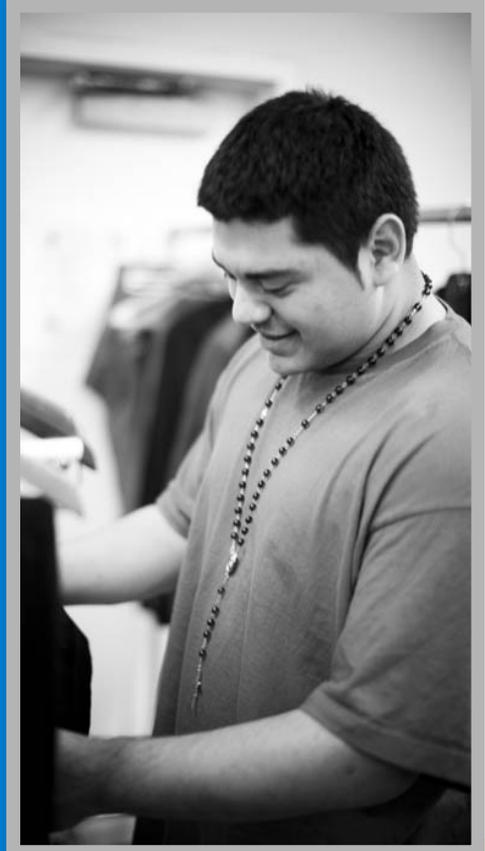


YOUTH STATUS REPORT: FORT LAUDERDALE AND ORLANDO, FLORIDA



COVENANT HOUSE INSTITUTE
MARCH 2009

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

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

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 Fort Lauderdale and Orlando.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 Florida:

- High percentage of 18-24 year olds without H.S. diploma or GED (20%)
- High increase from 2003-2007 in the percentage of 16-19 year olds who are not enrolled in school and are not working (25%)
- High increase from 2002-2006 in the number of individuals emancipating from care (58% increase)
- High increase from 1997-2006 in the number of individuals 18 years of age and older in juvenile residential placement (153% increase) and in the percentage of individuals 18 years of age and older who account for all individuals in juvenile residential placement (100% increase)
- High birth rates: ages 18-19 (82/1,000) and 20-24 (111/1,000)
- High percentage of 18-24 year olds without health care coverage (45%)

Key Issues for Fort Lauderdale:

- High percentage of 18-24 year olds in poverty (23%)
- High percentage of 18-24 year olds in Broward County without a H.S. diploma or GED (20%) and who represent all 18-44 year olds without a high school diploma or GED equivalent (38%)
- High rate of unemployment among 20-24 year olds (21.8%)

Key Issue for Orlando:

- High birth rates in Orange County: ages 18-19 (83/1,000) and 20-24 (117/1,000)

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

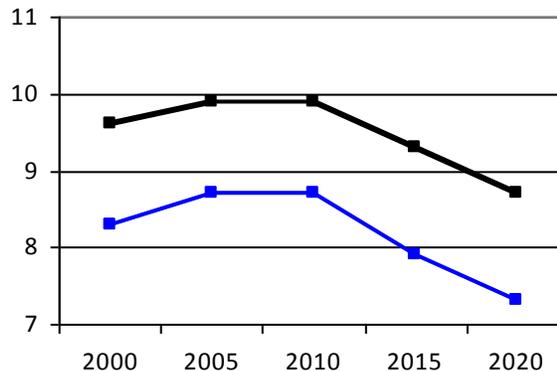
POPULATION

TABLE 1A: Population of 18-24 year olds

Year	United States	Florida
2000	27,140,000	1,331,000
2005	29,160,000	1,527,000
2010	30,480,000	1,679,000
2015	30,000,000	1,681,000
2020	29,340,000	1,717,000

(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 Florida 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 29%. Despite this growth, by 2020, 18-24 year olds will represent less than 1 in 10 individuals in Florida 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

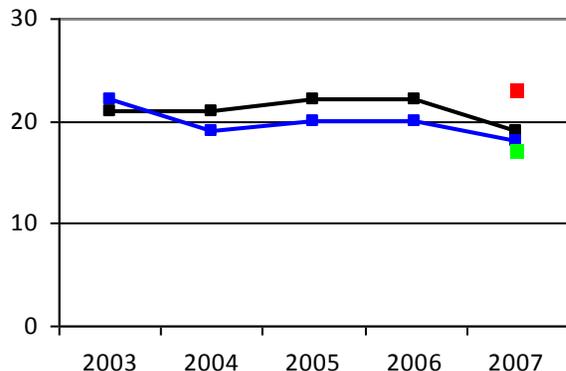
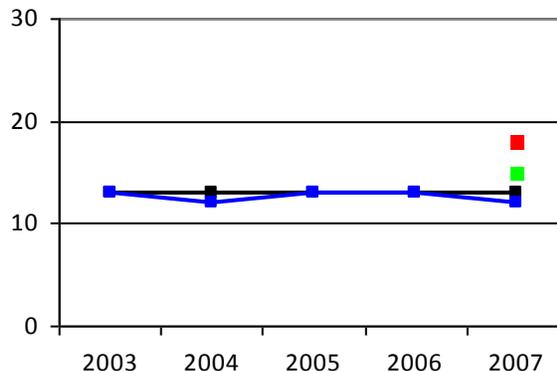


TABLE 2B: Percent of all individuals in poverty



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). Florida's rates have risen and fallen by 1-3 points between the years presented. At 18%, it is 1 point below the national average. In comparison, while Orlando's percentage is slightly less than the state average, Fort Lauderdale's is 5 points higher with nearly 1 in 4 of the city's 18-24 year olds living in poverty. As shown in Table 2B, the national percentage of all individuals experiencing poverty remained stable from 2003-2007 whereas Florida experience slight fluctuations. At 12%, it is 1 point below the national average. Both Fort Lauderdale and Orlando's rates are greater than the state and national percentages at 18% and 15% respectively. 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

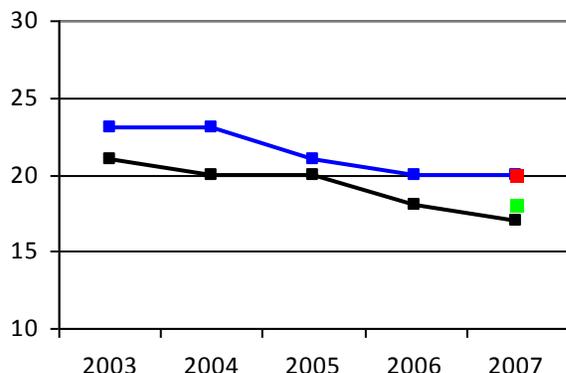
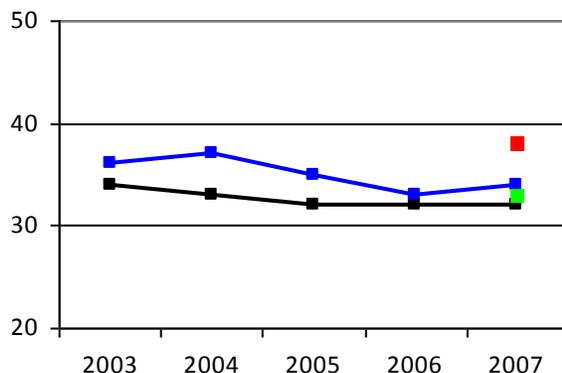


TABLE 3B: 18-24 year olds without H.S. diploma or GED



(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 13% in Florida (see Table 3A). At 20%, Florida’s rate is 3 points above the national rate and among the highest with regard to jurisdictions in which Covenant House is located. Similarly, Broward and Orange Counties’ rates are greater than the national average at 20% and 18% respectively. 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. Comparatively, Florida and Orange County’s percentages are minimally higher than the national average while Broward County, at 38%, has the second highest rate among Covenant House counties/cities. 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

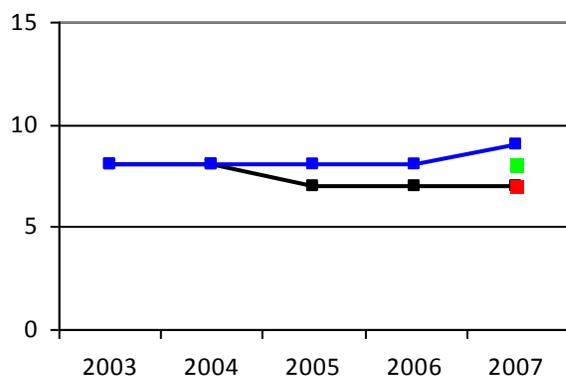
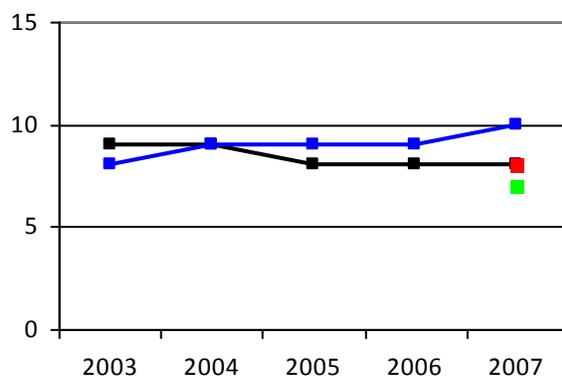


TABLE 3D: Percent of 16-19 year olds not working, not attending school



From 2003-2007, the percentages of 16-19 year olds who are high school dropouts as well as those who are not working and not attending school declined on the national level but increased in Florida (see Tables 3C and 3D). Both of Florida’s rates are 2 points above the national averages while Broward and Orange Counties’ percentages are equal to or in line with those of the nation.

* Throughout this report, metropolitan statistical area (MSA) data for the cities of Fort Lauderdale and Orlando has been provided as this geographical entity includes the central core and surrounding suburbs. With regard to this indicator, county data was used as MSA information regarding the educational attainment and status of 16-19 year olds was not available for 2007.

EMPLOYMENT

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

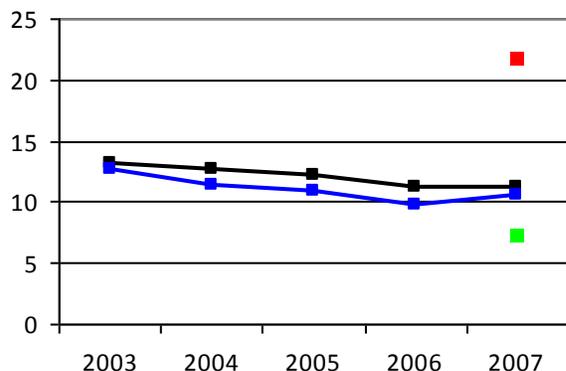
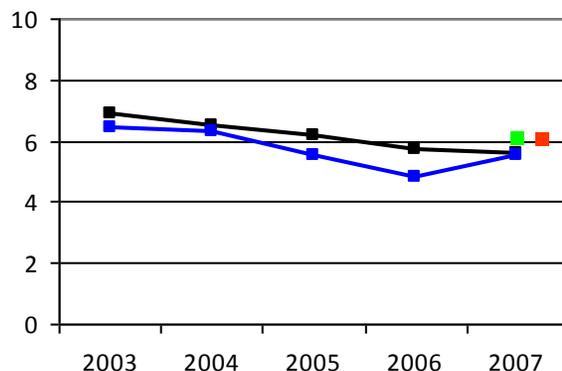


TABLE 4B: Unemployment rates among 20-64 year olds



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 Florida. While the state’s unemployment rate among all working adults is equal to the national average, its rate among 20-24 year olds is slightly less. With regard to Orlando, 7.3% of its 20-24 year old population is unemployed compared to 21.8% in Fort Lauderdale which, among Covenant House cities, has the second highest youth unemployment rate. Both locales have overall unemployment rates that are slightly above the national and state averages at 6.1%. Given the current economic recession, it is anticipated the percentage of unemployed youth and older working adults will continue to increase throughout 2009.

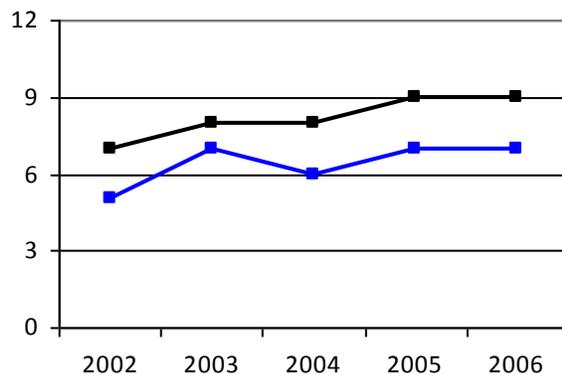
FOSTER CARE AND INSTITUTIONAL PLACEMENT

TABLE 5A: Individuals emancipating from care

Year	United States	Florida
2002	19,604	939
2003	21,910	1,594
2004	22,718	1,332
2005	23,704	1,344
2006	24,871	1,488

(Total number)

TABLE 5B: Individuals emancipating from care



(Percent of all discharges)

From 2002-2006, the number of individuals emancipating from out-of-home care increased by 27% nationally and by 58% in Florida (see Table 5A). During this period, the number of emancipates in the state rose by over 500. As shown in Table 5B, the percentage of individuals discharged from care due to emancipation has continued a slow, steady increase since 2002 whereas Florida’s percentage varied by a couple points throughout the years presented. At 7%, it is 2 points below the national average. Caution must be used when interpreting this data as factors contributing to the surge in the number of emancipates have not been specified (e.g. system changes).

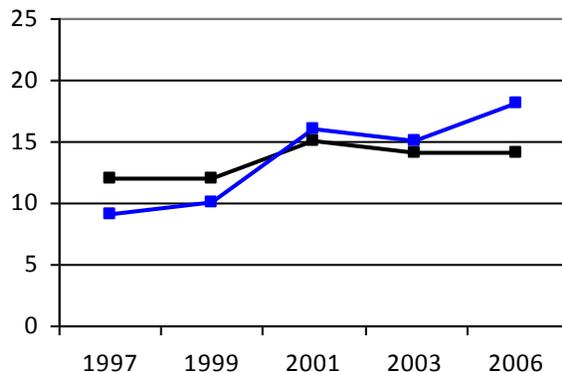
JUVENILE RESIDENTIAL PLACEMENT FACILITIES

TABLE 6A: Juveniles 18+ in residential placement

Year	United States	Florida
1997	12,649	510
1999	13,407	702
2001	16,069	1,068
2003	13,841	1,221
2006	13,115	1,290

(Total number)

TABLE 6B: Juveniles 18+ in residential placement

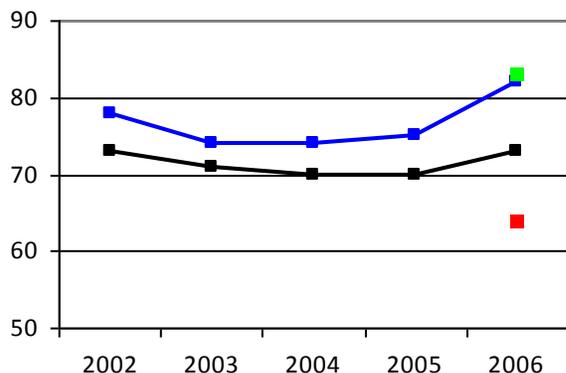


(Percent of all juveniles in placement)

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 Florida has continued to rise each year (see Table 6A). From 1997-2006, the state experienced a 156% increase which equates to an additional 780 more individuals 18 years of age and older in the state's juvenile residential facilities. 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. In Florida, this percentage has doubled from 9% in 1997 to 18% in 2006. This is significant in terms of developing and allocating adequate resources for these individuals upon their release.

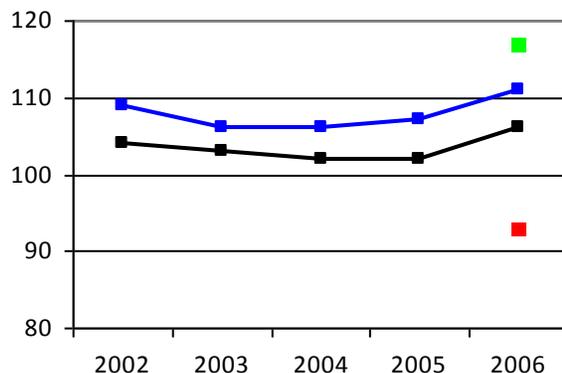
BIRTH RATES

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 Florida's rates decreased through 2004 (see Tables 7A and 7B). However, since then, each locale has experienced an increase in both rates. While Florida and Orange County's birth rates are greater than the national averages by 5-14%, Broward County's are 12% less. Caution must be used in interpreting these results as these rates are reflective not of the cities of Orlando and Fort Lauderdale but the counties in which they are located.

SUBSTANCE USE

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

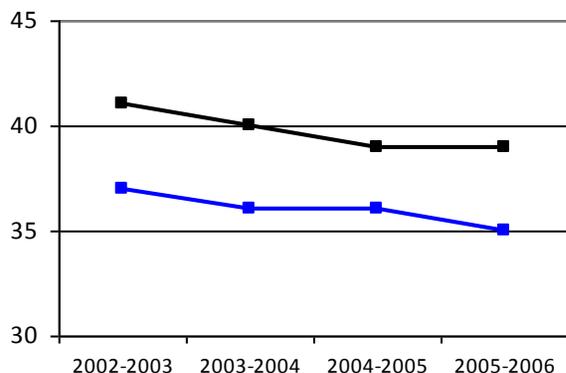


TABLE 8B: Percent of 18-25 year olds who report monthly marijuana use

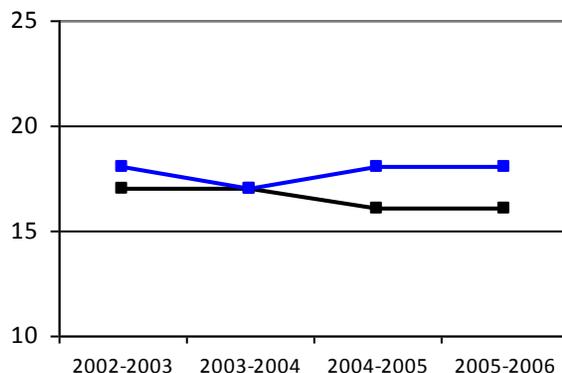
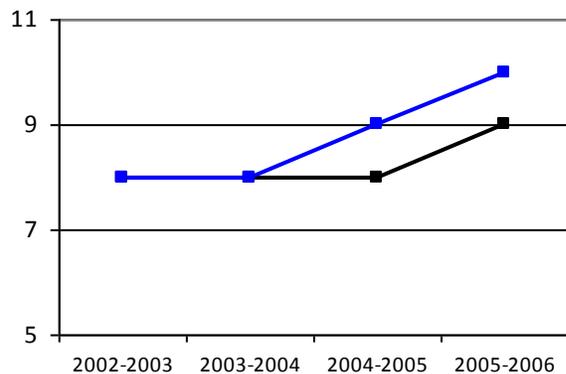


TABLE 8C: Percent of 18-25 year olds who report monthly illicit drug use (not marijuana)



Since 2002-2003, cigarette use among 18-25 year olds has declined by 5% nationally and in Florida (see Table 8A). At 35%, Florida's percentage is 4 points below the national average. While the overall percentage of youth who report having used marijuana in the past month decreased to 16%, Florida's rate remained relatively stable at 18% (see Table 8B). As shown in Table 8C, the national and state percentages of 18-25 year olds who have used any illicit drug (other than marijuana) in the past month increased by 1 point and 2 points respectively. At 10%, Florida's rate is slightly above the national average.

ALCOHOL USE

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

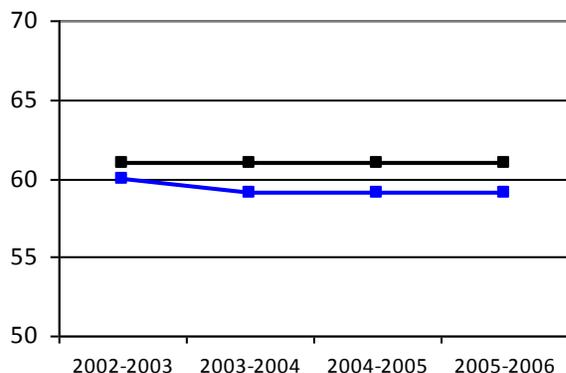
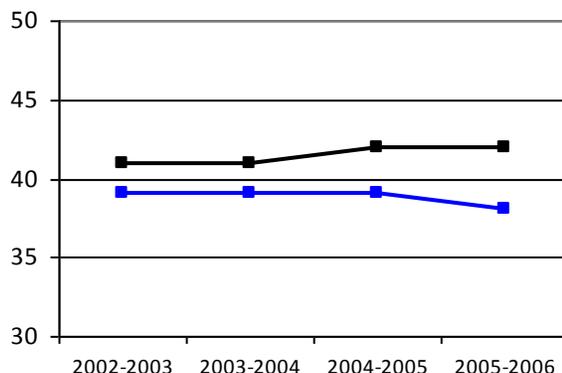


TABLE 9B: Percent of 18-25 year olds who report monthly binge alcohol use



Since 2002-2003, alcohol use among 18-25 year olds has remained stable at 61% whereas Florida's percentage decreased minimally (see Table 9A). At 59%, Florida's rate is 2 points less than the national rate. As shown in Table 9B, binge alcohol use among 18-25 year olds increased by 2% nationally whereas Florida experienced a 3% decline. At 38%, the state's rate is 4 points below the national average. 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

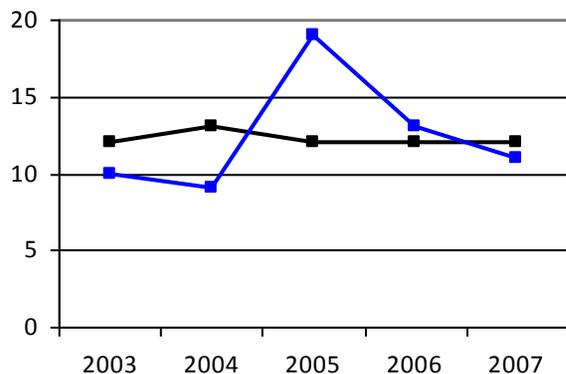
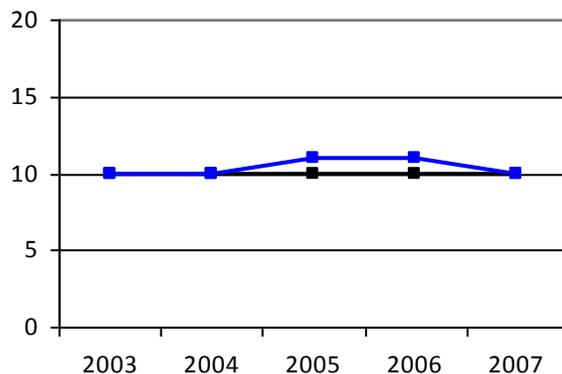


TABLE 10B: Percent of individuals 18+ who report frequent mental health distress



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, Florida's rate surged from 9% to 19% in 2005 and has decreased to 11%. Additional information is needed with regard to what factors contributed to this drastic increase. Mental health distress among the state's 18+ population has varied by 1 point throughout the years presented and is currently equal to 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

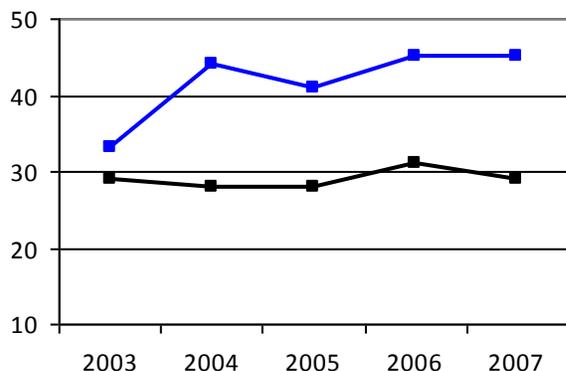
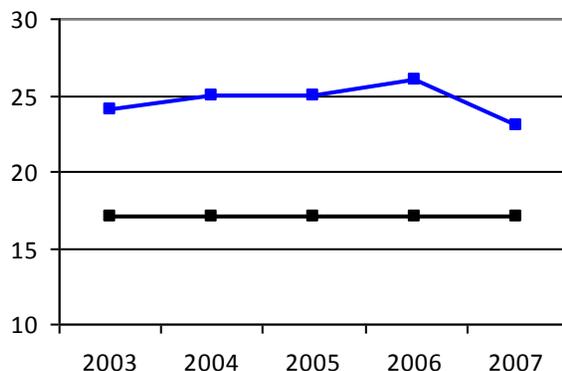


TABLE 11B: Percent of 18-64 year olds without health care coverage



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, Florida's rate increased by 36% (see Table 11A). At 45%, it is significantly greater than the national average. As shown in Table 11B, the overall percentage of 18-64 year olds lacking health coverage held steady at 17% whereas Florida's rate fluctuated. At 23%, it is also greater than the national average. Both Florida rates are among the highest in comparison to all Covenant House jurisdictions. Approximately 1 in 2 18-24 year olds and 1 in 4 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

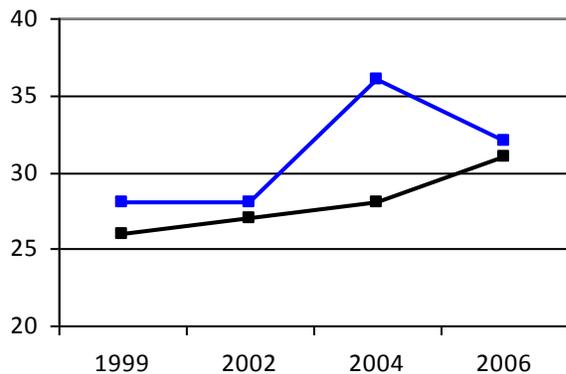
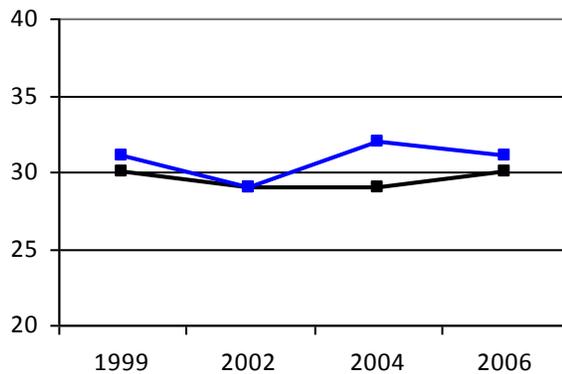


TABLE 12B: Percent of individuals 18+ who have not seen a dentist in the past year



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 and by 14% in Florida (see Table 12A) whereas the percentages of all individuals 18 years of age and older who have not had annual dental care remained relatively stable (see Table 12B). Both of Florida's rates are 1 point above the national averages.

CAUSES OF DEATH

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

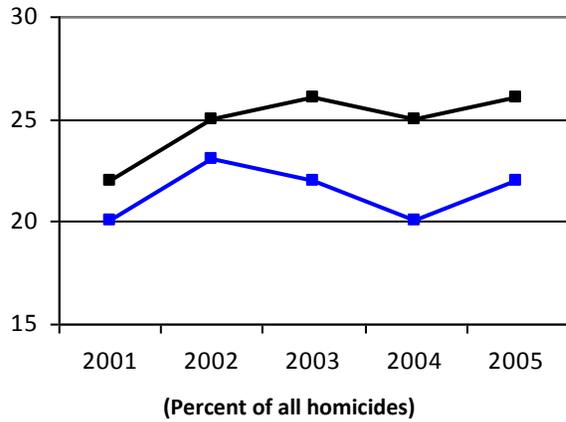


TABLE 13B: Deaths due to suicide among 18-24 year olds

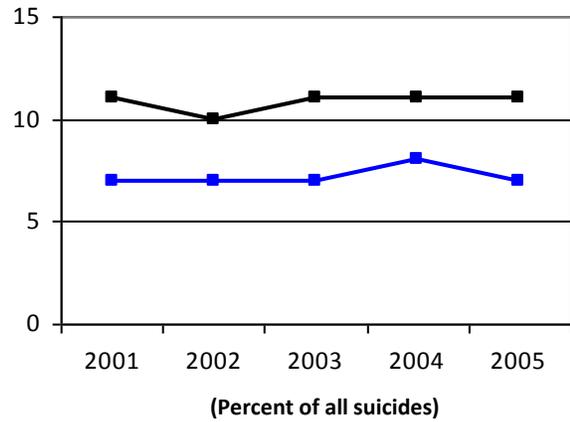
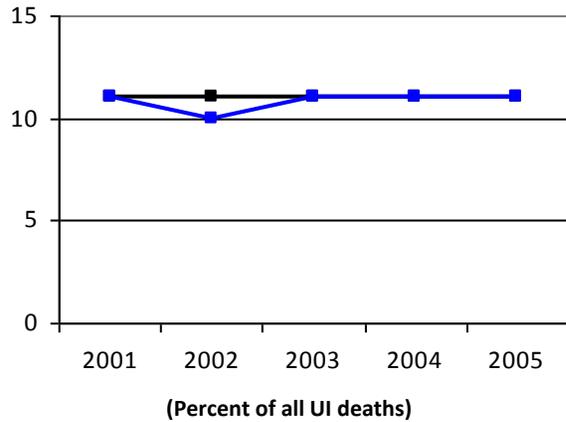


TABLE 13C: Deaths due to unintentional injury among 18-24 year olds



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 and 10% in Florida (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 and in Florida. At 7%, the state's percentage is 36% less than the national rate. Similar to suicide rates, the percentage of youth victims of unintentional injury on the national level and in Florida has hovered at 11% (see Table 13C).

CONCLUSIONS

Broad analysis of the indicators presented in this report reveal that youth in Fort Lauderdale and Orlando 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, poverty, and community development:** 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 and Hispanic/Latino young adults with less than a high school education face much bleaker prospects with their annual income averaging respectively \$18,000 and \$20,800. This is significant as 44% of Fort Lauderdale's and 49% of Orlando's population is African-American and Hispanic/Latino (of any race). In addition, 18-24 year olds in Broward County account for nearly 2 in 5 high school dropouts between ages 18-44. As stated by the Alliance for Excellent Education⁴, communities with high numbers of individuals who have less than a high school education are at a disadvantage when it comes to drawing interest from new businesses to locate to the area. Thus, it is crucial to develop, invest, and expand educational programs that encourage youth to complete their studies.
- **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.⁵ 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,

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 Amos, J. (2008). *Dropouts, Diplomas, and Dollars: U.S. High Schools and the Nation's Economy*. Alliance for Excellent Education: Washington, DC.

⁵ Burt, M.R., Aron, L.Y., & Lee, E. (2001). *Helping America's Homeless: Emergency Shelter or Affordable Housing?* Washington, DC: Urban Institute Press.

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 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, 45% of Florida's 18-24 year olds lack health care insurance.⁶ 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.

⁶ 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.

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U.S. Census Bureau. (2003). Tables PCT036: Armed Forces Status by School Enrollment by Educational Attainment by Employment Status for the Population 16 to 19 Years Old and PCT033: Sex by Age by Educational Attainment for the Population Age 18 Years and Over. In *2003 American Community Survey*. Washington, DC: Author.

Note: All percents have been manually calculated.

Employment– Census (2003-2007)

U.S. Census Bureau. (2007). Table S2301: Employment Status. In *2007 American Community Survey*. Washington, DC: Author.

U.S. Census Bureau. (2006). Table S2301: Employment Status. In *2006 American Community Survey*. Washington, DC: Author.

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U.S. Census Bureau. (2003). Table PCT047: Sex by Age by Employment Status for the Population 16 Years and Over. In *2003 American Community Survey*. Washington, DC: Author.

Note: Percents for 2003 have been manually calculated.

Foster Care and Institutional Placement (2002-2006)

Child Welfare League of America (CWLA). (2008). Special Tabulation of the Adoption and Foster Care Analysis Reporting System: 2006 Data. Washington, DC: Author.

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Note: Percent of all discharges has been manually calculated.

Juvenile Residential Placement Facilities (1997, 1999, 2001, 2003, 2006)

Sickmund, M., Sladky, T.J., & Kang, W. (2008). Census of Juveniles in Residential Placement Databook. Authors' analysis of the Office of Juvenile Justice Delinquency and Prevention's *Census of Juveniles in Residential Placement 1997, 1999, 2001, 2003, and 2006*.

Note: Percent of all juveniles in residential placement has been manually calculated.

Birth Rates (2002-2006)

Centers for Disease Control and Prevention, National Center for Health Statistics (CDC, NCHS). (n.d.). Tables: Demographic Characteristics of Mothers, 2002-2006. In VitalStats.

CDC, NCHS. (n.d.). Tables: States Populations, 2002-2006. In VitalStats.

CDC, NCHS. (n.d.). Tables: United States Populations, 2002-2006. In VitalStats.

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 Broward and Orange Counties' birth rates among 18-19 and 20-24 year olds, population data was obtained from the American Community Survey.

Substance and Alcohol Use (2002/2003-2005/2006)

Hughes, A., Sathe, N., & Spagnola, K. (2008). *State Estimates of Substance Use from the 2005–2006 National Surveys on Drug Use and Health* (DHHS Publication No.SMA 08-4311, NSDUH Series H-33). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies (SAMHSA, OAS).

Wright, D., Sathe, N., & Spagnola, K. (2007). *State Estimates of Substance Use from the 2004–2005 National Surveys on Drug Use and Health* (DHHS Publication No.SMA 07-4235, NSDUH Series H-31). Rockville, MD: SAMHSA,OAS.

Wright, D., & Sathe, N. (2006). *State Estimates of Substance Use from the 2003–2004 National Surveys on Drug Use and Health* (DHHS Publication No. SMA 06-4142, NSDUH Series H-29). Rockville, MD: SAMHSA, OAS.

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Mental Health (2003-2007)

Centers for Disease Control and Prevention. (n.d.). Behavioral Risk Factor Surveillance System Survey Data, 2003-2007.

Health (2003-2007)

Centers for Disease Control and Prevention. (n.d.). Behavioral Risk Factor Surveillance System Survey Data, 2003-2007.

Dental (1999, 2002, 2004, 2006)

Centers for Disease Control and Prevention. (n.d.). Behavioral Risk Factor Surveillance System Survey Data, 1999, 2002, 2004, and 2006.

Causes of Death (2001-2005)

Centers for Disease Control, National Center for Injury Prevention and Control. (n.d.). WISQARS Injury Mortality Reports, 2001-2005.

Note: All percents have been manually calculated.



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