

YOUTH STATUS REPORT: ATLANTA, GEORGIA



COVENANT HOUSE INSTITUTE
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Youth Status Report

This report is part of an ongoing series providing data tables and comparative analysis of key indicators of youth well-being at the national, state, and where available, city or county levels. Each report targets a city where Covenant House has a program site. The Covenant House Institute produced this report in an effort to inform advocacy and service delivery efforts, specifically with regard to the following: program development, advocacy and fundraising initiatives, legislative recommendations, and raising awareness among local, state, and federal officials.



Since 1972, **Covenant House** has been providing residential and comprehensive support services to homeless, runaway, and at-risk youth. Throughout its diverse network of 21 program sites in Canada, Latin America, and United States, Covenant House assists over 70,000 youth each year.

Covenant House Institute is the advocacy, research, and leadership development arm of Covenant House. The Institute's purpose is to advance advocacy, research, and leadership development in the social service sector working with homeless, runaway, and at-risk youth. To learn more about the Covenant House Institute, visit <http://www.covenanthouse.org>.

We are grateful for the support of Kevin M. Ryan, President and CEO of Covenant House, James M. White, Covenant House Chief Operating Officer, and Bruce J. Henry, Executive Director of Covenant House Institute. We also thank Elisabeth Lean, Advocacy Consultant for Covenant House Institute, for her work on this report.

CONTENTS

INTRODUCTION

Key Issues.....	4
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TABLES AND COMPARATIVE ANALYSIS

Population	5
Poverty.....	5
Education.....	6
Employment	7
Foster Care and Institutional Placement	7
Juvenile Residential Placement Facilities	8
Birth Rates	8
Substance Use	9
Alcohol Use	10
Mental Health.....	10
Health	11
Dental	11
Causes of Death.....	12

CONCLUSIONS.....	13
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DATA SOURCES	15
--------------------	----

INTRODUCTION

At the heart of Covenant House's mission is the commitment to serve and assist all homeless, runaway, and at-risk youth. In order to provide the highest quality services and advocacy for this population, Covenant House must draw upon the most current information available regarding youth well being on national, state, and local levels. Such indicators of well being include levels of poverty, educational attainment, employment, placement in foster care and juvenile justice systems, pregnancy, alcohol and substance use, and mental and physical health. Research conducted over the past decade has revealed strong associations between these indicators and youth homelessness.¹

The Covenant House Institute produced this report to inform service delivery and advocacy efforts, specifically with regard to program development, fundraising initiatives, legislative recommendations, and raising awareness among local, state, and federal officials. The findings in this report can play a pivotal role in determining priorities and developing strategies.

This report focuses on the status of youth in Atlanta.² It provides a comparative analysis of 24 indicators of well-being on the national, state, and, where available, city or county levels. While our analysis indicated many areas of need, we have highlighted the following key issues of particular concern:

Key Issues for Georgia:

- High percentage of 18-24 year olds without a H.S. diploma or GED (22%)
- High percentage of 16-19 year olds who do not have a H.S. diploma or GED and are not enrolled in school (10%)
- High percentage of 16-19 year olds who are not enrolled in school and are not working (11%)
- High rate of unemployment among 20-24 year olds (13.2%)
- High increase from 2002-2006 in the number of individuals emancipating from care (148% increase) and in the percentage of emancipates who represent all discharges from the child welfare system (167% increase)
- High increase from 1997-2006 in the percentage of individuals 18 years of age and older who account for all individuals in juvenile residential placement (125% increase)
- High birth rates: ages 18-19 (97/1,000) and 20-24 (130/1,000)
- High percentage of 18-24 year olds without health care coverage (36%)

Key Issues for Atlanta:

- High percentage of 18-24 year olds in poverty (25%)
- High rate of unemployment among 20-24 year olds (15.2%)

¹ Toro, P. A., Dworsky, A., & Fowler, P. J. (2007). Homeless Youth in the United States: Recent Research Findings and Intervention Approaches. *National Symposium on Homelessness Research*, 6-1-6-33.

² Data has been gathered, computed, and extrapolated from various sources. Please note, due to variations in collection times, the data sets differ in years among the indicators. However, data in this report has been provided for the 4-5 most current years in which it is available. National data is used as a baseline from which to make comparisons, where appropriate, between the national and state data sets.

TABLES AND COMPARATIVE ANALYSIS

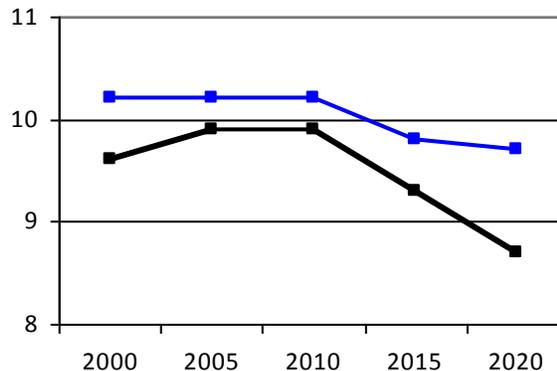
POPULATION

TABLE 1A: Population of 18-24 year olds

Year	United States	Georgia
2000	27,140,000	837,700
2005	29,160,000	907,900
2010	30,480,000	975,900
2015	30,000,000	1,005,000
2020	29,340,000	1,051,000

(Total number based on projections)

TABLE 1B: Population of 18-24 year olds



(Percent of total population)

As shown in Table 1A, between 2000 and 2020, the population of 18-24 year olds is expected to peak in 2010 at 30.5 million and then decline to 29.3 million by 2020. Conversely, it is anticipated that Georgia will not adhere to a similar trend. Rather, its population will continue to increase such that by 2020, the number of 18-24 year olds is projected to have risen by 25%. Despite this growth, by 2020, 18-24 year olds will represent less than 1 in 10 individuals in Georgia as well as nationally (see Table 1B). If these projections are accurate, the decline in the number of 18-24 year olds could have a significant impact on the economy as well as funding for programs designed to assist the needs of this population.

POVERTY

TABLE 2A: Percent of 18-24 year olds in poverty

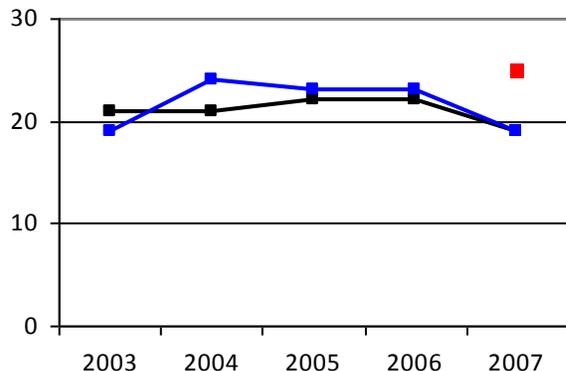
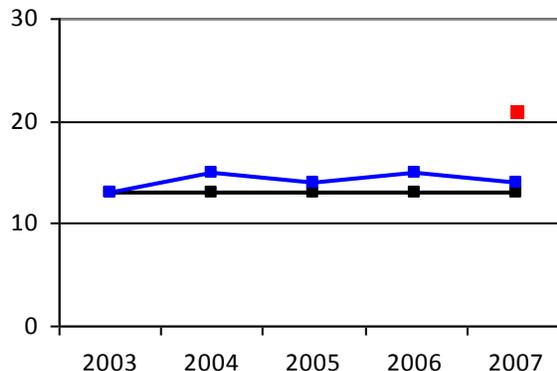


TABLE 2B: Percent of all individuals in poverty



From 2003-2007, the national percentage of 18-24 year olds in poverty peaked in 2005 and then declined to 19% in 2007 (see Table 2A). Georgia's rate maxed out in 2004 at 24% but has since returned to its 2003 rate of 19% - equal to that of the national average. In comparison, Atlanta's percentage is 6 points higher with 1 in 4 of the city's 18-24 year olds living in poverty. As shown in Table 2B, the percentage of all individuals experiencing poverty remained stable from 2003-2007. With regard to Georgia, its percentage fluctuated slightly among the years presented. At 14%, it is 1 point above the national average. Similarly, Atlanta's rate is greater than the state and national percentages at 21%. As a result of the continued economic downturn and loss of jobs, one can anticipate a steady rise in the percentages of individuals experiencing poverty.

EDUCATION

TABLE 3A: Percent of 18-24 year olds without H.S. diploma or GED

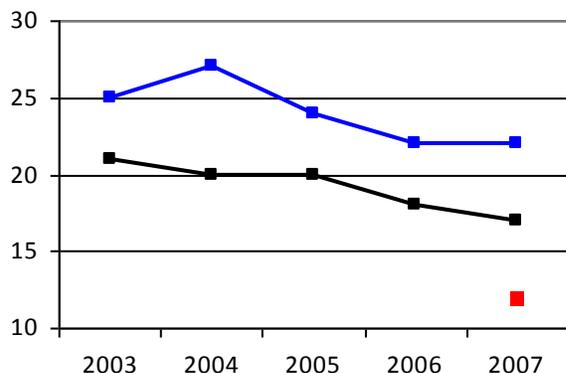
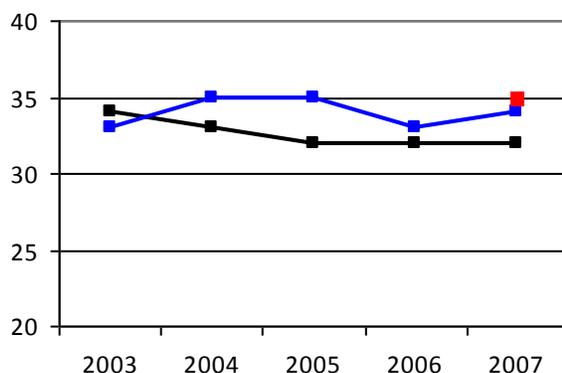


TABLE 3B: 18-24 year olds without H.S. diploma or GED



(Percent of 18-44 year olds without H.S. diploma or GED)

From 2003-2007, the percentage of 18-24 year olds who dropped out of high school declined by 19% on the national level and 12% in Georgia (see Table 3A). At 22%, Georgia’s percentage is 5 points above the national average, and, along with Louisiana, is the highest among Covenant House jurisdictions. Comparatively, Atlanta’s percentage is 10 points below the state average and the lowest among cities in which Covenant House is located. As shown in Table 3B, nationally, 18-24 year olds account for 32% of all individuals between 18-44 years of age who have dropped out of high school. Georgia and Atlanta’s percentages are slightly higher. The lack of a high school degree significantly affects employability, earning potential, etc. With an increasing demand for an information-based work force, individuals without at least a high school diploma are unable to compete with today’s highly-skilled labor pool.

TABLE 3C: Percent of 16-19 year olds without H.S. diploma or GED

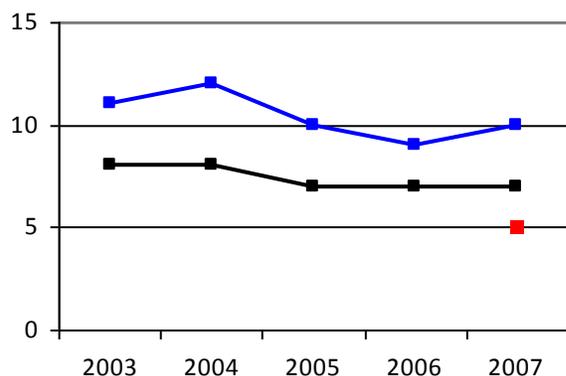
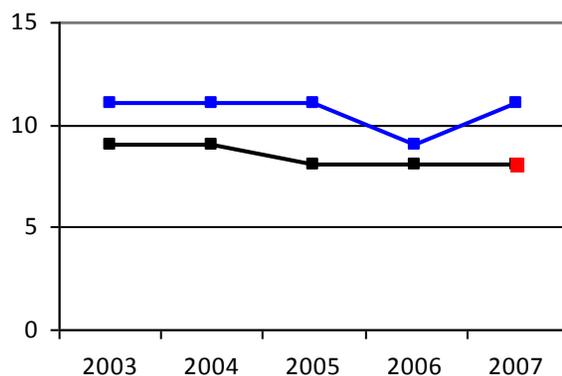


TABLE 3D: Percent of 16-19 year olds not working, not attending school



From 2003-2007, the percentage of 16-19 year old high school dropouts declined by 13% on the national level and by 9% in Georgia (see Table 3C). At 10%, the state’s percentage is 3 points above the national average, and once again, along with Louisiana, is the highest among Covenant House jurisdictions. Comparatively, Atlanta’s rate, at 5%, is the lowest with regard to cities in which Covenant House is located. As shown in Table 3D, the national percentage of 16-19 year olds not working and not attending school declined during the same period whereas Georgia’s rate held steady. While Atlanta’s average is in line with the national rate, once again, Georgia’s percentage is 3 points greater and is among the highest with regard to Covenant House jurisdictions.

EMPLOYMENT

TABLE 4A: Unemployment rates among 20-24 year olds

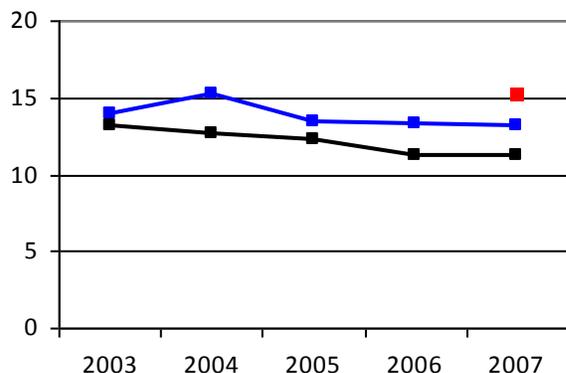
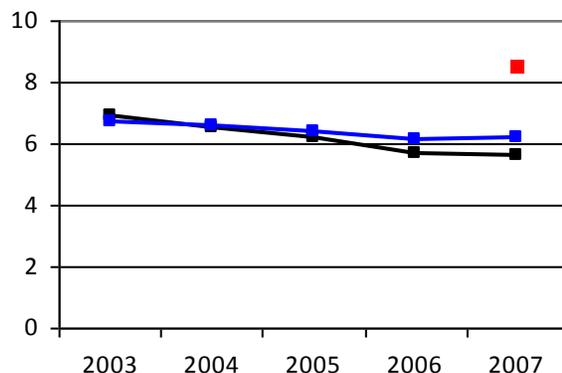


TABLE 4B: Unemployment rates among 20-64 year olds



Unemployment disproportionately affects 20-24 year olds with the national rate hovering around twice the unemployment rate for 20-64 year olds. As shown in Tables 4A and 4B, from 2003-2007, unemployment rates among 20-24 year olds and the full working adult population declined nationally and in Georgia. While the state’s unemployment rate among all working adults is somewhat higher than the national average, its rate among 20-24 year olds is 2 points greater. With regard to Atlanta, 15.2% of its 20-24 year old population is unemployed compared to 8.5% of all the city’s working adults. Both these rates are above the national and state averages. Given the current economic recession, it is anticipated the percentage of unemployed youth and older working adults will continue to increase throughout 2009.

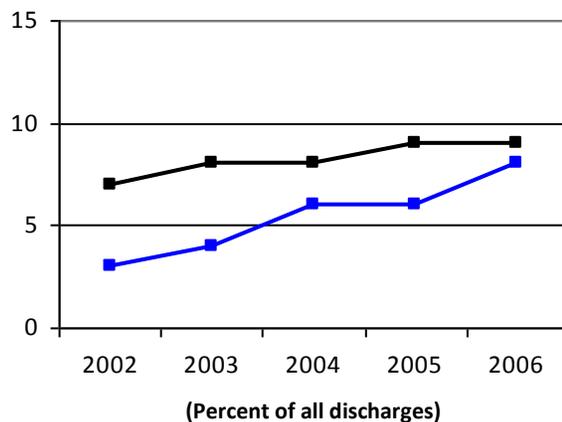
FOSTER CARE AND INSTITUTIONAL PLACEMENT

TABLE 5A: Individuals emancipating from care

Year	United States	Georgia
2002	19,604	318
2003	21,910	402
2004	22,718	621
2005	23,704	683
2006	24,871	790

(Total number)

TABLE 5B: Individuals emancipating from care



From 2002-2006, the number of individuals emancipating from out-of-home care increased by 27% nationally and by 148% in Georgia (see Table 5A). During this period, the number of emancipates in the state rose by over 450. As shown in Table 5B, the percentage of individuals discharged from care due to emancipation has continued a slow, steady increase since 2002. Although Georgia’s percentage is 1 point below the national average, it has risen from 3% in 2002 to 8% as of 2006. Caution must be used when interpreting this data as factors contributing to this increase have not been specified (e.g. system changes).

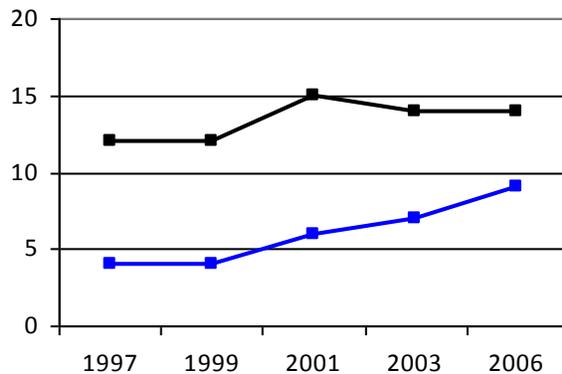
JUVENILE RESIDENTIAL PLACEMENT FACILITIES

TABLE 6A: Juveniles 18+ in residential placement

Year	United States	Georgia
1997	12,649	159
1999	13,407	159
2001	16,069	177
2003	13,841	174
2006	13,115	225

(Total number)

TABLE 6B: Juveniles 18+ in residential placement

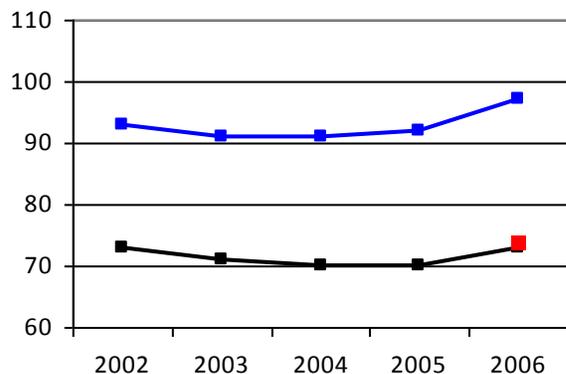


(Percent of all juveniles in placement)

While the number of individuals 18 years of age and older in juvenile residential placement peaked in 2001 at 16,000 and has since declined by 18%, the number of youth in these settings in Georgia has increased by 42% (see Table 6A). As shown in Table 6B, despite the national decrease in youth in residential facilities, their overall representation in these settings has increased since 1997 such that 1 in 7 individuals is 18 years of age or older. While Georgia's percentage is 5 points below the national average at 9%, it has risen by 125% from 1997-2006. This is significant in terms of developing and allocating adequate resources for these individuals upon their release.

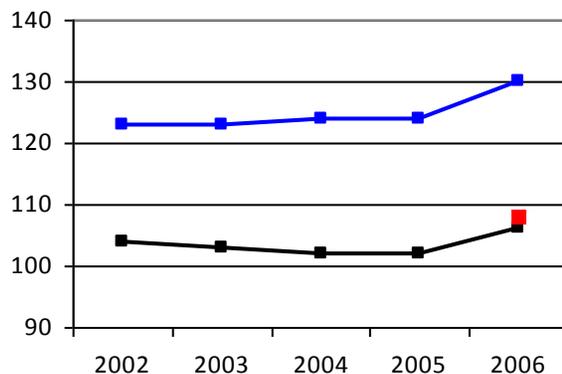
BIRTH RATES

TABLE 7A: Birth rate among 18-19 year old females



(Per 1,000 18-19 year old females)

TABLE 7B: Birth rate among 20-24 year old females



(Per 1,000 20-24 year old females)

From 2002-2005, the birth rates among 18-19 year olds and 20-24 year olds steadily declined on the national level whereas Georgia's rate decreased through 2004 (see Tables 7A and 7B). However, since then, each locale has experienced an increase in both rates. In comparison to all Covenant House jurisdictions, Georgia has strikingly high birth rates that are respectively 25% (among 18-19 year olds) and 23% (among 20-24 year olds) greater than the national averages. While Fulton County's rates are in line with those of the nation, caution must be used in interpreting these results as these rates are reflective not of the city of Atlanta but the county in which it is located.

SUBSTANCE USE

TABLE 8A: Percent of 18-25 year olds who report monthly cigarette use

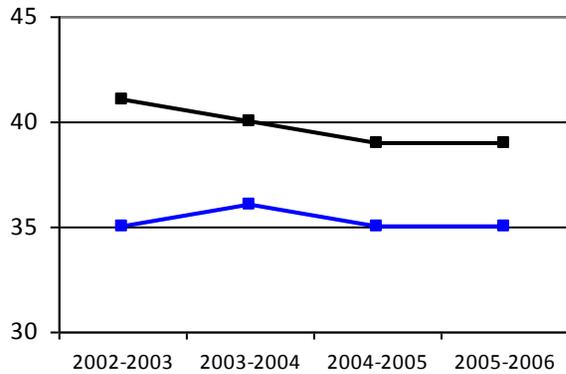


TABLE 8B: Percent of 18-25 year olds who report monthly marijuana use

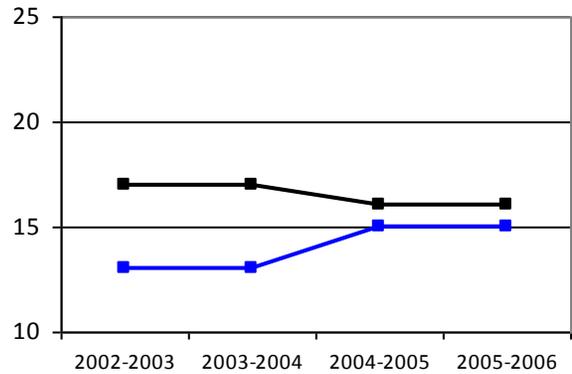
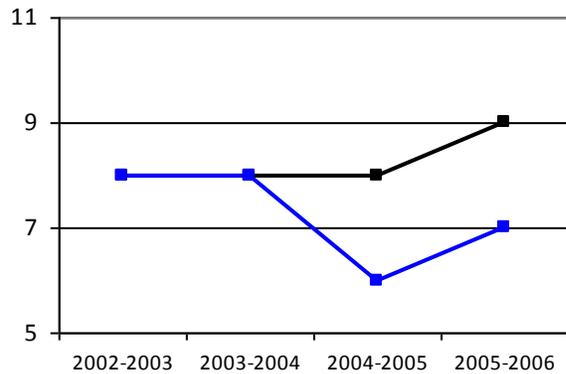


TABLE 8C: Percent of 18-25 year olds who report monthly illicit drug use (not marijuana)



Since 2002-2003, cigarette use among 18-25 year olds has declined by 5% nationally while it has held steady in Georgia (see Table 8A). At 35%, Georgia's percentage is 4 points below the national average. Whereas the overall percentage of youth who report having used marijuana in the past month declined on the national level, Georgia's rate increased slightly (see Table 8B). At 15%, it is 1 point less than the national rate. As shown in Table 8C, the national percentage of 18-25 year olds who have used any illicit drug (other than marijuana) in the past month increased to 9% while Georgia's rate declined to 7%.

ALCOHOL USE

TABLE 9A: Percent of 18-25 year olds who report monthly alcohol use

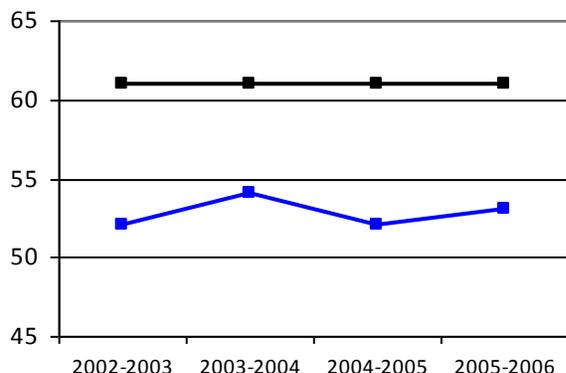
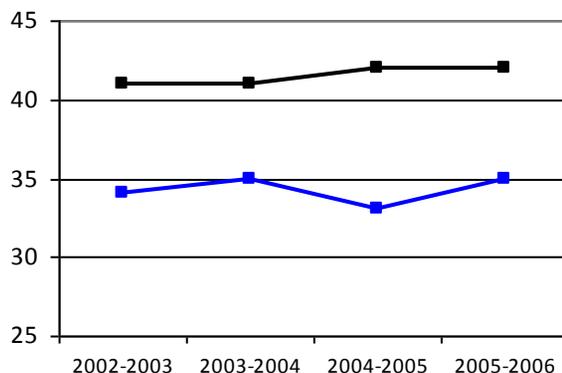


TABLE 9B: Percent of 18-25 year olds who report monthly binge alcohol use



Since 2002-2003, alcohol use among 18-25 year olds has remained stable at 61% whereas Georgia's percentage varied minimally (see Table 9A). At 53%, Georgia's percentage is 8 points less than the national rate. As shown in Table 9B, binge alcohol use among 18-25 year olds increased by 2% nationally and 3% in Georgia. At 35%, the state's rate is 7 points below the national average. While both of Georgia's percentages are the lowest among Covenant House jurisdictions, additional demographic information is needed in order to determine the makeup of this population (e.g. how much of this drinking is occurring among college/university students as well as those who are under age 21).

MENTAL HEALTH

TABLE 10A: Percent of 18-24 year olds who report frequent mental health distress

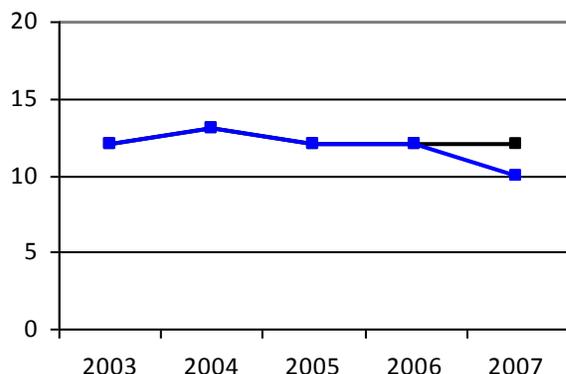
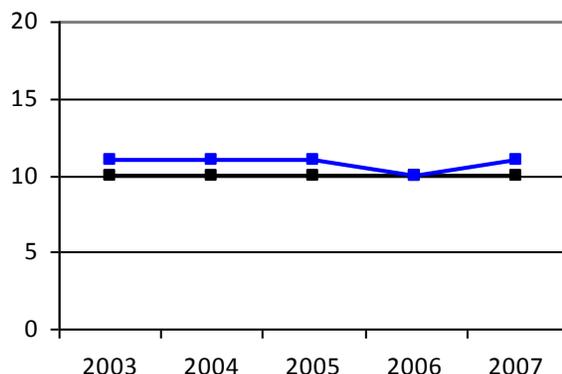


TABLE 10B: Percent of individuals 18+ who report frequent mental health distress



From 2003-2007, the percentages of 18-24 year olds and individuals 18 years of age and older reporting frequent mental health distress have remained relatively stable (see Tables 10A and 10B). With regard to mental health distress among 18-24 year olds, Georgia's rates were analogous to the national percentages from 2003-2006. In 2007, the state rate declined to 10%. Mental health distress among the state's 18+ population has held steady at 11%. This is 1 point above the national rate. Caution must be exercised in interpreting these results as the data was culled from self reports.

HEALTH

TABLE 11A: Percent of 18-24 year olds without health care coverage

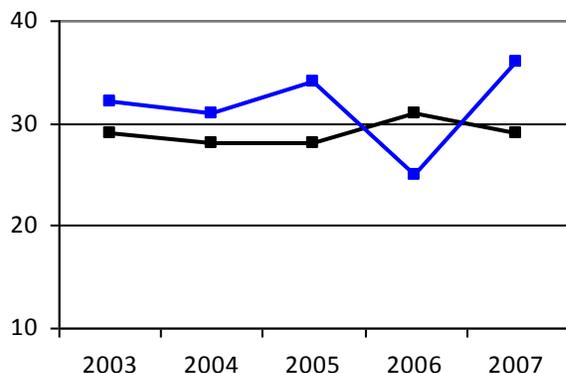
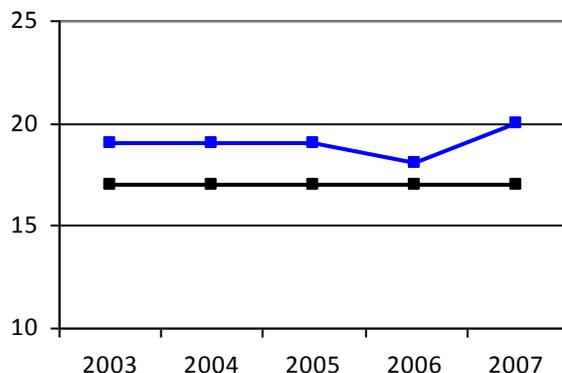


TABLE 11B: Percent of 18-64 year olds without health care coverage



18-24 year olds who lack health coverage represent the largest percentage of individuals within their age group without health insurance. While the national percentage of 18-24 year olds without health coverage has remained relatively stable from 2003-2007, Georgia's rate increased by 13% (see Table 11A). At 36%, it is 7 points above the national average. As shown in Table 11B, the overall percentage of 18-64 year olds lacking health coverage held steady at 17% whereas Georgia experienced slight fluctuations. At 20%, it is also greater than the national average. In comparison to all Covenant House jurisdictions, both of Georgia's rates are among the highest with more than 1 in 3 18-24 year olds and 1 in 5 individuals between ages 18-64 lacking health insurance. Without coverage, youth have limited to no access to health care, including mental health care. Thus, they are rendered susceptible to preventable ailments, undiagnosed conditions, and overall poor health.

DENTAL

TABLE 12A: Percent of 18-24 year olds who have not seen a dentist in the past year

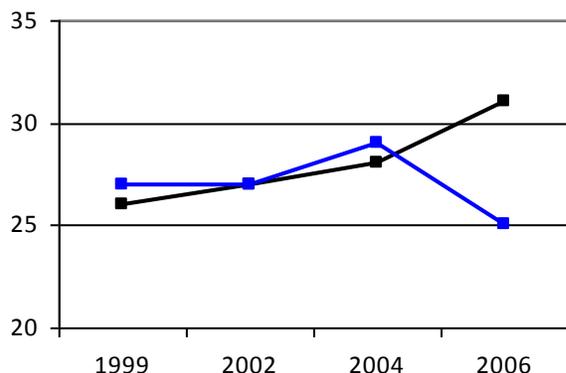
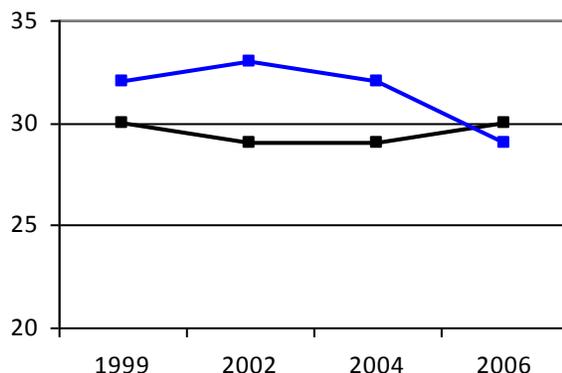


TABLE 12B: Percent of individuals 18+ who have not seen a dentist in the past year



Poor dental health can lead to a variety of health problems, including heart disease and death. From 1999-2006, the percentage of 18-24 year olds who have not see a dentist in the past year has increased 19% nationally but decreased by 7% in Georgia (see Table 12A). At 25%, the state's rate is 6 points below the national average. While the percentage of all individuals 18 years of age and older who have not had annual dental care remained relatively stable from 1999-2006, Georgia's rate declined by 9% (see Table 12B). Similarly, this rate is also lower than the national average. However, it remains that 1 in 4 18-24 year olds and 1 in 3.5 individuals 18+ in Georgia have not seen a dentist in the past year.

CAUSES OF DEATH

TABLE 13A: Deaths due to homicide among 18-24 year olds

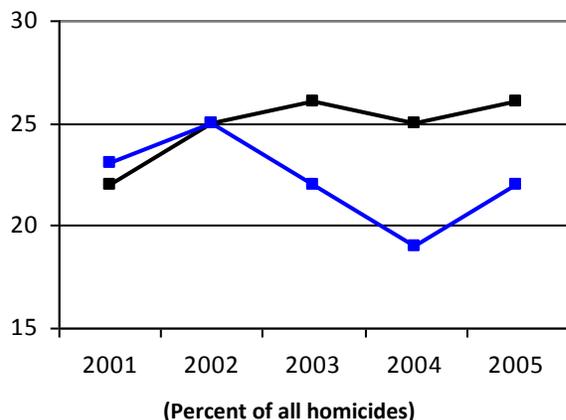


TABLE 13B: Deaths due to suicide among 18-24 year olds

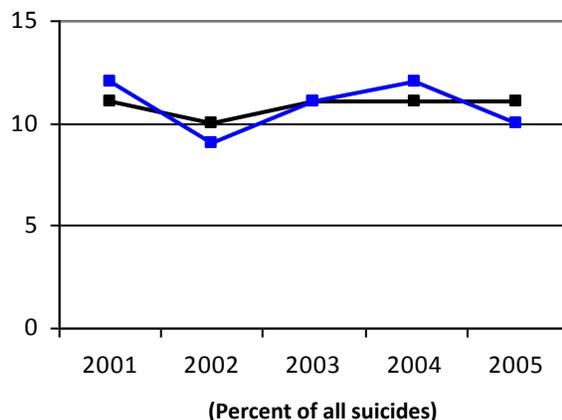
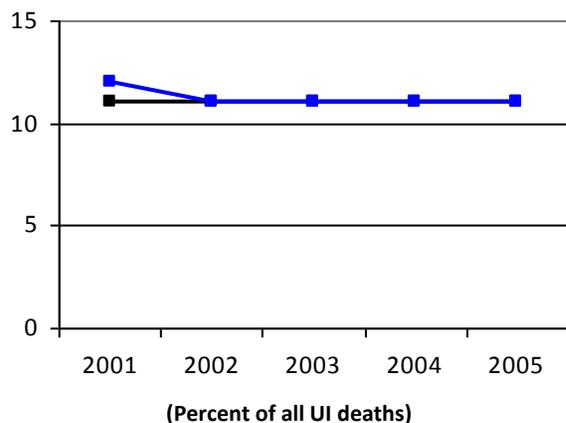


TABLE 13C: Deaths due to unintentional injury among 18-24 year olds



The three leading causes of death for 18-24 year olds are unintentional injury (vehicular accidents, suffocation, drowning, falls, fires/burns, poisoning, etc.), homicide, and suicide. From 2001-2005, the percentage of 18-24 year olds who account for all homicide victims increased by 18% nationally whereas Georgia's rate fluctuated by 2-3 points (see Table 13A). At 22%, it is 4 points below the national average. As shown in Table 13B, the percentage of 18-24 year olds who account for all suicide victims has remained relatively stable on the national level whereas Georgia experienced slight variations. At 10%, the state's percentage is 1 point below the national rate. With regard to the national and state percentages of youth victims of unintentional injury, both rates have hovered at 11% (see Table 13C).

CONCLUSIONS

Broad analysis of the indicators presented in this report reveal that youth in Atlanta are vulnerable to experiencing poverty, low educational attainment, unemployment, involvement in the foster care and juvenile justice systems, and early parenthood— all of which can contribute to youth becoming and remaining homeless. Yet, each risk factor cannot be viewed in isolation. To most effectively address the comprehensive needs of homeless and at-risk youth, a multifaceted approach must be undertaken that focuses on the following:

- **Interconnected relationship between education, employment, and poverty:** Educational attainment, employability, and poverty are all intricately intertwined. Analysis of data compiled by the National Center for Education Statistics³ clearly reveals that young adults (ages 25-34) who have less than a high school education earn significantly less per year than those who have a high school diploma or GED equivalent. As of 2006, the average annual income among full-time workers who had less than a high school education was \$22,000 compared to \$29,000 for workers who had a high school diploma or GED equivalent. African-American young adults with less than a high school education face much bleaker prospects with their annual income averaging \$18,000 . This is significant as 56% of Atlanta’s population is African-American; thus, the need to develop, invest, and expand educational programs and employment opportunities among African-American youth is crucial.
- **Link between involvement in the foster care and juvenile justice systems and homelessness:** Youth who have been involved in the child welfare system are vulnerable to experiencing poor health outcomes, low educational attainment, unemployment, early pregnancy, mental health and substance abuse disorders, and homelessness. An analysis of the 1996 National Survey of Homeless Assistance Providers and Clients indicated that 61% of 18-19 year olds and 34% of 20-24 year olds experiencing homelessness have spent some amount of time in an alternative care placement.⁴ In addition, these survey results revealed that 23% of homeless 18-24 year olds had been in juvenile detention prior to age 18. To prevent their entry into homelessness, youth should have secure placements in appropriate and affordable housing accommodations prior to discharge. Moreover, they should be provided with access to a broad spectrum of resources including financial supports, health care services, education and employment training programs, and mentors— all of which are vital in facilitating their transition into adulthood.
- **Challenges of early parenthood:** Poverty, low educational attainment, and unemployment, coupled with the absence of child care resources and poor coping strategies, hinder young parents’ ability to provide and care for their children. As such, children of homeless young mothers are vulnerable to experience repeated episodes of homelessness, abuse and neglect, involvement in the child welfare and juvenile and criminal justice systems, and poor health outcomes. Ample supports

³ Planty, M., Hussar, W., Snyder, T., Provasnik, S., Kena, G., Dinkes, R., et. al. (2008). *The Condition of Education 2008* (NCES 2008-031). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education. Washington, DC.

⁴ Burt, M.R., Aron, L.Y., & Lee, E. (2001). *Helping America’s Homeless: Emergency Shelter or Affordable Housing?* Washington, DC: Urban Institute Press.

should be made available in order to ensure young mothers and fathers have the opportunity to thrive as parents, providers, and contributing members of society.

- **Access to affordable, quality primary health care services:** According to the Centers for Disease Controls latest figures, 36% of Georgia's 18-24 year olds lack health care insurance.⁵ Without coverage, one's ability to receive routine primary exams and follow-up care including coverage for prescription drugs and other medically necessary supplies is severely inhibited. Given that homeless youth have increased prevalence rates of mental illness (diagnosed and undiagnosed), substance abuse, hygiene-related infections, and chronic infectious and respiratory diseases, and that 18-24 year olds represent the largest percentage of individuals within their age group without health insurance, it is imperative to ensure all at-risk youth have access to comprehensive medical care services.

⁵ Centers for Disease Control and Prevention. (n.d.). Behavioral Risk Factor Surveillance System Survey Data, 2007.

DATA SOURCES

Population (2000, 2005, 2010, 2015, 2020)

U.S. Census Bureau, Population Division. (2005). Table B1: The Total Population by Selected Age Groups. In *Interim State Population Projections, 2004-2030*. Washington, DC: Author.

Note: Percent of total population has been manually calculated.

Poverty (2003-2007)

U.S. Census Bureau. (2007). Table B17001: Poverty Status in the Past 12 Months by Sex by Age. In *2007 American Community Survey*. Washington, DC: Author.

U.S. Census Bureau. (2006). Table B17001: Poverty Status in the Past 12 Months by Sex by Age. In *2006 American Community Survey*. Washington, DC: Author.

U.S. Census Bureau. (2005). Table B17001: Poverty Status in the Past 12 Months by Sex by Age. In *2005 American Community Survey*. Washington, DC: Author.

U.S. Census Bureau. (2004). Table B17001: Poverty Status in the Past 12 Months by Sex by Age. In *2004 American Community Survey*. Washington, DC: Author.

U.S. Census Bureau. (2003). Table P114: Poverty Status in the Past 12 Months by Sex by Age. In *2003 American Community Survey*. Washington, DC: Author.

Note: All percents have been manually calculated.

Education (2003-2007)

U.S. Census Bureau. (2007). Tables B14005: Sex by School Enrollment by Educational Attainment by Employment Status for the Population 16 to 19 Years and B15001: Sex by Educational Attainment for the Population Age 18 Years and Over. In *2007 American Community Survey*. Washington, DC: Author.

U.S. Census Bureau. (2006). Tables B14005: Sex by School Enrollment by Educational Attainment by Employment Status for the Population 16 to 19 Years and B15001: Sex by Educational Attainment for the Population Age 18 Years and Over. In *2006 American Community Survey*. Washington, DC: Author.

U.S. Census Bureau. (2005). Tables B14005: Sex by School Enrollment by Educational Attainment by Employment Status for the Population 16 to 19 Years and B15001: Sex by Educational Attainment for the Population Age 18 Years and Over. In *2005 American Community Survey*. Washington, DC: Author.

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Notes: All data has been manually calculated. While the CDC makes county birth rate data available, it does not provide population data outside of national and state information. However, the CDC obtains this data from the Census Bureau. In order to calculate Fulton County's birth rates among 18-19 and 20-24 year olds, population data was obtained from the American Community Survey.

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Note: All percents have been manually calculated.



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