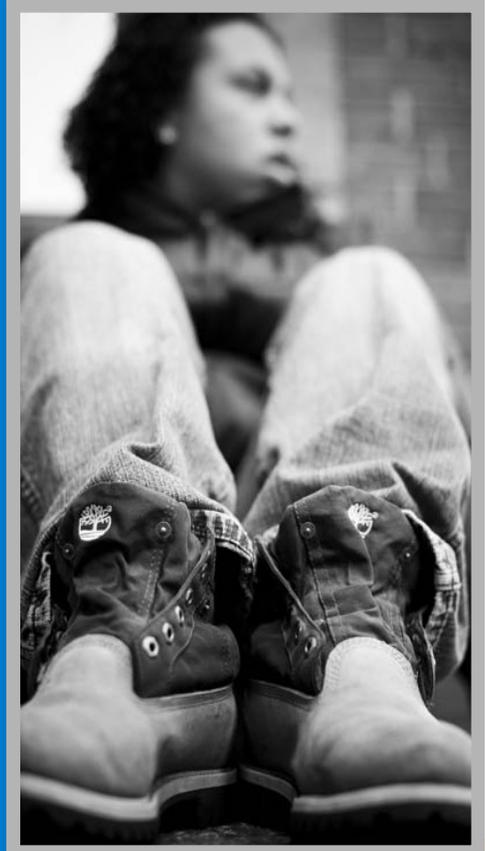


YOUTH STATUS REPORT: PHILADELPHIA, PENNSYLVANIA



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.

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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 Philadelphia.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 Pennsylvania:

- High percentage of 18-24 year olds who represent all 18-44 year olds without a high school diploma or GED equivalent (37%)
- High increase from 2002-2006 in the number of individuals emancipating from care (42% increase)
- High increase from 1997-2006 in the number of individuals 18 years of age and older in juvenile residential placement (36% increase)
- High percentage of individuals 18 years of age and older who account for all individuals in juvenile residential placement (18%)
- High percentage of 18-24 year olds reporting frequent mental health distress (17%)

Key Issues for Philadelphia:

- High percentage of 18-24 year olds in poverty (28%)
- High percentage of 16-19 year olds who are not enrolled in school and are not working (12%)
- High rate of unemployment among 20-24 year olds (21.2%)
- High birth rates in Philadelphia County: ages 18-19 (89/1,000) and 20-24 (119/1,000)

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

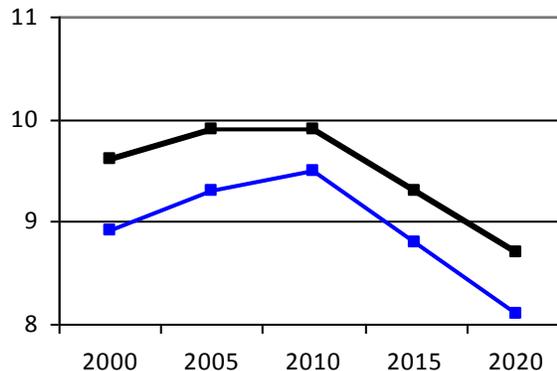
POPULATION

TABLE 1A: Population of 18-24 year olds

| Year | United States | Pennsylvania |
|------|---------------|--------------|
| 2000 | 27,140,000 | 1,094,000 |
| 2005 | 29,160,000 | 1,160,000 |
| 2010 | 30,480,000 | 1,191,000 |
| 2015 | 30,000,000 | 1,124,000 |
| 2020 | 29,340,000 | 1,030,000 |

(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. While Pennsylvania will likely adhere to the same projections, the state will experience a greater decline in its population of 18-24 year olds compared to the national figures. As shown in Table 1B, by 2020, 18-24 year olds will represent less than 1 in 10 individuals both nationally and in Pennsylvania. 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

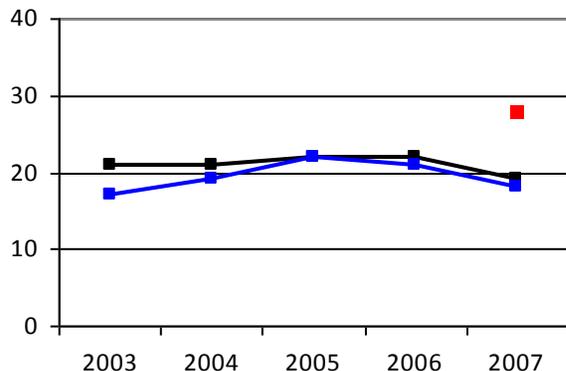
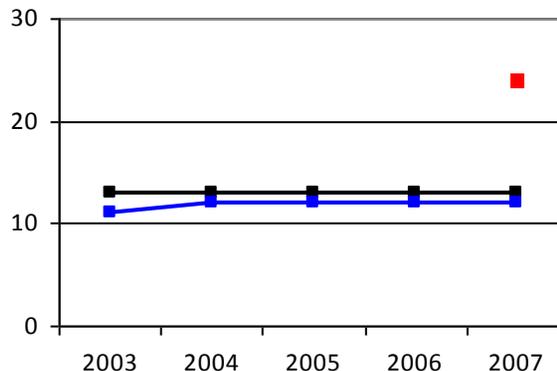


TABLE 2B: Percent of all individuals in poverty



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). Pennsylvania has adhered to a similar trend (peak year and decline); however, its percentage is currently 1 point less than the national average. In comparison, Philadelphia's percentage is 56% above that of the state. As shown in Table 2B, the percentage of all individuals experiencing poverty remained stable nationally and in Pennsylvania from 2003-2007. At 12%, Pennsylvania's rate is slightly below the national average whereas Philadelphia's is double that of the state's. Both of Philadelphia's percentages are among the highest with regard to cities in which Covenant House is located. 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

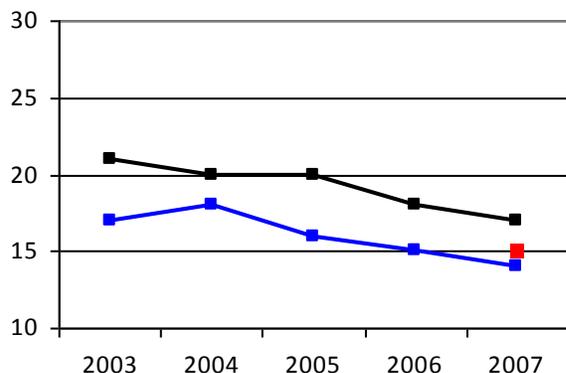
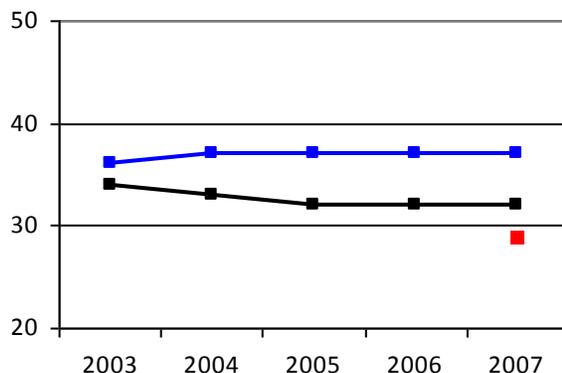


TABLE 3B: 18-24 year olds without H.S. diploma or GED



(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 18% in Pennsylvania (see Table 3A). Both Pennsylvania and Philadelphia’s rates are below the national average at 14% and 15%, respectively, and are among the lowest with regard to jurisdictions and 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. While Philadelphia’s rate is less than the national average, Pennsylvania, at 37%, has one of the highest percentages among Covenant House jurisdictions. 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

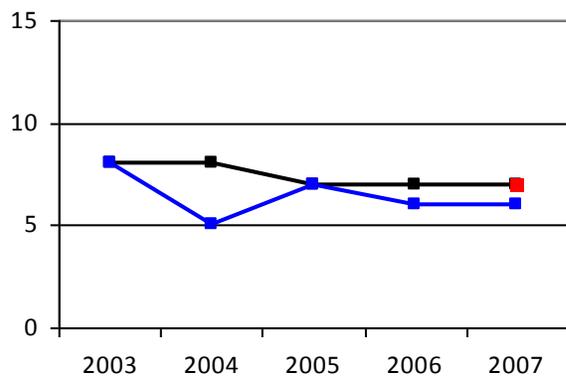
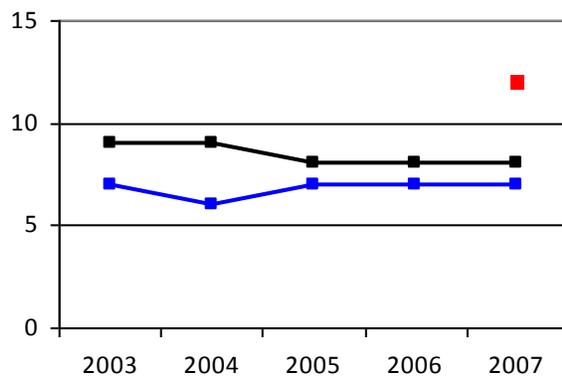


TABLE 3D: Percent of 16-19 year olds not working, not attending school



From 2003-2007, the percentage of 16-19 year old high school dropouts declined by 13% on the national level and by 25% in Pennsylvania (see Table 3C). At 7%, Philadelphia’s percentage is equal to the national average while Pennsylvania’s is 1 point less. As shown in Table 3D, the percentage of 16-19 year olds not working and not attending school declined nationally and remained relatively stable in Pennsylvania during the same period. Once again, Pennsylvania’s percentage is 1 point below the national average whereas that of Philadelphia is 1.7 times the state rate at 12%.

EMPLOYMENT

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

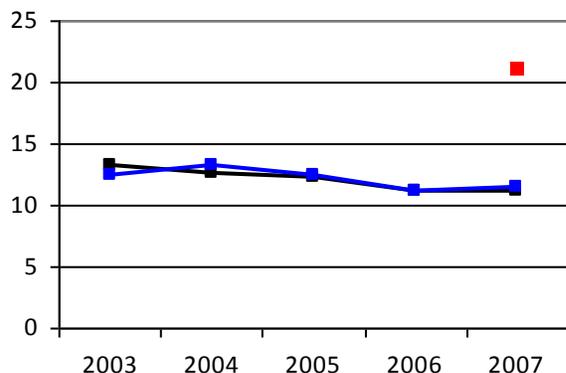
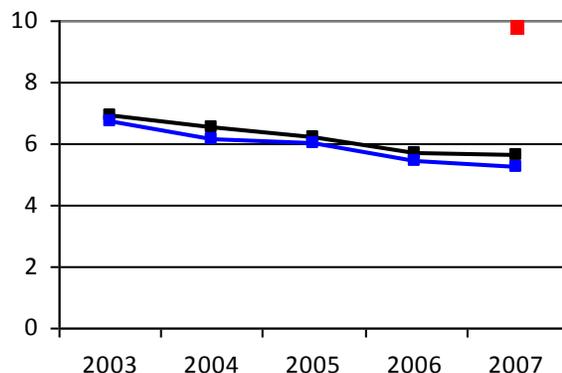


TABLE 4B: Unemployment rates among 20-64 year olds



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, the national unemployment rates among 20-24 year olds and the full working adult population declined nationally and in Pennsylvania. Both state rates are in line with the national averages while those of Philadelphia are much higher with 1 in 5 20-24 year olds and 1 in 10 working adults lacking employment. Philadelphia's youth unemployment rate is among the highest with regard to Covenant House cities. Given the current economic recession, it is anticipated the percentage of unemployed youth and older working adults will continue to increase throughout 2009.

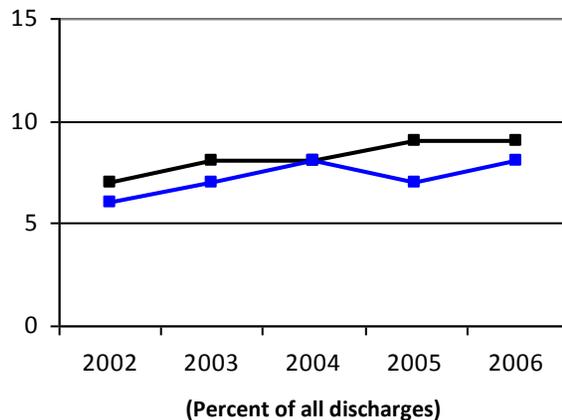
FOSTER CARE AND INSTITUTIONAL PLACEMENT

TABLE 5A: Individuals emancipating from care

| Year | United States | Pennsylvania |
|------|---------------|--------------|
| 2002 | 19,604 | 742 |
| 2003 | 21,910 | 844 |
| 2004 | 22,718 | 1,025 |
| 2005 | 23,704 | 949 |
| 2006 | 24,871 | 1,051 |

(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 42% in Pennsylvania (see Table 5A). During this period, the number of emancipates in the state rose by over 300. As shown in Table 5B, the percentage of individuals discharged from care due to emancipation has continued a slow, steady increase since 2002 whereas Pennsylvania's percentage varied by a couple points throughout the years presented. At 8%, it is 1 point below the national average. Caution must be used when interpreting this data as factors contributing to the increase in the number of emancipates have not been specified (e.g. system changes).

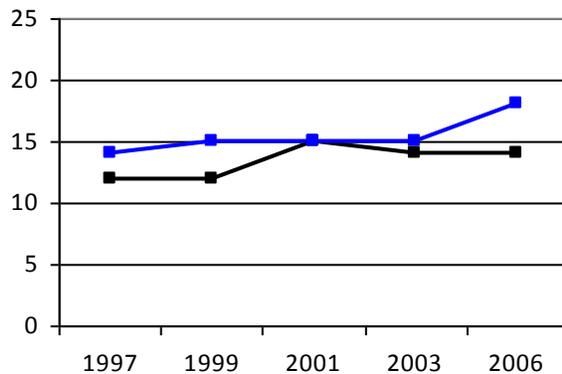
JUVENILE RESIDENTIAL PLACEMENT FACILITIES

TABLE 6A: Juveniles 18+ in residential placement

| Year | United States | Pennsylvania |
|------|---------------|--------------|
| 1997 | 12,649 | 561 |
| 1999 | 13,407 | 582 |
| 2001 | 16,069 | 609 |
| 2003 | 13,841 | 651 |
| 2006 | 13,115 | 765 |

(Total number)

TABLE 6B: Juveniles 18+ in residential placement

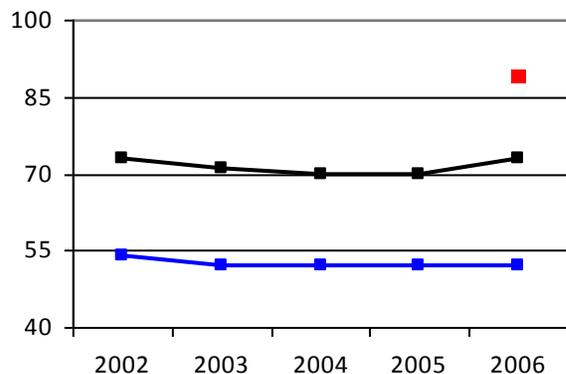


(Percent of all juveniles in placement)

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 Pennsylvania has continued to rise each year (see Table 6A). From 1997-2006, the state experienced a 36% increase which equates to an additional 200 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 Pennsylvania, this percentage has risen from 14% in 1997 to 18% in 2006. This is significant in terms of developing and allocating adequate resources for these individuals upon their release.

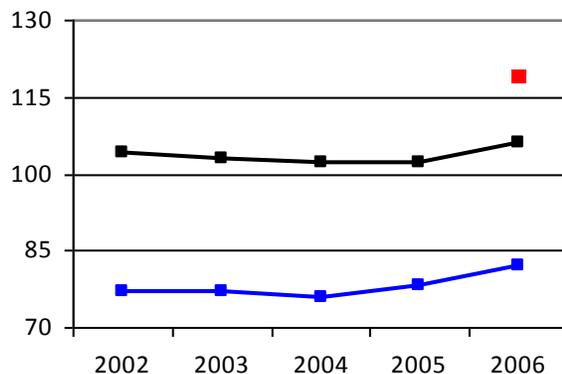
BIRTH RATES

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. However, as of 2006, both rates have increased (see Tables 7A and 7B). With regard to Pennsylvania's birth rates, those among 18-19 year olds have continued to hold steady while those among 20-24 year olds began to rise in 2004. In comparison to the national rates, Pennsylvania's are respectively 29% (among 18-19 year olds) and 23% (among 20-24 year olds) lower. Conversely, Philadelphia County's rates are well above the state and national averages. Among 18-19 year olds, Philadelphia County reports a birth rate that is 71% higher than the state's at 89/1,000. As pertaining to 20-24 year olds, the county's birth rate is 45% greater at 119/1,000. Both rates are among the highest with regard to counties in which Covenant House has locations. Caution must be used in interpreting these results as these rates are reflective not of the city of Philadelphia but the county in which it is situated.

SUBSTANCE USE

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

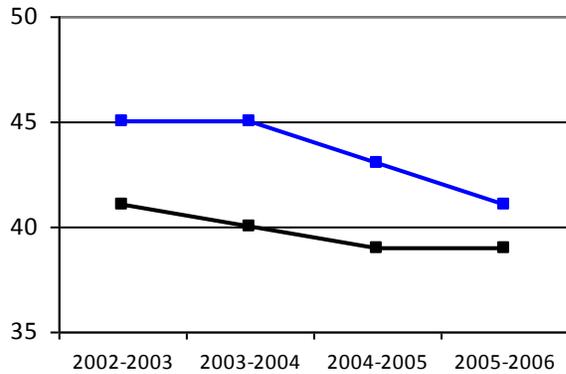


TABLE 8B: Percent of 18-25 year olds who report monthly marijuana use

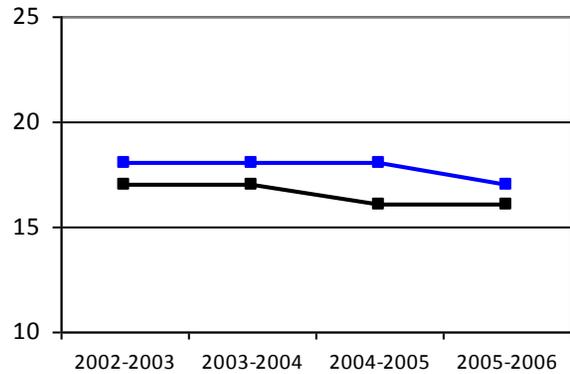
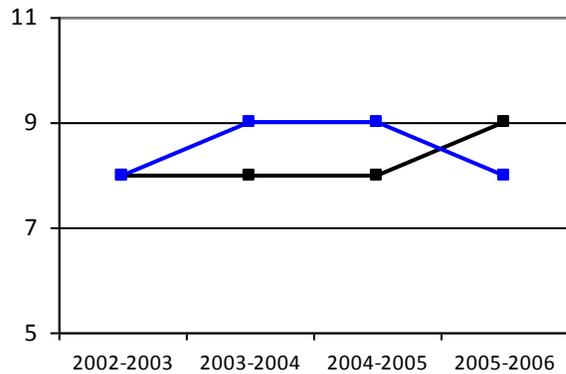


TABLE 8C: Percent of 18-25 year olds who report monthly illicit drug use (not marijuana)



Since 2002-2003, cigarette use among 18-25 year olds has declined by 5% nationally and 9% in Pennsylvania (see Table 8A). At 41%, Pennsylvania’s percentage is 2 points above the national average. The overall percentage of youth who report having used marijuana in the past month declined in both locales with the state average being 1 point greater than the national rate (see Table 8B). 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 Pennsylvania’s rate fluctuated slightly before returning to its baseline level of 8%.

ALCOHOL USE

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

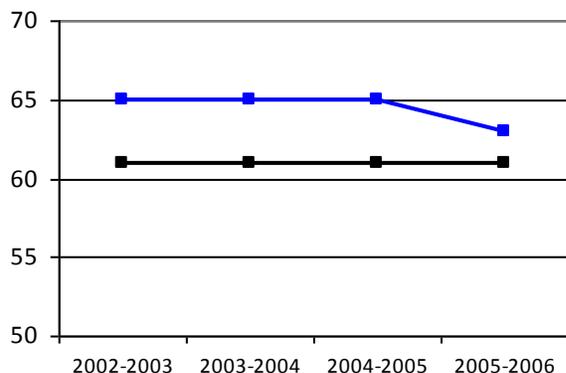
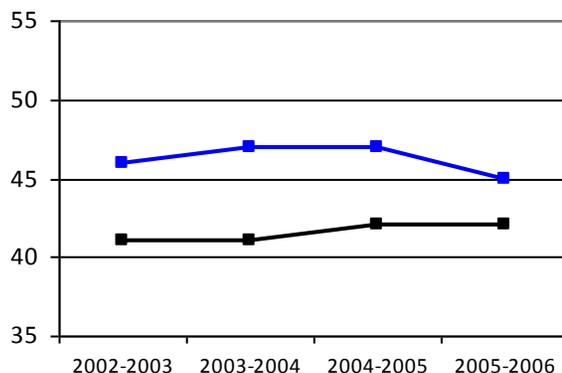


TABLE 9B: Percent of 18-25 year olds who report monthly binge alcohol use



Since 2002-2003, alcohol use among 18-25 year olds has remained stable at 61% whereas Pennsylvania experienced a minimal decrease (see Table 9A). At 63%, Pennsylvania's percentage is 2 points more than the national rate. As shown in Table 9B, binge alcohol use among 18-25 year olds increased by 2% nationally but declined by 2% in Pennsylvania. At 45%, the state's rate is 3 points above 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

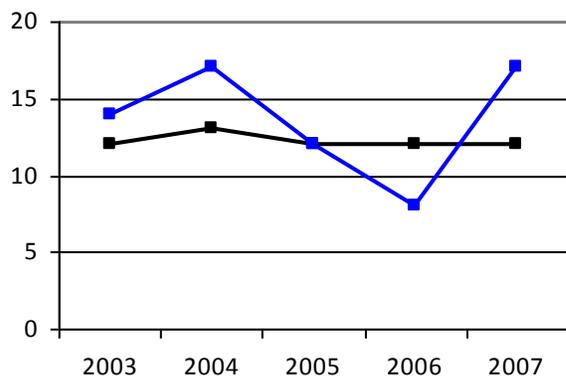
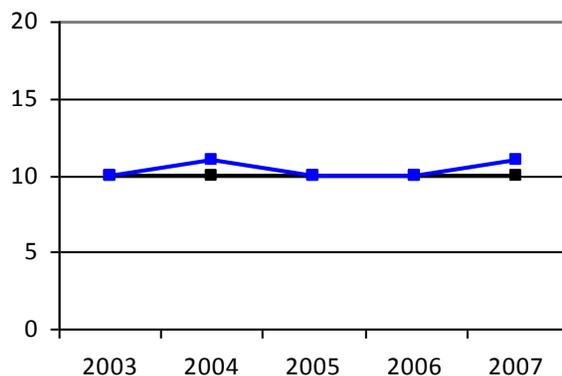


TABLE 10B: Percent of individuals 18+ who report frequent mental health distress



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, Pennsylvania's rate declined to 8% in 2006 and has since increased to 17%. Additional information is needed with regard to what factors contributed to this drastic decline and subsequent incline. Mental health distress among the state's 18+ population has varied by 1 point throughout the years presented. At 11%, it is slightly above the national average. 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

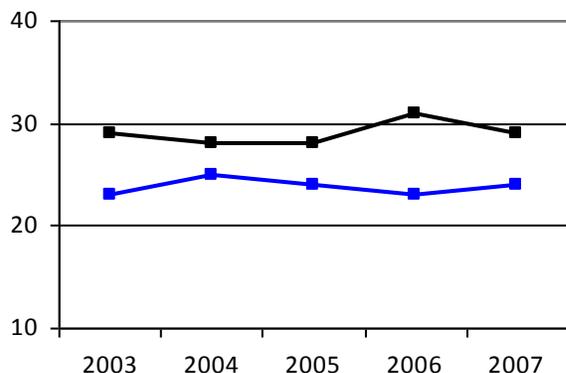
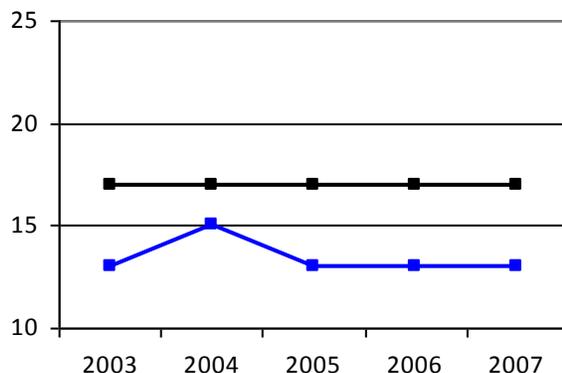


TABLE 11B: Percent of 18-64 year olds without health care coverage



From 2003-2007, the percentages of 18-24 and 18-64 year olds without health care coverage have remained relatively stable (see Tables 11A and 11B). However, 18-24 year olds who lack health coverage represent the largest percentage of individuals within their age group without health insurance. At 24%, Pennsylvania's percentage of youth without health coverage is 5 points below the national average. However, 1 in 4 of the state's 18-24 year olds lacks health insurance compared with slightly less than 1 in 7.5 individuals between ages 18-64. 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

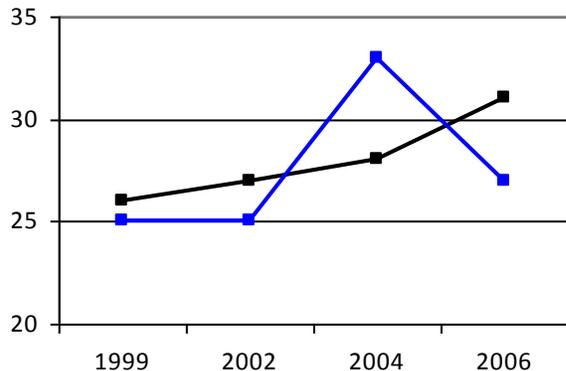
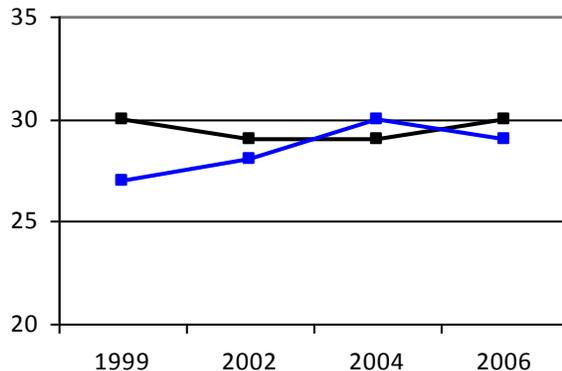


TABLE 12B: Percent of individuals 18+ who have not seen a dentist in the past year



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 8% in Pennsylvania (see Table 12A). At 27%, the state's rate is 4 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, Pennsylvania's rate increased by 2 points (see Table 12B). Similarly, this rate is also less than the national average. However, it remains that approximately 1 in 3.5 individuals ages 18-24 and 18+ in Pennsylvania have not seen a dentist in the past year.

CAUSES OF DEATH

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

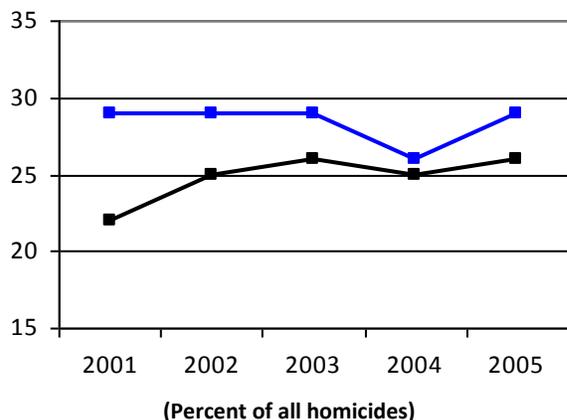


TABLE 13B: Deaths due to suicide among 18-24 year olds

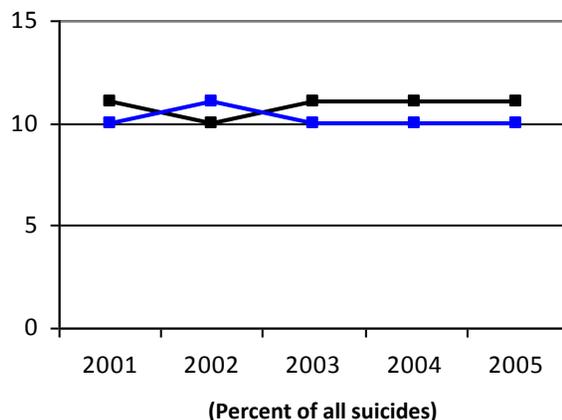
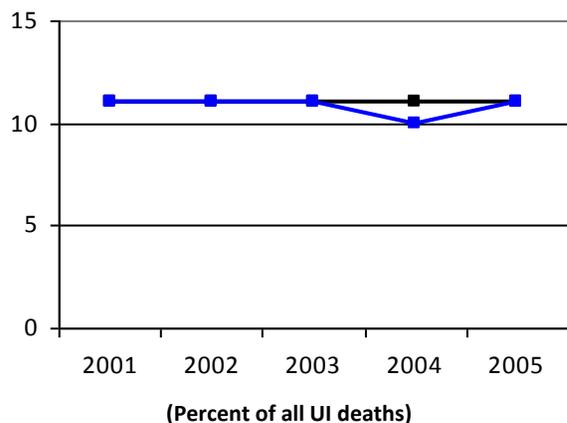


TABLE 13C: Deaths due to unintentional injury among 18-24 year olds



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 Pennsylvania's rate declined by 3 points from 2003-2004 before returning to its baseline level in 2005 (see Table 13A). At 29%, it is 3 points above 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 Pennsylvania. At 10%, the state's percentage is 1 point below the national rate. Similar to suicide rates, the percentage of youth victims of unintentional injury has hovered at 11% in both locales (see Table 13C).

CONCLUSIONS

Broad analysis of the indicators presented in this report reveal that youth in Philadelphia are vulnerable to experiencing poverty, low educational attainment, unemployment, involvement in the foster care and juvenile justice systems, early parenthood, and frequent mental health distress— 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 young adults with less than a high school education face much bleaker prospects with their annual income averaging \$18,000. This is significant as 43% of Philadelphia's population is African-American. In addition, 18-24 year olds in Pennsylvania 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, health care services, education and employment training programs, and mentors— all of which are vital in facilitating their transition into adulthood.

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.

- **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.
- **Quality of life and mental health:** According to the Centers for Disease Controls latest figures, Pennsylvania has the second highest percentages of 18-24 year olds in the U.S. who report experiencing frequent mental health distress.⁶ As noted by the Substance Abuse and Mental Health Services Administration, 20-25% of homeless individuals are afflicted with a serious mental illness.⁷ In the absence of access to psycho-social, rehabilitation, and recovery services, many of these individuals self-medicate with alcohol and drugs as a means to cope with their afflictions. Left untreated, mental health and substance abuse disorders among the homeless exacerbate their circumstances and lead to prolonged episodes of homelessness. In addition, it must be noted that individuals who have spent time in the foster care and juvenile justice systems are disproportionately affected by mental health issues. Therefore, it is essential that youth, especially those vulnerable to experiencing mental health distress, have access to comprehensive services, including pre-screening for early detection of behavioral health issues.

⁶ Centers for Disease Control and Prevention. (n.d.). Behavioral Risk Factor Surveillance System Survey Data, 2007.

⁷ Substance Abuse and Mental Health Services Administration. (2003). Homelessness - Provision of Mental Health and Substance Abuse Services.

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.

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Note: All percents have been manually calculated.

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Note: Percents for 2003 have been manually calculated.

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Note: Percent of all discharges has been manually calculated.

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

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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.

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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 Philadelphia County's 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).

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Health (2003-2007)

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Dental (1999, 2002, 2004, 2006)

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Causes of Death (2001-2005)

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Note: All percents have been manually calculated.



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