

Data References



Addictions

Addiction services system census data and indicators of need: (1. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. National Survey of Substance Abuse Treatment Services (S-SSATS): 2013.)

Indicators of need for people involved in treatment services: (2. Padgett D, Gulcur L, Tsemberis S. Housing First services for people who are homeless with co-occurring serious mental illness and substance abuse. *Research on Social Work Practice*. 2006; 16:74-83.); and (3. Padgett D, Stanhope V, Henwood B, Stefancic A. Substance use outcomes among homeless clients with serious mental illness: comparing Housing First with Treatment First programs. *Journal of Community Mental Health*. 2011 April; 47(2): 227-232.)



Adult Homelessness

Homeless systems census data: (1. Department of Housing and Urban Development, Office of Community Planning and Development, 2015 Annual Homelessness Assessment Report to Congress. November 2015.)

Indicators of need: (2. Lockard Edens, E., Mares, A., and Rosenheck, R. Chronically Homeless Women Report High Rates of Substance Use Problems Equivalent to Chronically Homeless Men. *Womens Health Issues*, 21-5, 383-389, 2011.); (3. Lawrence D. Rickards, Et al. Collaborative Initiative to Help End Chronic Homelessness. *Journal of Behavioral Health Services & Research*, 2009.); Stefan G. Kertesz, Et al. Housing First for Homeless Persons with Active Addiction: Are We Overreaching? *The Millbank Quarterly*, Vol. 87, No.2, 495-534, 2009.); (4. United States Interagency Council on Homelessness. Ending Chronic Homelessness in 2017, 2015.); and Lee, Barrett A., Kimberly A. Tyler, and James D. Wright. "The New Homelessness Revisited." *Annual review of sociology* 36 (2010): 501-521. PMC. Web. 19 May 2016.)



Aging

Nursing Home Census, ADL and Cognitive impairments: (1. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Nursing Home Data Compendium, 2015 Edition.)

Demographic shifts and indicators of need: (2. Kaiser Family Foundation, Medicaid and Long-Term Services and Supports: A Primer, 2015.); and (3. National Alliance to End Homelessness, Demographics of Homelessness Series: The Rising Elderly Population. Sermons, W. & Henry, M., 2010.)



Family

Family Systems Census Data: Families in homeless systems (1.US Department of Housing and Urban Development, Office of Community Planning and Development, 2015 Annual Homelessness Assessment Report to Congress. November 2015); Families in child welfare systems (2. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, www.acf.hhs.gov/programs/cb Preliminary Estimates for FY 2014 as of July 2015); and Families in education systems (3.Education of Homeless Children and Youth, Consolidated State Performance Report Data. National Center for Homeless Education, University of North Carolina-Greensboro, September 2014.)

Needs estimate for families in the homelessness system 10-30%: among homeless mothers in Massachusetts, 52% had current major depressive episode, 42.5% had current PTSD, and 28.4% had history of alcohol/drug abuse or

dependence (4. Weinreb, L. F., Buckner, J. C., Williams, V., & Nicholson, J. (2006). A Comparison of the Health and Mental Health Status of Homeless Mothers in Worcester, Mass: 1993 and 2003. *American Journal of Public Health*, 96(8), 1444-1448.)

Indicators of need for families with children in foster care system: 18% repeat involvement with child welfare system; 48.7% of a sample of children in foster care in one California county were found to have been removed from homeless or unstably housed parents (5. Zlotnick C, Kronstadt D, Klee L. Foster care children and family homelessness. *American Journal of Public Health*. 1998;88(9):1368-1370.); as many as 30% of children in foster care are primarily there due to the lack of housing (6. Harburger, Deborah S., and Ruth A. White. 2004. "Reunifying Families, Cutting Costs: Housing-Child Welfare Partnerships for Permanent Supportive Housing." *Child Welfare* 83 (5) 493-508.); 37% of families who experienced out-of-home placement were homeless in previous year (7. Courtney, M., Dworsky, A., Lee, J., & Raap, M. (2009) *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 23 and 24*. Chicago: Chapin Hall at the University of Chicago.); substance use rates ranging from 36-79%, 25% rates of mental health issues, and 15% rates of co-occurrence (8. Amy C. D'Andrade and R. Chambers. "Parental problems, case plan requirements, and service targeting in child welfare reunification" *Children and Youth Services Review* (2012): 2131-2138.)



Census data for intellectual and developmental disability systems: (1. *The Case for Inclusion: An Analysis of Medicaid Outcomes for American with Intellectual & Developmental Disabilities*. United Cerebral Palsy. Online Database, <http://cfi.ucp.org/data>, updated May 2015.); and (2. *Community and Work Disparities, American with Disabilities Act Participatory Action Research Consortium (ADA-PARC)*. Online Database, http://centerondisability.org/ada_parc/index.php, updated May 2015.)

Indicators of need: people in institutional care (1. U.S. Department of Health and Human Services. *Medicaid Financed Institutional Services: Characteristics of Nursing Home and ICF/IID Residents and their Patterns of Care*, August 2013.); and **people community settings** (2. Easter Seals' *Living with Disabilities Study*. Harris Interactive. 2010.)



Correctional Systems Census Data: Prison (1. Bureau of Justice Statistics. *Prisoners in 2014*, NCJ 248955); Jail (2. Bureau of Justice Statistics. *Census of Jails: Population Changes, 1999-2013* NCJ 248627); Parole and Probation (3. Bureau of Justice Statistics. *Probation and Parole in the United States, 2014*, NCJ 249057)

Experience of homelessness and jail estimate at 19%: 25% (4. *Homelessness and Indicators of Mental Illness among Inmates in New York City's Correctional System*. Michaels, D., Zoloth SR, Alcabes P, Braslow CA, Safyer S. *Hospital Community Psychiatry*, 1992 Feb; 43(2):150-5.); 16% (5. *Incarceration Associated with Homelessness, Mental Disorder and Co-occurring Substance Abuse*. McNeil D.; Binder, R. & Robinson J.C. *Psychiatric Services*; July 2005, Vol 56 (7), 840-846.); and 15% (6. *Jail Incarceration, Homelessness, and Mental Health: A National Study*. Greenberg, G. & Rosenheck, R. *Psychiatric Services*; February 2008, Vol. 59 No 2, 170-177.)

Experience of homelessness and prison estimate at 10%: 9% (7. Bureau of Justice Statistics. *Mental Health and Treatment of Inmates and Probationers, 1999*, NJC 174463); 11% (8. *Homeless Shelter Use and Reincarceration following Prison Release*. Metraux, S. & Culhane, D. *Criminology and Public Policy*; Volume 3, No 2, 2004, 139-160.); and 10% (9. Métraux and Culhane; David Michaels et al., "Homelessness and indicators of mental illness among inmates in New York City's correctional system." *Hospital and Community Psychiatry* 43 (2002):150-155.)

Prevalence of clinical conditions for people incarcerated: over 50% of inmates have mental health issues, including 23-30% symptoms of major depression and 24% symptoms of psychotic disorders (10. Bureau of Justice Statistics. *Mental Health Problems of Prison and Jail Inmates, 2006*, NJC213600); 62% of inmates meet the definition of substance use and 46% meet the definition of substance dependence (11. The National Center on Addiction and Substance Abuse at Columbia University. *Behind Bars II: Substance Abuse and America's Prison Population*, February 2010); and 25-87% experience of Traumatic Brain Injury (12. National Centers for Disease Control. *Traumatic Brain Injury in Prisons and Jails: An Unrecognized Problem*, 2007)



Mental Health

Census data for mental health systems: (1. Department of Health and Human Services, Substance Abuse & Mental Health Services Administration. Drug & Alcohol Service Information System, Annual URS Output Tables, 2014.)

Indicators of need: (2. Kuntz, Crystal. Persons with Severe Mental Illness: How do they fit into long term care? Department of Health and Human Services, 1995.); and (3. Schiff, J. W., Schiff, R., and Schneider B. Developing and Estimate of Supported Housing Needs for Persons with Serious Mental Illnesses. International Journal of Population Research. Volume 2014, ID 245024.)



Veterans

Veteran and homelessness system census data: (1. US Department of Housing and Urban Development, Office of Community Planning and Development, 2015 Annual Homelessness Assessment Report to Congress. November 2015)

Indicators of need for veterans experiencing homelessness: (2. Veterans and homelessness. Washington, DC: Congressional Research Service. Perl, L., 2015.); and (3. Vital Mission: Ending Homelessness Among Veterans. The Homelessness Research Institute at the National Alliance to End Homelessness, 2007.)



Youth

Transition aged youth systems census data: Homeless and unaccompanied (1. US Department of Housing and Urban Development, Office of Community Planning and Development, 2015 Annual Homelessness Assessment Report to Congress. November 2015); aging out of foster care (2. U.S. Department of Health and Human Services Administration for Children and Families. Child Welfare Outcomes 2010-2013 Report to Congress. AFCARS Foster Care File.); and juvenile justice-involved (3. U.S. Department of Justice. Office of Justice Programs, Office of Justice and Delinquency Prevention. Census of Juveniles in Residential Placement 2013 <http://www.ojjdp.gov/ojstatbb/corrections/qa08401.asp?qaDate=2013>. Released on April 27, 2015.)

Indicators of need for transition aged youth: prevalence of depression, major trauma, PTSD, substance use, and arrest records for homeless unaccompanied youth (4. US Department of Health and Human Services ACYF, Street Outreach Program Data Collection Project. 2016.); prevalence of mental health, substance use, homelessness prior to and after aging out, and PTSD (5. National Youth in Transition Database. July 2014 Data Brief #3.), (6. Jim Casey Youth Opportunities Initiative. Issue Brief: Cost Avoidance, The Business Case for Investing in Youth Aging Out of Foster Care. May 2013.), (7. Midwest Evaluation of the Adult Functioning of Former Foster Youth. Chapin Hall, University of Chicago. 2011.), (8. USICH Supplemental Document to the Federal Strategic Plan to Prevent and End Homelessness: June 2010.), and (9. US Children's Bureau Numbers and Trends 2016: Foster Care Statistics.); and prevalence of mental health, substance use, traumatic brain injury, history of homelessness prior to arrest (10. Shufelt, J. and Cocozza, J., Youth with Mental Health Disorders in the Juvenile Justice System: Results from a Multi-State Prevalence Study. National Center for Mental Health and Juvenile Justice, June 2006.) (11. Cocozza, J. and Skowyra, K. Youth with Mental Health Disorders: Issues and Emerging Responses. Office of Juvenile Justice and Delinquent Prevention, DOJ. Juvenile Justice v7, n1, pp 3-13 2000.), (12. Alemagno, S. et. al. Characteristics of Incarcerated Youth Reporting Homelessness. Journal of Juvenile Justice. Vol.2 Issue 1. 2012), and (13. Feierman, J. et. al. Ten Strategies to Reduce Juvenile Length of Stay. Juvenile Law Center. 2015.)

