

HOMELESSNESS: WHAT IS FUELING THE U.S. CRISIS?



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Homelessness: What Is Fueling the U.S. Crisis?

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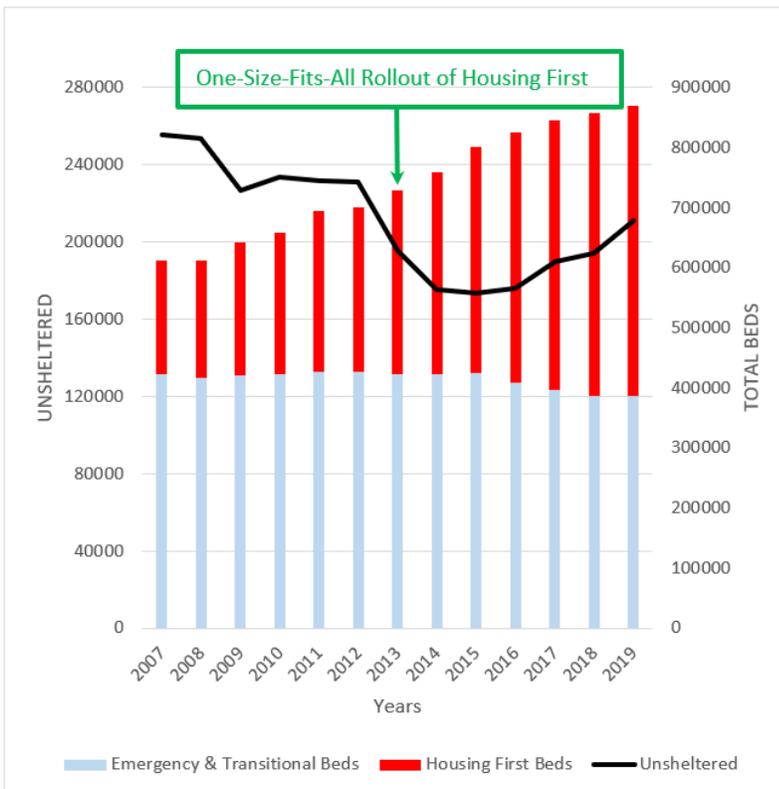
Introduction

In 2013, the U.S. Department of Housing and Urban Development (HUD) greatly expanded Housing First, a policy approach originally designed for a narrow segment of the homeless population. Defined as “permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements,” this approach became the nation’s one-size-fits-all approach to homelessness (HUD, n.d.-a., p. 1). However, this paper will outline the evidence that housing, in and of itself, is not the answer to homelessness despite the loud chorus of HUD-led advocates that claim it so.

HUD’s 2019 Annual Homeless Assessment Report (AHAR; HUD, 2020a) data included in **Figure 1** reveal that despite their promise that their housing-only approach would end homelessness (Pugh, 2010, para. 1) and despite a 42.7% increase in the number of permanent housing units dedicated to the homeless over the 2014–2019 period, the unsheltered homeless population rose by 20.5%. Over the five-year period prior, HUD’s Point-in-Time (PIT) count data recorded a 16% decrease in the unsheltered population (HUD, n.d.-b; People First, n.d.)—those living in places not meant for human habitation.

Figure 1

U.S. Homelessness: Number of Beds and Unsheltered Before and After the 2013 One-Size-Fits-All Rollout of Housing First



Key Points

- Despite significant increases in the number of housing units dedicated to the homeless at the national level and in California, homelessness rose.
- Despite a considerable rise in spending, homelessness rose.
- A misunderstanding of the homeless population underlies the rise in homelessness. We must provide trauma-informed treatment to address the diseases with which the homeless struggle.
- The provision of life-long, subsidized housing is inappropriate for the majority of people who enter the homelessness system. It ensures that nearly everyone who enters will not exit it and has, in turn, fueled the affordable housing backlog in many regions throughout the country.
- Life-long housing—without services and conditions—is not the panacea it was promised to be.

Note. Data from 2019 Annual Homeless Assessment Report (AHAR) to Congress, U.S. Department of Housing and Urban Development, 2020 (<https://www.huduser.gov/portal/sites/default/files/pdf/2019-AHAR-Part-1.pdf>) and author’s calculations.

California, the only state to embed Housing First into state statute ([SB 1380, 2016](#)), represents even more glaring an example of its failure to end homelessness.

Despite a 33% increase in the number of permanent housing units dedicated to the homeless since the 2016 adoption of the Housing First approach, California's unsheltered homeless population rose by 47.1% (see **Figure 2**).

If housing alone were the answer, homelessness would have declined at the national level and in California. Instead, the housing-only approach has failed the Golden State, the nation, and most importantly, the homeless.

The stark numeric divergence—more subsidized housing and more homeless—speaks to other factors at work. Understanding and addressing those factors will have a far greater positive effect on reducing homelessness than merely doling out more housing units.

Is a Lack of Spending Behind the Rise in Homelessness?

Data also suggest that the rise in homelessness is not due to a lack of spending.

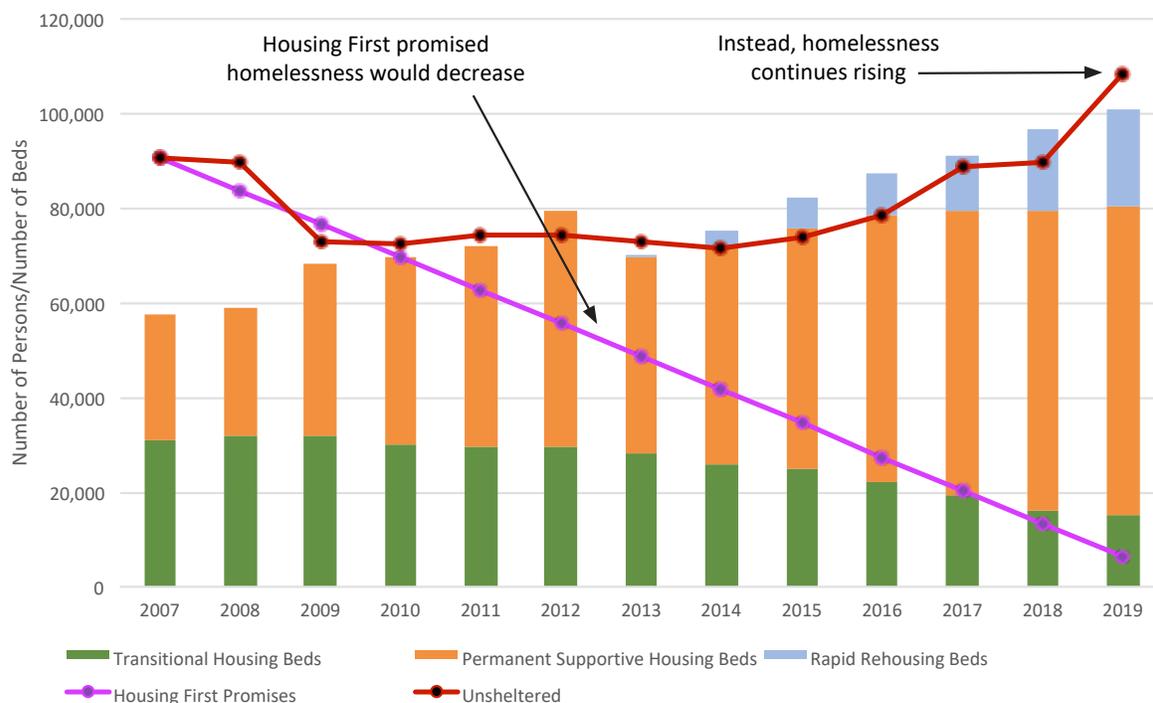
Federal government homelessness assistance spending increased by 200% in the decade leading up to 2019, according to a report of the United States Interagency Council on Homelessness ([USICH, 2020](#)). Yet overall homelessness rose by 15.6% from 2014 to 2019, and by 20.5% in the unsheltered population (see **Figure 1**).

This is particularly consequential given that there was an 11% decrease in the unsheltered population during the five-year period prior to the 2013 rollout of Housing First, an economic period which was markedly less robust ([HUD, 2020a](#); [Federal Reserve Bank of St. Louis, 2022](#)).

In California, overall homelessness assistance spending increased by over 101% from 2016 to 2019, with the vast majority of the increase devoted to permanent housing. Yet

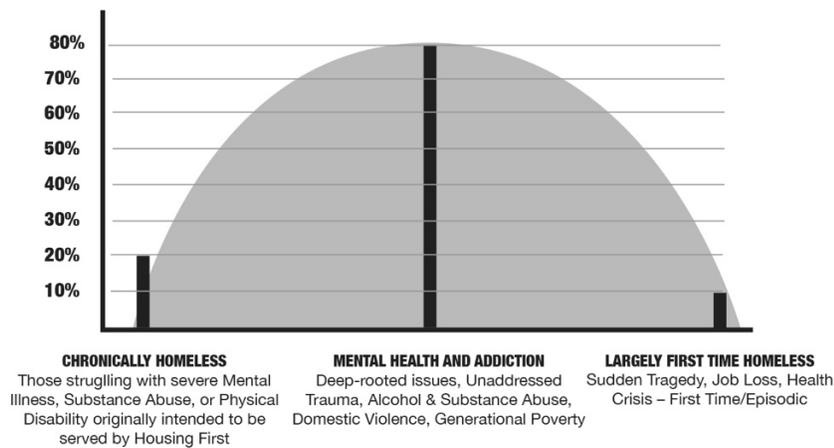
Figure 2

Homelessness in California: Number of Beds and Unsheltered Before and After 2016 One-Size-Fits-All Rollout of Housing First



Note. Data from *The 2019 Annual Homeless Assessment Report (AHAR) to Congress*, U.S. Department of Housing and Urban Development, 2020 (<https://www.huduser.gov/portal/sites/default/files/pdf/2019-AHAR-Part-1.pdf>) and author's calculations.

Figure 3
An Alternative Way to Evaluate the Homeless Population



Note. Author's calculations using pre-COVID data from national and local sources.

overall homelessness rose by 33.8% during that period, and by 47.1% in the unsheltered population. (see [Figure 2](#); [Legislative Analyst's Office, 2016](#); [Auditor of the State of California, 2020](#)).

A Misunderstanding of the Homeless Population Has Fueled the Homelessness Crisis

Pre-Covid data from the HUD's *2019 Annual Homeless Assessment Report (2020a)* cites 1.2 million homeless Americans (author's calculations using [HUD, n.d.-b](#); [HUD, 2019](#); and website [HUDEXchange.info](#)).

Based on the self-reporting bi-annual surveys it conducts with the homeless, HUD claims that a mere 20% of the homeless struggle with severe mental illness and 16% with substance use disorder ([HUD, 2020b, p. 2](#)).

However, a 2019 study by the UCLA Policy Lab suggests that 78% of unsheltered adults might struggle with mental illness and 75% with substance abuse disorders (SUDs; [Rountree et al., 2019](#)). These data align with the findings of the *Los Angeles Times* analysis of homelessness data ([Smith & Oreskes, 2019](#)), as well as through practical experience from service providers across the country such as Saint John's Program for Real Change in Sacramento, California.¹

Adding to a lack of clarity around what underlies homelessness is the perception that the chronically

homeless—those struggling with severe mental illness and/or addiction and often living on the street—constitute the majority of the homeless population as they are the most visible. It is not so, as you will see in the bell curve provided in [Figure 3](#).

On the left of the curve are the chronically homeless who struggle with severe mental illness, addiction, physical disabilities, or a combination of these. On average, they constitute somewhere between 10% to 20% of the nation's overall homeless population. The original Housing First intervention was designed to address this specific segment of the population ([NYC Service, n.d.](#)), an ironic twist given that their ranks have increased significantly under its rule.

On the right of the curve are those who are living paycheck to paycheck, without savings; an unforeseen event such as a healthcare crisis or job loss pushed them over the financial edge and into homelessness. They constitute approximately 10% of the nation's overall homeless population. Getting them into housing quickly so they can stabilize their situation and reenter the economic mainstream is crucial; providing them with life-long, subsidized housing is not. These are able-bodied individuals, thus life-long subsidized housing is superfluous.

The middle of the curve—the vast majority of the homeless—are people struggling with unaddressed trauma,

¹ The author served as chief executive officer of Saint John's Program for Real Change from 2006–2019. Data available upon request.

substance abuse disorder and mental illness. Many programs such as Saint John's Program for Real Change in Sacramento and Haven for Hope in San Antonio have demonstrated that with the proper intervention and incentives, these conditions can be successfully treated and managed, allowing them to then work and move toward, if not achieve, self-sustainability (USICH, 2020). The provision of life-long subsidized housing to this population, given their potential to become able-bodied, is equally superfluous. Moreover, it serves to straightjacket them into the condition under which they entered homelessness as there is no expectation that they address the behaviors that led to their homelessness, nor to do anything more with their lives (Texas Public Policy Foundation, 2020).

Not only is the provision of life-long, subsidized housing excessive for most people who enter the homelessness system, it also ensures that nearly everyone who enters the system will never exit it. This has fueled the affordable housing backlog we face today in many regions throughout the country.

The Urgent Need for Disease Treatment and Further Research

Research shows that unaddressed childhood trauma—called Adverse Childhood Experiences (ACEs)—is significantly related to homelessness (Roos et al., 2013).

Three or more adverse childhood experiences are linked to a substantially increased risk of chronic health problems, teen pregnancy, criminality, mental illness, injection drug use, alcoholism, and attempted suicide, according to the Centers for Disease Control and Prevention (CDC, n.d.).

A 2017 study by the *Journal of Health Care for the Poor and Underserved* found that among homeless adults in California's Santa Clara County, 79% grew up in a household with a person with drug or alcohol dependence, and 65% endured psychological abuse (Bymaster et al., 2017). A *BMC Public Health* article (Giano et al., 2020) found that only 21.5% of the population has a 3-plus ACE score.

At Saint John's Program for Real Change in Sacramento, Northern California's largest program serving women and children, 2019 average ACE scores were 4-6, with some as high as 9.

Traumatized children grow into traumatized adults, unless their trauma is properly addressed, according to the Center for Youth Wellness (n.d.). The 2020 USICH report indicates that the United States is now seeing the generational effects of homelessness for the first time ever.

It is inhumane to ignore the underlying trauma and disease that afflict those struggling with homelessness. We must provide services to help these individuals address and heal from these issues. What's more, ignoring these issues has economic effects, both in the present and for the long-term. Treatment is shown to reduce other societal costs such as those incurred by healthcare and public safety systems (National Institute of Health, n.d.).

The Foundation's regression analysis (Table 1) reveals that the high cost of housing is one factor that needs to be considered as it relates to high rates of homelessness. However, as shown earlier, both the federal government and the state of California significantly increased the number of housing units dedicated to the homeless, yet homelessness increased. What else is at play here?

Hawaii, New York, California, Massachusetts, Oregon, Maryland, New Jersey, Vermont, Connecticut, and Maine are the states with the highest housing costs. Using the Wharton Residential Land-Use Regulatory Index (2019) derived from Freedom in the 50 States (n.d.), we found that these states have a high regulatory burden, averaging 0.47 compared to the top 10 lowest cost states, which have a much lighter regulatory burden of -0.27. Of note here, the national average is 0.03. Since residential housing regulations are upstream from housing costs, this suggests that a focus on housing costs may simply be a focus on a symptom rather than a cause.

Latitudinarian policies such as drug legalization and decriminalization could also be at play as it relates to their high rates of homelessness.

Table 1 reveals two additional variables that need to be considered: the participation in organized religion and the drug overdose death rate. When comparing them with HUD's annual homelessness count by state for 2018–2020, we found a high correlation (HUD, n.d.-b).

The drug overdose death rate was negatively correlated with homelessness—the higher the death rate, the lower the rate of homelessness. Could this mean there are fewer homeless due to drug overdose deaths within the population? This is another variable that merits further exploration.

States with low attendance in religious services saw higher rates of homelessness. The link between active participation in religious services and the rate of homelessness also deserves additional attention in that it suggests non-economic factors may also play a role in the rate of homelessness in a state.

Table 1
Summary of Regression Model Results

SUMMARY OUTPUT (Extract) - Total Homeless, All Variables			
Regression Statistics			
R Square		0.884	
Adjusted R Square		0.846	
Observations		50	
ANOVA			
		F	Significance F
Regression		23.439	1.08E-13
Residual			
Total			
	P-value	Lower 95.0%	Upper 95.0%
Intercept	0.221	-305.743	1281.870
Cost of Living Index, Housing, 3rd Qtr 2021	0.000	1.475	2.203
Age-adjusted Drug Overdose Death Rate 2019	0.012	-3.187	-0.423
Seldom/never Attend Religious Services (2014)	0.030	29.500	540.182
Percentage of Adults with a HS Degree (2018)	0.050	-16.390	0.017
Average Winter Temperature (F)	0.125	-3.600	0.457
Property Crime Rate per 100,000 2019	0.149	-0.011	0.072
Domestic Violence Against Women (2019)	0.278	-1.313	4.435
2019 Unemployment Rate	0.339	-11.181	31.682
State and Local Expenditures as a Percent of Income (2019)	0.351	-245.131	674.125
Supplemental Poverty Measure (2018-2020)	0.529	-12.078	6.315
Domestic Violence Against Men (2019)	0.609	-1.838	3.095
Violent Crime Rate per 100,000 2019	0.976	-0.132	0.136

Note. Data from 2007–2020 PIT Estimates by State, HUD User, n.d., U.S. Department of Housing and Urban Development (<https://www.huduser.gov/portal/sites/default/files/xls/2007-2020-PIT-Estimates-by-state.xlsx>), Personal Income by State, U.S. Bureau of Economic Analysis, 2021 (<https://www.bea.gov/data/income-saving/personal-income-by-state>), The Supplemental Poverty Measure: 2020, U.S. Census Bureau, 2021 (<https://www.census.gov/library/publications/2021/demo/p60-275.html>), Attendance at Religious Services by State, Pew Research Center, n.d. (<https://www.pewforum.org/religious-landscape-study/compare/attendance-at-religious-services/by/state/>), Table 5: Crime in the United States by State, 2019, Federal Bureau of Investigation, n.d. (<https://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s.-2019/topic-pages/tables/table-5>), 2019 Drug Overdose Death Rates, Centers for Disease Control and Prevention, 2021 (<https://www.cdc.gov/drugoverdose/deaths/2019.html>), Local Area Unemployment Statistics: Unemployment Rates by State, U.S. Bureau of Labor Statistics, 2021 (<https://www.bls.gov/lau/lastrk19.htm>), Educational Attainment by State 2021, World Population Review, n.d. (<https://worldpopulationreview.com/state-rankings/educational-attainment-by-state>), Domestic Violence by State 2021, World Population Review, n.d. (<https://worldpopulationreview.com/state-rankings/domestic-violence-by-state>), Cost of Living Data Series, Missouri Economic Research and Information Center, n.d. (<https://meric.mo.gov/data/cost-living-data-series>), State and Local Direct General Expenditures, per Capita, Tax Policy Center, 2021 (<https://www.taxpolicycenter.org/statistics/state-and-local-direct-general-expenditures-capita>), United States - Homeownership Rate, 2014–2018 by State, Index Mundi, n.d. (<https://www.indexmundi.com/facts/united-states/quick-facts/all-states/homeownership-rate#table>), and author's calculations.

Further research to determine the impact of both the economic and non-economic factors cited above is needed.

Conclusion

Despite significant increases in the number of housing units dedicated to the homeless and significant increases in spending, the data indicate that the myopic focus on the provision of life-long housing to the homeless—without services and without conditions—is not the panacea it was promised to be. In fact, it appears to have fueled the rise in the pre-COVID homeless population and created the inability for the system to eternally provide “enough” subsidized housing.

“Policies that do not address the real root causes of homelessness ... have exacerbated the homelessness condition in America.”

— USICH 2020 *Expanding the Toolbox* report ([p. 1](#))

The majority of the homeless need support in addressing the trauma and illnesses underlying their homelessness so that they, and the communities in which they reside, can begin to realize their full potential.

As the USICH report notes, “Approaches that emphasize employment, empowerment and increasing self-sufficiency supported by housing” should be utilized” ([2020, p. 13](#)). Although some advocates for the housing-only approach claim such preconditions are unfair ([McBeth, 2017](#)), experience, data, and human nature suggest otherwise. ★

References

- Auditor of the State of California. (2020). *Appendix A—State programs that provided funding to address homelessness, fiscal years 2018–19 through 2020–21 in Homelessness in California: The state’s uncoordinated approach to addressing homelessness has hampered the effectiveness of its efforts.* <https://www.auditor.ca.gov/reports/2020-112/appendices.html#appendixa>
- Bymaster, A., Chung, J., Banke, A., Choi, H., & Laird, C. (2017). A pediatric profile of a homeless patient in San Jose, California. *Journal of Health Care for the Poor and Underserved*, 28(1), 582–595. <https://muse.jhu.edu/article/648779>
- Center for Youth Wellness. (n.d.). *Childhood adversity increases risk for long-term health and behavioral issues.* <https://centerforyouthwellness.org/health-impacts/>
- Centers for Disease Control and Prevention. (n.d.). *Adverse childhood experiences (ACEs).* Retrieved January 14, 2022, from <https://www.cdc.gov/violenceprevention/aces/index.html>
- Centers for Disease Control and Prevention. (2021, March 22). *2019 drug overdose death rates.* <https://www.cdc.gov/drugoverdose/deaths/2019.html>
- Federal Bureau of Investigation. (n.d.). *Table 5: Crime in the United States by state, 2019.* Retrieved January 14, 2022, from <https://ucr.fbi.gov/crime-in-the-u.s/2019/crime-in-the-u.s.-2019/topic-pages/tables/table-5>
- Federal Reserve Bank of St. Louis. (2022, January 27). *Real Gross Domestic Product.* FRED Economic Data. Retrieved February 3, 2022, from <https://fred.stlouisfed.org/series/GDPC1#0>
- Freedom in the 50 States. (n.d.). *How it’s calculated.* CATO Institute. <https://www.freedominthe50states.org/how-its-calculated>
- Giano, Z., Wheeler, D. L., & Hubach, R. D. (2020). The frequencies and disparities of adverse childhood experiences in the U.S. *BMC Public Health*, 20. <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-020-09411-z>
- HUD User. (n.d.). *2007–2020 PIT estimates by state* [Excel spreadsheet]. Department of Housing and Urban Development. Retrieved January 14, 2022, from <https://www.huduser.gov/portal/sites/default/files/xls/2007-2020-PIT-Estimates-by-state.xlsx>
- Index Mundi. (n.d.). *United States - Homeownership rate, 2014–2018 by state.* Retrieved January 14, 2022, from <https://www.indexmundi.com/facts/united-states/quick-facts/all-states/homeownership-rate#table>
- Legislative Analyst’s Office. (2016, October 5). *The 2016–17 budget: California spending plan.* State of California. <https://lao.ca.gov/Publications/Report/3487/11>
- McBeth, K. (2017, July 19). *Why we need to stop shaming and start helping the homeless.* International Policy Digest. <https://intpolicydigest.org/why-we-need-to-stop-shaming-and-start-helping-the-homeless>
- Missouri Economic Research and Information Center. (n.d.). *Cost of living data series.* Retrieved January 14, 2022, from <https://meric.mo.gov/data/cost-living-data-series>
- National Institute of Health. (n.d.). *Principles of drug addiction treatment: A research guide (third edition).* <https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/drug-addiction-treatment-worth-its-cost>

- NYC Service. (n.d.). *Pathways to Housing NY*. Retrieved January 14, 2022, from <https://www.nycservice.org/organizations/1899>
- People first: One size does not fit all*. (n.d.). Texas Public Policy Foundation. Retrieved January 14, 2021, from <https://www.texaspolicy.com/peoplefirst/>
- Pew Research Center. (n.d.). *Attendance at religious services by state*. Retrieved January 14, 2022, from <https://www.pewforum.org/religious-landscape-study/compare/attendance-at-religious-services/by/state/>
- Pugh, T. (2010, June 22). *Obama vows to end homelessness in 10 years*. McClatchy. <https://www.mcclatchydc.com/news/nation-world/national/economy/article24585973.html>
- Roos, L., Mota, N., Afifi, T., Katz, L., Distasio, J., & Sareen, J. (2013). Relationship between adverse childhood experiences and homelessness and the impact of axis I and II disorders. *American Journal of Public Health, 103*(Suppl 2). <https://dx.doi.org/10.2105%2FAJPH.2013.301323>
- Rountree, J., Hess, N., & Lyke, A. (2019). *Health conditions among unsheltered adults in the U.S*. California Policy Lab. <https://www.capolicylab.org/wp-content/uploads/2019/10/Health-Conditions-Among-Unsheltered-Adults-in-the-U.S.pdf>
- SB 1380. California State Legislature. Regular. (2016). https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB1380
- Smith, D., & Oreskes, B. (2019, October 7). Are many homeless people in L.A. mentally ill? New findings back the public's perception. *Los Angeles Times*. <https://www.latimes.com/california/story/2019-10-07/homeless-population-mental-illness-disability>
- Tax Policy Center. (2021, August 27). *State and local direct general expenditures, per capita*. <https://www.taxpolicycenter.org/statistics/state-and-local-direct-general-expenditures-capita>
- Texas Public Policy Foundation. (2020, December 3). *Addressing the homeless epidemic: Answers behind the red door* [Video]. YouTube. <https://www.youtube.com/watch?v=bYdMde9Qy1k>
- United States Interagency Council on Homelessness. (2020). *Expanding the toolbox: The whole-of-government response to homelessness*. Retrieved January 14, 2022, from <https://www.texaspolicy.com/wp-content/uploads/2021/09/USICH-2020-report401.pdf>
- U.S. Bureau of Economic Analysis. (2021, September 23). *Personal income by state*. <https://www.bea.gov/data/income-saving/personal-income-by-state>
- U.S. Bureau of Labor Statistics. (2021, March 3). *Local area unemployment statistics: Unemployment rates by state*. <https://www.bls.gov/lau/lastrk19.htm>
- U.S. Census Bureau. (2021, September 14). *The supplemental poverty measure: 2020*. <https://www.census.gov/library/publications/2021/demo/p60-275.html>
- U.S. Department of Housing and Urban Development. (n.d.-a) *Housing First in Permanent Supportive Housing*. Retrieved January 14, 2022, from <https://files.hudexchange.info/resources/documents/Housing-First-Permanent-Supportive-Housing-Brief.pdf>

- U.S. Department of Housing and Urban Development. (n.d.-b). *2007–2020 PIT estimates by state*. Retrieved January 14, 2022, from <https://www.huduser.gov/portal/sites/default/files/xls/2007-2020-PIT-Estimates-by-state.xlsx>
- U.S. Department of Housing and Urban Development. (2019). HUD 2019 continuum of care homeless assistance programs homeless populations and subpopulations. https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2019.pdf
- U.S. Department of Housing and Urban Development. (2020a). *The 2019 annual homeless assessment report (AHAR) to Congress*. <https://www.huduser.gov/portal/sites/default/files/pdf/2019-AHAR-Part-1.pdf>
- U.S. Department of Housing and Urban Development. (2020b). *HUD 2020 continuum of care homeless assistance programs homeless populations and subpopulations*. https://files.hudexchange.info/reports/published/CoC_PopSub_NatlTerrDC_2020.pdf
- World Population Review. (n.d.-a). *Educational attainment by state 2021*. Retrieved January 14, 2022, from <https://worldpopulationreview.com/state-rankings/educational-attainment-by-state>
- World Population Review. (n.d.-b). *Domestic violence by state 2021*. Retrieved January 14, 2022, from <https://worldpopulationreview.com/state-rankings/domestic-violence-by-state>

ABOUT THE AUTHOR



Michele Steeb is a senior fellow with the Texas Public Policy Foundation and oversees the Foundation's initiative to transform the United States' and Texas' homelessness policy. She has spent her career in causes for the public good beginning with leadership roles in both federal and state senate campaigns. She served four years as the Vice President of Political Affairs for the California Chamber of Commerce and prior to that, founded two technology-focused companies.

In 2006, Michele joined a struggling shelter for homeless women and children and transformed it into one of the nation's beacons of success. Saint John's, now a comprehensive 18-month program, helps homeless women and their children actively address and overcome the root causes of their homelessness by providing both housing and services to support them in becoming contributing members to society.

During her tenure, Michele served on multiple boards to address homelessness and was appointed by Governor Brown to serve on the State's Prison Industry Authority (2012-2020). She is a noted public speaker and author of "Answers Behind the RED DOOR: Battling the Homelessness Epidemic." Her work on homelessness has been published in several national outlets including the *Washington Post*, *USA Today*, *Newsweek* and the *Washington Examiner*.

Michele received multiple awards including the Martin Luther King Jr. Difference Maker award, the Regional Social Equity Leader award, the Women Who Mean Business Award, the Non-Profit Visionary of the Year Award, the Allied Professional Award from the US Congressional Victims' Rights Caucus, a woman of the year by the California State Legislature and the prestigious Ignatian Award by her alma mater, Santa Clara University.

Michele attended Auburn University (War Eagle) and is a graduate of Santa Clara University. She and her husband are parents to five children and have served as a host family for many foreign and domestic students. Their two dogs, Cargo and Leia, enjoy living with them in Lucas, Texas.

About Texas Public Policy Foundation

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