opportunities for those most likely to become homeless are vanishing.

Almost any study that discusses the causes of homelessness cites the reduction in the real dollar value of public benefits. The Interagency Council states the reduction in monthly state benefits declined from \$799 in 1970 to \$435 in 1992.⁷⁴ Another study shows that the real dollar value of AFDC (now TANF) decreased 63% from 1968 to 1985.⁷⁵ Two prominent national homeless advocacy organizations cite a reduction in public assistance as one of the three principal causes of homelessness.⁷⁶ Few would question the relevance of the decline in value of public assistance as a contributing factor. There is ample evidence to show the significance of income supplements in keeping poor people off the streets.⁷⁷

In *The Homeless*, a landmark text on the subject, Jencks presents data that ties changing marriage patterns to increased family homelessness. In a period of twenty years, from 1969 to 1989, there was a significant decline of marriage by extremely low-income women with children. In 1969, 16% of this population had children. By 1989, this number had increased to 31%. This rise in poor single mothers with children corresponded with increased homelessness.⁷⁸

Researchers agree that the growing disparity between rents and wages was a principal cause of the rise in homelessness. An analysis of rents by the Joint Center of Housing Studies at Harvard University shows that "real rents in unsubsidized units rose percent between 1973 and 1979, and another 20 percent between 1979 and 1989".⁷⁹ The primary cause is not the increase in rents that occurred in the 1970's and 1980's, but the rate of

change between rents and incomes. We will later see that this also holds true for Maine. In the 1970's and 1980's, rents rose faster than the rate of inflation. While tenants purchasing power remained flat between 1973 and 1989, rent claimed a growing share of it. The two best quantitative studies of homelessness show that this trend contributed to the increase in homelessness during this period.⁸⁰ During the period from 1973 to 1989 the rent burden (percentage of family income that must be spent on rent) for a family with income under \$10,000 increased in real dollars from 49.5% to 68.1%.⁸¹

A third major cause of homelessness is the de-institutionalization of the mentally ill. Although most would agree that persons with mental illness can live in the community with appropriate supports, there is evidence from many studies that de-institutionalization created homelessness in the 1980's, and that even today, the disabled have an extraordinarily difficult time negotiating complex systems to secure services, benefits, housing, etc.

A fourth major cause cited in virtually all studies is the inadequate supply of affordable housing. The demand for low-income rentals exceeded supply by 4.4 million units in 1995. This imbalance has grown since that time.⁸² The Section 8 voucher waiting list, an indicator of the need for affordable housing, grew significantly in the 1990's. By 1998, the average waiting period for a Section 8 voucher was 28 months.⁸³ A contributing factor to the inadequate supply was the destruction of SRO housing and rooming houses which occurred in the 1960's and 1970's.⁸⁴ While 640,000 people lived in these residences in 1960, only 137,000 lived there by 1990. The Interagency Council states that only one of four eligible households with incomes of less than one half the area median income receives any rental assistance.⁸⁵

The fifth and final major cause of homelessness is the inadequate link which exists between government services and the homeless. The difficulty that homeless people have securing government services has been documented at least since the late 1980's.⁸⁶ Also well documented is the fact that an inability to receive these services prolongs homelessness. However, there has been increasing recognition by the federal government of the need to make changes. Congress commissioned a study to examine the delivery of federal mainstream programs to the homeless in 2000. The GAO's report "Homelessness: Barriers to Using Mainstream Programs" was released in July 2000. The GAO found that "homeless people are often unable to access and use federal mainstream programs because of the inherent conditions of homelessness as well as the structure and operation of the programs themselves."⁸⁷ Further, they found that "fragmentation at the federal level also creates fragmentation at the local and provider levels."⁸⁸ Problems exist in securing and using food stamps, TANF, housing vouchers, employment training, SSI, federal Medicaid funds, mental health services and substance abuse services. Many specific examples of this phenomenon are offered. To obtain SSI, for example, the homeless person must complete a complex 19-page form, including questions about living arrangements, resources, income and medical history. Often this medical history must be collected from several emergency rooms. Successful completion may require several trips to the SSA office. This requires transportation. Documentation requirements are onerous for an individual with no place to

store private papers or documents. Follow-up communication is difficult. Most homeless applicants apply for SSI on the basis of a mental disability, which can prove problematic to diagnose. Applications that rely on substance abuse disorders are even more problematic.⁸⁹ These various programs need to be reviewed to ensure these resources serve homeless persons.

Summary

We have now examined the “nature of the problem”: Who are the homeless and what caused them to become homeless? An understanding of the population and the causes of homelessness provides the background necessary to begin developing a strategy to end homelessness. The information presented above is drawn from a series of texts and studies performed over the last 15 years. The conclusions are directly applicable here in Maine. Although we have our idiosyncrasies, Maine’s homeless situation is a microcosm of the national homeless problem. Before we move to solutions, we will present data on Maine’s homeless problem.

- ¹ “The Face of Homelessness: No Longer a Poor Apart.” Published by the Federal Interagency Council on the Homeless. Page 1. 7-17-01.
- ² “Facts about Homelessness.” National Alliance to End Homelessness. Page 1. 6-26-00.
- ³ “The Face of Homelessness: No Longer a Poor Apart.” Published by the Federal Interagency Council on the Homeless. Page 4. 7-17-01.
- ⁴ “The Face of Homelessness: No Longer a Poor Apart.” Profile of Homelessness. Published by the Federal Interagency Council on the Homeless. Page 2. 7-17-01.
- ⁵ “Characteristics of the Homeless Population.” Published by the Federal Interagency Council on Homeless. Page 6. 7-17-01.
- ⁶ “Demographics and Geography: Estimating Needs.” Burt, Martha R., Ph.D. The 1998 National Symposium on Homelessness Research. Page 4. 7-17-01. 12
- ⁷ “Characteristics of the Homeless Population.” Published by the Federal Interagency Council on the Homeless. Page 6. 7-17-01.
- ⁸ “Homelessness: Barriers to Using Mainstream Programs.” Published by the United States General Accounting Office. Page 5. July 2000.
- ⁹ Down And Out In America: The Origins of Homelessness. Rossi, Peter H. The University of Chicago Press. Chicago; 1989. Pages 38-44.
- ¹⁰ “Who is Homeless? Published by the National Coalition for the Homeless. February 1999. Page 2.
- ¹¹ “Who is Homeless? Published by the National Coalition for the Homeless. February 1999. Page 2.
- ¹² “Demographics and Geography: Estimating Needs.” Burt, Martha R., Ph.D. The 1998 National Symposium on Homelessness Research. Page 5. 7-17-01. See also Ringwalt, C.L. Greene, et al, “The Prevalence of Homelessness Among Adolescents in the United States.” American Journal of Public Health, 88(9): 1325-1329.
- ¹³ “Homeless Youth: Research, Intervention, and Policy.” Robertson, Marjorie J., Ph.D. and Toro, Paul A., Ph.D. Page 3. 7-17-01.
- ¹⁴ “Special Populations of Homeless Americans.” Rosenheck, Robert, M.D., Bassuk, Ellen, M.D., and Salomon, Amy, Ph.D. Page 5. 7-17-01.
- ¹⁵ “Special Populations of Homeless Americans.” Rosenheck, Robert, M.D., Bassuk, Ellen, M.D., and Salomon, Amy, Ph.D. Page 9. 7-17-01.
- ¹⁶ “Special Populations of Homeless Americans.” Rosenheck, Robert, M.D., Bassuk, Ellen, M.D., and Salomon, Amy, Ph.D. Page 11. 7-17-01. See also Bassuk, E.L. and Gallagher, E. (1990). “The Impact of Homelessness on Children.” Child and Youth Services, 14: 19-33.
- ¹⁷ “Special Populations of Homeless Americans.” Rosenheck, Robert, Ph.D., Bassuk, Ellen. M.D., and Salomon, Amy, Ph.D. Page 5. 7-17-01. See also Bassuk, E.L. and Gallagher, E. (1990). “The Impact of Homelessness on Children.” Child and Youth Services, 14: 19-33.

- 18 “Characteristics of the Homeless Population.” Published by the Federal Interagency Council on the Homeless. Page 7. 7-17-01.
- 19 “Special Populations of Homeless Americans.” Rosenheck, Robert, M.D., Bassuk, Ellen, M.D., and Salomon, Amy, Ph.D. Page 10. 7-17-01. See also Shinn, M.B. Weitzman, B.C. (1996). Homeless Families are Different. In Baumohl J. (Ed). “Homelessness in America.” Phoenix, Arizona: Orxy Press.
- 20 “Special Populations of Homeless Americans. Rosenheck, Robert, Ph.D., Bassuk, Ellen, M.D., and Salomon, Amy, Ph.D. Page 10-11. 7-17-01. See also Buckner, J & Bassuk, E.L. (in press). Family Homelessness in America, In P. Vostanis & S. Cumella (Eds.) Homeless Children.: Problems and Needs. London: Jessica Kingsley Publishers.
- 21 “The Homeless.” Jencks, Christopher. Harvard University Press. Cambridge; Page 55.
- 22 “Special Populations of Homeless Americans. Rosenheck, Robert, M.D., Bassuk, Ellen, M.D., and Salomon, Amy, Ph.D. Page 11. 7-17-01. See also “The Homeless.” Jencks, Christopher. Harvard University Press. Cambridge; Page 55-56.
- 23 “Characteristics of the Homeless Population.” Published by the Federal Interagency Council on the Homeless. Page 7. 7-17-01.
- 24 “Homelessness: Barriers to Using Mainstream Programs.” Published by the General Accounting Office. Page 5. July 2000.
- 25 “Mental Illness and Homelessness.” Published by the National Coalition for the Homeless. Page 1. April 1999.
- 26 “The Homeless” Jencks, Christopher. Harvard University Press. Cambridge; Chapters 3, 6, 8.
- 27 Down And Out In America: The Origins of Homelessness. Rossi, Peter H. The University of Chicago Press. Chicago; 1989. Page 179.
- 28 Down And Out In America: The Origins of Homelessness. Rossi, Peter H. The University of Chicago Press. Chicago; 1989. Page 195.
- 29 Down And Out In America: The Origins of Homelessness. Rossi, Peter H. The University of Chicago Press. Chicago; 1989. Page 196.
- 30 “Special Populations of Homeless Americans.” Rosenheck, Robert, M.D., Ellen Bassuk, M.D., and Amy Salomon, Ph.D. Page 3-4. 7-17-01.
- 31 “Causes of Homelessness in America.” Published by the National Law Center on Homelessness and Poverty. Page 2. 7-16-01.
- 32 Down And Out In America: The Origins of Homelessness. Rossi, Peter H. The University of Chicago Press. Chicago; 1989. Page 204.
- 33 Down on Their Luck: A Study of Homeless Street People. Snow, Davis A., and Anderson, Leon. University of California Press. Berkeley; 1993. Page 213.
- 34 Down on Their Luck: A Study of Homeless Street People. Snow, Davis A., and Anderson, Leon. University of California Press. Berkeley; 1993. Page 315.
- 35 Down on Their Luck: A Study of Homeless Street People. Snow, Davis A., and Anderson, Leon. University of California Press. Berkeley; 1993. Page 202.
- 36 “Special Populations of Homeless Americans.” Rosenheck, Robert, M.D., Bassuk, Ellen, M.D., and Salomon, Amy, Ph.D. Page 16. 7-17-01.
- 37 “Down on Their Luck: A Study of Homeless Street People. Snow, Davis A., and Anderson, Leon. 13 University of California Press. Berkeley; 1993. Page 208-209.
- 38 “Down on Their Luck: A Study of Homeless Street People. Snow, Davis A, and Anderson, Leon. University of California Press. Berkeley; 1993. Page 208.
- 39 “Special Populations of Homeless Americans.” Rosenheck, Robert, M.D., Bassuk, Ellen, M.D., and Salomon, Amy, Ph.D. Page 16. 7-17-01. See also Susser, E., Moore, R. & Link, B. (1993). Risk Factors for Homelessness. American Journal of Epidemiology, 15:546-556.
- 40 “Special Populations of Homeless Americans.” Rosenheck, Robert, M.D., Bassuk, Ellen, M.D., and Salomon, Amy, Ph.D. Page 16. 7-17-01
- 41 “Homeless Youth: Research, Intervention, and Policy.” Robertson, Marjorie J., Ph.D. and Toro, Paul A., Ph.D. Page 2. 7-17-01.
- 42 “Special Populations of Homeless Americans.” Rosenheck, Robert, M.D., Bassuk, Ellen, M.D., and Salomon, Amy, Ph.D. Page 3-4. 7-17-01. See also Sosin , M.R. & Grossman, S. (1991). “The Mental Health

- System and the Etiology of Homelessness: A Comparison Study.” *Journal of Community Psychology* 19:337-350. & *Down and Out in America: The Origins of Homelessness*. Rossi, Peter, H. The University of Chicago Press. Chicago; 1989. Page 179.
- 43 *Down and Out in America: The Origins of Homelessness*. Rossi, Peter, H. The University of Chicago Press. Chicago; 1989. Page 189.
- 44 “Mental Illness and Homelessness.” Published by the National Coalition for the Homeless. Page 2. April 1999.
- 45 “Addiction Disorders and Homelessness.” Published by the National Coalition for the Homeless. Page 3. April 1999.
- 46 “Addiction Disorders and Homelessness.” Published by the National Coalition for the Homeless. Page 3. April 1999.
- 47 “Special Populations of Homeless Americans.” Rosenheck, Robert, M.D., Bassuk, Ellen, M.D., and Salomon, Amy, Ph.D. Page 4. 7-17-01. See also See Hurlburt, Hough, and Wood, 1996).
- 48 “Homeless Youth.” Published by the National Coalition for the Homeless. Page 1. April 1999.
- 49 “Demographics and Geography: Estimating Needs.” Burt, Martha R., Ph.D. The 1998 National Symposium on Homelessness Research. Page 5. 7-17-01.
- 50 “Homeless Youth: Research, Intervention, and Policy.” Robertson, Marjorie, Ph.D. and Toro, Paul A., Ph.D. Page 3. 7-17-01.
- 51 “Homeless Youth: Research, Intervention, and Policy.” Robertson, Marjorie, Ph.D. and Toro, Paul A., Ph.D. Page 6. 7-17-01.
- 52 “Homeless Youth: Research, Intervention, and Policy.” Robertson, Marjorie, Ph.D. and Toro, Paul A., Ph.D. Page 6. 7-17-01.
- 53 “Special Populations of Homeless Americans.” Rosenheck, Robert, M.D., Bassuk, Ellen, M.D., and Salomon, Amy, Ph.D. Page 6. 7-17-01.
- 54 “Homeless Youth.” Published by the National Coalition for the Homeless. Page 2. 7-17-01.
- 55 “Homeless Youth: Research, Intervention, and Policy.” Robertson, Marjorie J., Ph.D. and Toro, Paul A., Ph.D. Page 8. 7-17-01.
- 56 “Homeless Youth: Research, Intervention, and Policy.” Robertson, Marjorie J., Ph.D. and Toro, Paul A., Ph.D. Page 10. 7-17-01.
- 57 “Special Populations of Homeless Americans.” Rosenheck, Robert, M.D., Bassuk, Ellen, M.D., and Salomon, Amy, Ph.D. Page 6. 7-17-01.
- 58 “Homeless Youth: Research, Intervention, and Policy.” Robertson, Marjorie J., Ph.D. and Toro, Paul A., Ph.D. Page 13. 7-17-01.
- 59 “Homeless Youth: Research, Intervention, and Policy.” Robertson, Marjorie J., Ph.D. and Toro, Paul A., Ph.D. Page 13. 7-17-01.
- 60 “Special Populations of Homeless Americans.” Rosenheck, Robert, M.D., Bassuk, Ellen, M.D., and Salomon, Amy, Ph.D. Page 6. 7-17-01.
- 61 “Homeless Youth: Research, Intervention, and Policy.” Robertson, Marjorie J., Ph.D. and Toro, Paul A., Ph.D. Page 14. 7-17-01.
- 62 “Homeless Youth: Research, Intervention, and Policy.” Robertson, Marjorie J., Ph.D. and Toro, Paul A., Ph.D. Page 7. 7-17-01.
- 63 “Characteristics of the Homeless Population.” Published by the Federal Interagency Council on the Homelessness. Page 6. 7-17-01.
- 64 *Down and Out in America: The Origins of Homelessness*. Rossi, Peter H. The University of Chicago Press. Chicago; 1989. Page 39.
- 65 “Special Populations of Homeless Americans.” Rosenheck, Robert, M.D., Bassuk, Ellen, M.D., and Salomon, Amy, Ph.D. Page 9. 7-17-01.
- 66 *Down and Out in America: The Origins of Homelessness*. Rossi, Peter H. The University of Chicago Press. Chicago; 1989. Page 196.
- 67 “Special Populations of Homeless Americans.” Rosenheck, Robert, M.D., Bassuk, Ellen, M.D., and Salomon, Amy, Ph.D. Page 17. 7-17-01.
- 68 “Homelessness and Poverty in America.” Published by the National Law Center on Homelessness and Poverty. Page 1. 7-16-01.

- 69 “Characteristics of the Homeless Population.” Published by the Federal Interagency Council on the Homeless. Page 8. 7-17-01.
- 70 “Homeless Youth: Research, Intervention, and Policy.” Robertson, Marjorie J., Ph.D. and Toro, Paul 14 A., Ph.D. Page 6. 7-17-01 See also “Special Populations.” Page 6.
- 71 “Causes of Homelessness.” Published by the Federal Interagency Council on the Homeless. Page 9. 7-17-01.
- 72 “The Homeless.” Jencks, Christopher. Harvard University Press. Cambridge; 1994. Page 53.
- 73 “The Homeless.” Jencks, Christopher. Harvard University Press. Cambridge; 1994. Page 53.
- 74 “Causes of Homelessness.” Published by the Federal Interagency Council on the Homeless. Page 9. 7-17-01.
- 75 Down and Out in America: The Origins of Homelessness. Rossi, Peter H. The University of Chicago Press. Chicago; 1989. Page 191.
- 76 See National Alliance to End Homelessness, “Facts About Homelessness.” and National Coalition for the Homeless, “Why Are People Homeless?”
- 77 “Special Populations of Homeless Americans.” Rosenheck, Robert, M.D., Bassuk, Ellen, M.D., and Salomon, Amy, Ph.D. Page 3. 7-17-01.
- 78 The Homeless. Jencks, Christopher. Harvard University Press. Cambridge; 1994. Pages 55-60.
- 78 “The Homeless.” Jencks, Christopher. Harvard University Press. Cambridge; 1995. Pages 55-60.
- 79 “The Homeless.” Jencks, Christopher. Harvard University Press. Cambridge; 1995. Page 85.
- 80 “The Homeless.” Jencks, Christopher. Harvard University Press. Cambridge; 1995. Pages 83 & 93.
- 81 “The Homeless.” Jencks, Christopher. Harvard University Press. Cambridge; 1995. Pages 83.
- 82 “Why Are People Homeless?” Published by the National Coalition for the Homeless. Page 4. June 1999.
- 83 “Why Are People Homeless?” Published by the National Coalition for the Homeless. Page 4. June 1999.
- 84 “Down and Out In America: The Origins of Homelessness.” Rossi, Peter H. The University of Chicago Press. Chicago; 1989. Page 182.
- 85 “Causes of Homelessness.” Published by the Federal Interagency Council on the Homelessness. Page 11. 7-17-01.
- 86 Down And Out In America: The Origins of Homelessness. Rossi, Peter H. The University of Chicago Press. Chicago; 1989. Pages 196-197.
- 87 “Homelessness: Barriers to Using Mainstream Programs.” Published by the United States General Accounting Office. Page 4. July 2000.
- 88 “Homelessness: Barriers to Using Mainstream Programs.” Published by the United States General Accounting Office. Page 12. July 2000.
- 89 “Homelessness: Barriers to Using Mainstream Programs.” Published by the United States General Accounting Office. Page 29-30. July 2000.

Bibliography

- Burt, Martha R. PhD. Demographic and Geography: Estimating Needs. 17 July 2001.
<http://aspe.hhs.gov/progsys/homeless/symposium/1-demogrph.htm>
- Federal Interagency Council on the Homeless. Causes of Homelessness. 17 July 2001.
 _ Characteristics of the Homeless Population. 17 July 2001.
 _ Face of Homelessness: No Longer a Poor Apart. 17 July 2001.
- Jencks, Christopher. The Homeless. (Cambridge Massachusetts, 1994 Fourth printing 1997).
- Maine Interagency Task Force on Homelessness and Housing Opportunities. More...And More Needy; A Study of Maine’s Homeless Population. November 1997.
 _ Young and Homeless; A Study of Maine’s Homeless Youth. February 1999.
- National Alliance to End Homelessness. Home Page. 26 June 2000. <http://endhomelessness.org>.
 _ Fact about Homelessness. 26 June 2000. <http://endhomelessness.org/back/factus.htm>
 _ Policy and Legislation. 26 June 2000. <http://endhomelessness.org/pol.index/htm>
 _ What You Can Do to Help the Homeless. 26 June 2000.
<http://endhomelessness.org/do/index.htm>.

- National Coalition for the Homeless. NCH Fact Sheet #1. Why Are People Homeless?. June 1999. 16 July 2001. <http://www.nationalhomeless.org/causes.html>
- NCH Fact Sheet #2. How Many People Experience Homelessness? February 1999, 16 July 2001. <http://www.nationalhomeless.org/numbers.html>
- NCH Fact Sheet #3. Who is Homeless?. February 1999. 16 July 2001. <http://nationalhomeless.org/who.html>
- NCH Fact Sheet #5. Mental Illness and Homelessness. April 1999. 16 July 2001. <http://www.nationalhomeless.org/mental.html>
- NCH Fact Sheet #6. Addition Disorders and Homelessness. April 1999. 16 July 2001. <http://www.nationalhomeless.org/addict.html>
- NCH Fact Sheet #11 Homeless Youth. April 1999. 16 July 2001. <http://www.nationalhomeless.org/youth.html>
- NCH Fact Sheet #13. Rural Homelessness. March 1999. 16 July 2001. <http://www.nationalhomeless.org/rural.html>
- National Law Center On Homelessness and Poverty. The National Law Center. 6 December 2000. 16 July 2001. <http://nlchp.org> Causes of Homelessness in America. 6 December 2000. 16 July 2001. <http://www.nlchp.org/causes.htm> Homelessness and Poverty in America. 6 December 2000. 16 July 2001. <http://www.nlchp.org/h&pusa.htm> Interagency Council on the Homeless. 6 December 2001. 16 July 2001. <http://aspe.hhs.gov/progsys/homeless/ich.htm> Solutions to Homelessness in America. 6 December 2000. 16 July 2001. <http://www.nlchp.org/solution.htm>
- Profile of Homelessness. 17 July 2001. <http://aspe.hhs.gov/progsys/homeless/profile.htm>.
- Robertson, Marjorie J., PhD. Toro, Paul A. PhD. Homeless Youth: Research, Intervention, and Policy. 17 July 2001. <http://aspe.hhs.gov/progsys/homeless/symposium/3-Youth.htm>
- Rosenheck, Robert MD. Bassuk, Ellen MD. Salomon, Amy PhD. Special Populations of Homeless Americans. 17 July 2001.
- Rossi, Peter H. Down and Out in America: The Origins of Homelessness. (Chicago Press, Chicago 1989)
- Snow, David A. and Anderson, Leon. Down on Their Luck. (University of California Press, Berkeley 1993)
- United States General Accounting Office. Report to Congressional Requesters. Homelessness Barriers to Using Mainstream Programs. July 2000. GAO/RCED-00-184