United Way of the Midlands
Youth In Transition: System Experience Prior to Homelessness

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Background

In 2013, United Way of the Midlands (UWM) initiated the Youth In Transition (YIT) initiative in response to a growing number of youth experiencing homelessness in Lexington and Richland counties in the midlands of South Carolina. The initiative focuses on young people, ages 17 to 24, who are homeless or vulnerable to homelessness or are at risk for other adverse outcomes due to a lack of social and financial support. This includes youth transitioning out of foster care or juvenile or adult justice; runaway youth; unaccompanied youth, or other youth who fall through the cracks of the system of care.

Since the inception, the YIT movement has expanded to include youth specific street outreach; 40 new units of housing for youth; and the opening of a youth drop-in center. In December 2017, the Midlands Youth Plan was released, which includes eight measurable goals and 16 specific strategies for homeless prevention; improved discharge planning; community level reporting and measurement of success; outreach including specialized access points for youth; and development of housing and services to fill gaps. Goal 1 of the Youth Plan, which was endorsed by 50 participating organizations, is '*Improve our understanding of the experience, contributing factors and dimensions of homelessness among youth, and develop measures for gauging progress in ending youth homelessness.*' To advance progress in accomplishing this goal, UWM established a data use agreement with the state data-warehouse and received approval to complete a matching cohort study examining predictors of youth homelessness. This report provides the initial findings and recommendations of the next steps from the study.

Introduction

Youth (ages 17-24) represent a growing segment of the homeless population. Understanding the causes of homelessness is important to help mitigate those predictors prior to someone becoming homeless. Research estimates up to 8% of youths have experienced homelessness at one point prior to the age of 25 [1]. For youth who are aging out of foster care, between 11% and 37% experience homelessness following their transition, with up to an additional 50% experiencing housing instability [2]. Youth and adults who are homeless face substantially worse physical and mental health outcomes when compared to those who are housed [3]. Prevalence of mental health conditions and substance abuse is up to four times higher in the overall population of those experiencing homelessness when compared to the general population and youth experiencing homelessness have been shown to have equally high prevalence rates [4].

Research into youth who experience homelessness have outlined reasons and predictors for housing instability. Some, but not all, factors include experiences of childhood adversity, including poor parenting, neglect, and sexual abuse; having four congregate care placements; disrupted adoptions; multiple foster care placements; more than three school moves in a three year span; lack of academic qualifications; multiple school expulsions; poor social networks; being a parent as a youth; having multiple convictions; receiving mental health treatment, and; neighborhood adversity. Most studies determining the predictors of homelessness are focused

on the general population of those experiencing homelessness regardless of age, while research on youth has been focused specifically on adolescents or those aging out of or exiting systems like foster care and juvenile justice. There is little research or data that examines the age range of 17-24 and their experiences with various systems prior to becoming homeless. Therefore, the purpose of this report is to provide a better understanding of the experience and contributing factors of youth who become homeless in the midlands of South Carolina. By identifying a cohort of youth with a confirmed episode of homelessness and securing data on their engagement with Medicaid, Department of Social Services, State Department of Education, Department of Mental Health, State Law Enforcement Division, and Department of Juvenile Justice, prior to them becoming homeless, the YIT team can identify and address system changes to help eliminate youth homelessness.

Methods
The final cohort of unaccompanied youth was completed through a three-step process.

Step 1: The Homeless Management Information System (HMIS) was used in the first step of generating the cohort. HMIS is an internet-based client management system utilized to track housing and service utilization of individuals experiencing homelessness and populations at-risk of becoming homeless. HMIS is locally-administered by United Way of the Midlands to provide flexibility to the user and allows data to be aggregated with other service providers to understand the size, characteristics, and needs of the homeless population at multiple levels: project, system, local, and state. The HMIS system is governed by clear and precise data standards for the types of information collected and thus ensures providers are consistently collecting information. In addition, there are privacy and security requirements that provide important safeguards for personal information collected from all homeless clients.

In March 2018, HMIS System Administrator ran a query in HMIS to identify all youth (ages 17-24) experiencing homelessness in the South Carolina counties of Aiken, Allendale, Bamberg, Barnwell, Calhoun, Chester, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Orangeburg, Richland, and York from 2014 through 2017. From the query an initial sample of 2,146 youth were identified and provided to the Revenue and Fiscal Affairs Office (RFA) to complete Step 2 of the process to obtain records from the six agencies. Table 1. contains the variables included from HMIS in the sample that was provided to RFA for Step 2.

Table 1.

Variables provided for assigning RFA Unique ID Only (not returned with dataset)	
Full Name	First, Middle, Last, Suffix
Social Security Number	Complete, Last 4 if available
Date of Birth	Month/Day/Year
Variables provided and returned with dataset	
Age	As of 12/31/2017
Gender	Female, Male, Transgender Female to Male, Transgender Male to Female
Primary Race	Black or African American, Native Hawaiian or Other Pacific Islander, Other, White
Secondary Race	Black or African American, Native Hawaiian or Other Pacific Islander, Other, White
Ethnicity	Hispanic or Latino, Non-Hispanic/Non-Latino

Veteran Status	Yes, No
County	Aiken, Allendale, Bamberg, Barnwell, Calhoun, Chester, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Orangeburg, Richland, York
Residence Prior to Project Entry	There are 25 different residence prior to project entry covering 'homeless situation', 'institutional situation', and 'transitional housing/permanent housing situation'.
Length of Time Homeless	Less than 1 month, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12+ months
Number of Times Homeless	1, 2, 3+
Disability	Yes, No
Chronically Homeless	Yes, No
Date of First Service as Head of Household	Month/Day/Year
Service Code	Homeless Drop In Center, Emergency Shelter, Homelessness Prevention, Permanent Supportive Housing, Rapid Re-Housing, Street Outreach, Transitional Housing, Other
Destination Exits	There are 34 different destination exits
VI-SPDAT Score	0-17
Head of Household	Yes, No

Step 2: RFA is a neutral entity that gathers and maintains demographic, economic, redistricting, financial, geodetic, health, education, law enforcement, social services and other data in the South Carolina Data Warehouse. Prior to sending the file from Step 1 to RFA, the study team received approved research requests and signed data use agreements with Medicaid, Department of Social Services, State Department of Education, Department of Mental Health, State Law Enforcement Division, and Department of Juvenile Justice. The initial youth cohort (ages 17-24) was provided to RFA for linking and gathering data from the six state agencies to determine the factors (risk and protective) with youth becoming homeless. When available, RFA used full name, date of birth, and social security number to provide the RFA Unique Identification Number that allows everyone in the cohort to be tracked across the six agency data sets in the data warehouse. RFA provided a deidentified data set from the state agencies that included the requested variables for the youth. Of the 2,146 individuals provided to RFA from Step 1, 2,128 individuals were able to be matched to an existing RFA Unique Identification Number.

Step 3: United Way of the Midlands' study team received the data sets to finalize the cohort used in the study. The primary focus of this initial study was intended to be on unaccompanied youth who were "*literally homeless*". Unaccompanied youth, for this study is defined as "youth not in the physical custody of a parent or court-appointed guardian, including: youth who have run away from home; youth who have been forced to leave their homes; and youth whose parents have left the area and left them behind." *"Literally homeless"* means the youth are living unsheltered on the streets, in cars, campgrounds, in abandoned buildings, or other public spaces, or living in emergency shelters. After receiving the information from the original cohort provided to RFA, the study team went through a process of determining the final cohort of unaccompanied youth matching the criteria. Therefore, any youth who were found in HMIS and

only had services that reflected homeless prevention, indicating they were not *"literally homeless"* were removed from the original cohort. In addition, if in HMIS their 'Relationship to Head of Household' was listed as 'Head of Household's Child', 'Head of Household's Other Relation Member', or 'Other Relation', indicating they were not unaccompanied, they were removed from the sample to produce the final cohort. If the youth was listed as 'Head of Household's Spouse/Significant Other' and their spouse/significant other was under the age of 25, they were included in the final cohort. The last step in determining the final cohort was to identify and include youth who were at one point connected to a family and homeless, but later experienced homelessness as unaccompanied youth.

Final Cohort Demographics/Statistics
Utilizing the criteria above, the final youth cohort resulted in 669 unaccompanied youth who had a documented service in HMIS between 2014-2017. Six-hundred thirty-seven youth were listed as 'Self' and 32 were listed as 'Head of Household Spouse/Significant Other', where the Head of Household was under the age of 25. Males made up 51% of the cohort, 62% were Black/African-American, and 36% were White. The average age the youth first received a service indicating homelessness was 21.86 years old, with 16 youth under the age of 18 at the time of their first service. Over 80% of the cohort were in Richland (58%) and Lexington (24%) counties when they became homeless.

The results provided below represent the first phase of a multi-phase analysis process. In this phase, findings were developed by analyzing each of the six agency's data independently. For each section of results, the information presented depicts only those youth in the cohort who were found in data provided by the corresponding agencies.

Results

Department of Social Services
Data provided from the SC Department of Social Services (DSS) came from the CAPSS system. CAPSS is a set of data from DSS containing information on Child Protective Services (CPS), Adult Protective Services (APS), and Foster Care (FC) services. This study focused solely on youth who were ever in foster care and did not include any data from CPS or APS. CAPSS data starts from 1996 to the current month with a one-month lag. Therefore, the dataset provided was inclusive of all foster care experiences of youth in the cohort. A list of all variables received from DSS can be reviewed in Appendix A.

Of the 669 unaccompanied youth, 142 (21%) were found to have been involved with foster care. Seventy-percent of those youth were Black or African American and 50% were female. The average age the first foster care case was opened was 8.8 years old. Thirteen youth entered at birth or prior to their first birthday and five youth entered at the age of 17. Ten of the 142 did not have a documented reason for placement. A total of 132 youth (93%) had a documented reason for placement into foster care. The top five reasons, in order, are neglect, physical abuse, abandonment, child's behavior, and drug abuse by the parent. The average number of foster care placements was just over five, with 24 (17%) of the youth having 10 or

more foster care placements during their time in services. The youth had an average of four case workers during their time in foster care with 11 (8%) having 10 or more case workers. Nearly 40% of youth returned to foster care after an exit and 19 (13%) youth had two or more exits and returns to foster care. Independent living services were provided to 44 (31%) of the youth. Four (3%) of the youth experienced disrupted adoptions and 37 (26%) had at least one placement in respite care. Congregate care was provided to 109 (77%) and 34 (24%) were placed with a relative (kinship care). Most of the youth were in either a Group Home (29%), Foster Home (23%), or Therapeutic Foster Home (11%) at the time of their last foster care service. When cases were closed, 65% ended due to the goal being achieved and a little over 5% ended due to the client choosing to terminate services. Data indicated 12% of the cohort reported either sexual abuse and/or physical abuse at some point during their lifetime.

DSS Discussion
In a 2017 article published in the American Journal of Psychology, the authors outlined the risk factors associated with experiencing homelessness in the year after aging out of foster care [5]. This publication provides insight into the significance of the findings from this report, which included race, number of foster care placements, and disrupted adoptions. In our study, 62% of the youth cohort were Black or African American, but for those found in the foster care system, 70% were African American, which is the largest discrepancy of any demographic between the cohort and each agency data-set. In other words, a predictor of experiencing homelessness was more likely if the youth was Black or African American, compared to other race groups. Further, the 2018 SC Profile Transition-Age Youth in Foster Care report indicated only 41% are African-American. Therefore, intervention opportunities, based on an examination of risk factors by case, may improve outcomes for minorities through transition planning. Our data shows the average number of foster care placements was over five, congregate care placements was provided to 109 youth, and four youth experienced disrupted adoptions. Based on our findings and knowledge of the predictors of youth homelessness one-year after aging out of foster care, there are intervention opportunities to improve outcomes for all youth, particularly minorities, through specific transition. Namely, planning of coordinated services per youth are needed prior to them exiting foster care. Youth have faced significant trauma from abuse or neglect that resulted in them being placed in foster care, making it critical to examine the services they receive while in foster care to make changes that could reduce the likelihood of someone exiting foster care and ending up homeless.

Medicaid
The study team received four different files of Medicaid data: Medicaid Eligibility, Medicaid HMO Eligibility, Medicaid Medical, and Medicaid Pharmacy. For this phase of the analysis, only the Medicaid Medical and Medicaid Pharmacy files were analyzed. Eligibility was not a specific interest of this study due to the focus on medical history and prescription use. Future studies may include analysis of these data files. The Medicaid Medical file contained inpatient, outpatient, and physician office visits for those eligible for Medicaid from 2012-2017; the Medicaid Pharmacy included all pharmacy claims during the same time period. A list of all variables received from Medicaid can be reviewed in Appendix B.

Medicaid Medical
A total of 444 (66%) individuals of the youth cohort (669) had an inpatient, outpatient, or physician office visit claim paid through Medicaid in the data received. Demographic data for those found in the Medicaid data was 57% female and 64% Black or African American. Those in the cohort had nearly 50,000 encounters and total charges paid was $7,962,688. The most frequent diagnoses were related to mental health, pregnancy, and substance abuse. The primary diagnosis of service, deduplicated, was Urinary Tract Infection (111), followed by Headaches (109) and Attention Deficit Disorder with Hyperactivity (ADHD) (97). The five most frequent reasons a youth received service, based on primary diagnosis listed, was ADHD (97 youth and 2,852 encounters), oppositional defiant disorder (69 youth and 1,973 encounters), post-traumatic stress disorder (33 youth and 1,362 encounters), unspecified episodic mood disorder (53 youth and 1,318 encounters), and depressive disorder (91 youth and 1,072 encounters). In relation to costs, treatment of ADHD as the primary diagnosis was the costliest with claims paid totaling $278,188.50. Following ADHD was oppositional defiant disorder ($249,737.46), Type 1 diabetes mellitus with ketoacidosis ($190,228.22), cannabis abuse ($189,241.73) and bipolar disorder ($170,334.41).

Medicaid Pharmacy
The Medicaid Pharmacy claims data included 394 (59%) of the 669 youth and reflected over $2.6 million in total charges and $1.6 million in paid claims. The drug prescribed the most to individuals in the cohort was Ibuprofen 800 MG (109 youth) followed by Amoxicillin 500 MG (85), and Ventolin HFA Inhaler (71). When looking at the therapeutic class of drugs, there were over 2,200 prescriptions of antidepressants to 163 youth, antipsychotics, (1,706 prescriptions, 102 youth) and amphetamines (793 prescriptions, 63 youth) used to treat ADHD were the next most prescribed class of drugs.

Medicaid Discussion
A review of the diagnoses and prescriptions indicate a cohort that had poor mental health prior to becoming homeless. Research has shown that mental health treatment as an adolescent is a predictor of homelessness later in life [6] and unfortunately, experiencing homelessness only exacerbates negative mental health outcomes [7]. Often, unaddressed childhood trauma is the impetus for mental health treatment [8]. While recent research has shown that childhood trauma is increasingly being misdiagnosed as ADHD [9]. This led to the creation of clinical guidelines to better distinguish between child traumatic stress and ADHD. Establishing a trauma informed community that can accurately diagnose and treat early trauma has the potential to more effectively impact the number of youth who experience homelessness. Substance use, including marijuana, was reflected in the results and may inform service providers areas of mental health to assist in youth. Finally, the youth cohort had nearly $10 million in combined medical and pharmacy paid claims in six years (2012-2017). Research conclusively determines that the cost to care for the medical needs of individuals experiencing homelessness is significantly greater than those who have stable housing [10]. Therefore, addressing the mental and physical needs of youth before they age to independence may decrease their risk for homelessness resulting in cost savings over their lifetime.

Department of Mental Health
Department of Mental Health (DMH) data received included information on all outpatient services provided through DMH since January 1996. Specifically, demographics and visit information were provided. A list of all variables received from DMH can be reviewed in Appendix C.

Data from DMH included 324 (48%) of the 669 in the youth cohort. For the youth treated by DMH, 55% were male and 54% were Black or African American. As was reflected in Medicaid claims, ADHD was the primary diagnosis reflected in the most visits (1,621) and the diagnosis for the most deduplicated youth (103). Oppositional defiance disorder (692) was the second leading primary diagnosis at visit, followed by episodic mood disorder (429), and unspecified disturbance of conduct (372). Beyond ADHD, there were 67 (21%) youth who had a primary diagnosis of oppositional defiance disorder, 59 (18%) with depressive disorder, and 51 (16%) with unspecified cause of morbidity. Although there were 59 youth with depressive disorder and 51 with unspecified cause of morbidity, a smaller number of youth were diagnosed with episodic mood disorder and unspecified disturbance of conduct, yet accounted for more visits compared to those with depressive disorder and unspecified cause of morbidity.

Table 2. Top 5 deduplicated diagnosis and the number of visits related to the diagnosis.

Primary Diagnosis	Deduplicated Youth with Diagnosis	Number of Visits Related to Diagnosis
ADHD	103	1,621
Oppositional Defiance Disorder	67	692
Depressive Disorder	59	315
Unspecified Cause of Morbidity	51	121
Unspecified Disturbance of Conduct	50	372
Episodic Mood Disorder	39	429

DMH Discussion
Similar to the results found in the Medicaid Medical and Pharmacy data, DMH data confirms the extent of poor mental health present in the youth before they ever experience homelessness. For the youth cohort in this study, 48% had a diagnosed mental illness and received treatment from DMH prior to becoming homeless compared to 17.5% of South Carolinians that have "any mental illness" [11]. Studies indicate that youth who face the burden of mental and general medical illness while homeless are at an 11-times increased mortality rate prior to the age of 25 [12]. Therefore, it is imperative to establish processes that increase access to mental health care for youth, to adequately diagnosis and address treatment needs, as well as treat trauma and reduce risk of further trauma. More study is needed to determine the most cost-effective methods to address the mental and emotional needs of youth at risk for homelessness.

Department of Juvenile Justice

The Department of Juvenile Justice (DJJ) data was provided in two types of files: 1) demographic information on youth found in the DJJ system; 2) information on offense charges and dispositions. Years of available data included from DJJ was from January 1993-June 2015. A list of all variables received from DJJ can be reviewed in Appendix D.

Demographic data was available for 39% (203) of the youth cohort. Of the total DJJ data, 58% were males and 63% were Black or African American. Thirty-one (15%) of the 203 youth had a documented special need and 58% of those with a special need had 3 or more. Most of the special needs were psychiatric/psychological disabilities, which parallels findings from Medicaid and DMH. The data from DJJ also included the living arrangements of the youth when they were arrested. For the 143 (70%) youth with living arrangements indicated, the highest arrangement was with natural mother only (29%), followed by relatives (7%), natural mother and step-father (7%), and natural parents (6%). Twenty-three (16%) of the youth were either in a foster home or an institution at the time of involvement with DJJ.

Information on offense charges and dispositions was available for 208 (31%) from the youth cohort and 1,628 lines of data. Disposition is a final decision as to how a juvenile's case is handled after an adjudication. Data presented represents only cases that had a charge code, final disposition act date, and final disposition result code. There were 388 lines that had a blank charge code, 676 lines that did not have a final disposition act date, and 10 lines that had a NULL final disposition result code. In addition, there were 125 lines removed due to duplicate charge codes (i.e. same offense date, charge code, and final disposition action date and type). In total there were 429 usable charges found for 125 (19%) youth in the final cohort. The study team is working with RFA to better understand the process of determining a usable charge. Although this data may not be the full picture of DJJ data, the data presented reflects with certainty an actual unduplicated charge.

There was an average number of three charges among the 125 youth, with 20 being the highest number of charges for one individual. The earliest charges reported was for a 10-year-old on charges of truancy and contempt of court. For all charges, 69% occurred when the youth were between 10-15 years old.

Table 3. Breakdown of the age at offense.

Age at Offense	Total Number of Youth
10 years old	2
11 years old	9
12 years old	15
13 years old	49
14 years old	91
15 years old	129
16 years old	99
17 years old	33
18 years old	2

Table 4. The top 22 charge codes, which account for 74% of the 429 charges.

Charge Code Description	Count of Charges
Probation:Violation for Cat. V - Misd.	38
Assault:Assault & Battery 3rd degree	32
Status:Incorrigible, Ungovernable, Beyond the Control of Parents	24
Contempt:Contempt of Court by Child (Status)	23
School:Disturbing schools	22
Assault:Simple Assault and Battery	20
Probation:Violation for Cat. VI - Status	17
Disorderly:Public disorderly conduct	17
Status:Runaway	14
Status:Truancy	14
Larceny:Petit or Simple Larceny - $2,000 or less	12
Contempt:Contempt of Court by Child (Criminal)	10
Drugs:Poss. of 28g (1 oz) or less of marijuana or 10g or less of hash - 1st offense	8
Malicious:Malicious Injury to animals, personal property, injury value $2,000 or less	8
Probation:Violation for Cat. II - Felony	8
Larceny:Petit or Simple Larceny	7
Assault:Simple common law assault, no battery	7
Shoplifting:Shoplifting, value $2,000 or less	7
Burglary:Burglary (Non-Violent) - Second degree	7
Shoplifting:Shoplifting, value up to $1,000	6
Vehicle:Damaging or tampering with a vehicle	6
Probation:Violation for Cat. III - Felony	6
Probation:Violation for Cat. V - Felony	6

There were 716 dispositions for the 429 charges: probation (148) was the highest, followed by other special conditions (81), community service (67), determinate sentence/discretionary suspended to alternative placement and probation (43), and dismissed (42). Those five dispositions account for 53% of all dispositions.

DJJ Discussion
In terms of demographics, percent of Black or African American youth found in the DJJ data match exactly the demographics in the most recent DJJ Statistical Report (63%). However, the number of females in the cohort who had a juvenile charge (38%) was higher than the number of females with charges in the 2016/2017 Statistical Report (22%). Currently, there is a gap in the research indicating how gender and juvenile charges relates to homelessness after a youth reaches the age of independence. Therefore, there is an opportunity to examine the relationship for females who are arrested.

However, studies have shown that youth who have multiple juvenile convictions are at an increased risk of experiencing homelessness and nearly 50% of the youth in our study found in the DJJ system had three or more charges [13]. From these results, it would indicate these

youth are vulnerable after exiting the DJJ system. Therefore, more study is needed to determine how the role of discharge planning of youth, especially youth who have multiple convictions, could be utilized to reduce the number of youth at high risk of experiencing homelessness.

Table 5. shows the top 10 charges for those in the study and the top 10 charges for all youth FY 2016/2017. While there are similarities in the charges, 'Incorrigible, Ungovernable, Beyond the Control of Parents' and 'Disturbing School' may be worth exploring further to understand if youth with these charges are at a greater risk of experiencing homelessness.

Table 5.

Top 10 Charge Codes Cohort	% of Total Charges	Top 10 Charge Codes All	% of Total Charges
Probation: Violation for Cat. V - Misd.	9	Assault and Battery 3rd Degree	9
Assault: Assault & Battery 3rd degree	7	Burglary 2nd Degree	5
Status: Incorrigible, Ungovernable, Beyond the Control of Parents	6	Burglary 1st Degree	4
Contempt: Contempt of Court by Child (Status)	5	Status: Running Away	3
School: Disturbing schools	5	Larceny: Breaking into Motor Vehicle	2
Assault: Simple Assault and Battery	5	Armed Robbery	2
Probation: Violation for Cat. VI - Status	4	Resisting Arrest	2
Disorderly: Public disorderly conduct	4	Unlawful Carrying of Pistol	2
Status: Runaway	3	Assault and Battery 2nd Degree	2
Status: Truancy	3	Probation: Violation for Cat. V -Misd.	2

State Law Enforcement Division
There are six different files available from the State Law Enforcement Division (SLED), and based on their definitions: 1) *Identification* -- provides the physical descriptive information regarding the arrestee; 2) *Arrest* -- provides a description of the offense(s) for which the individual was arrested; 3) *Count* – list the number of counts for each arrest charge; 4) *Custody* – provides information as to whether or not the offender is in an state adult correctional facility or what his/her supervision status is; 5) *Judicial* – provides information on the disposition of each arrest; and 6) *Aliases* – provides information on various names the offender may have used. The study team requested and received four files for the purpose of this work: Arrest, Count, Custody, and Judicial. A list of all variables received from SLED can be reviewed in Appendix E.

For the 669 youth in the cohort, 266 (40%) have arrests records indicated in the SLED database. Those youth account for a total of 878 arrests. Sixty-six percent of the youth in the SLED data are male and 62% are Black or African American. Of the 747 arrests that were classified as either a felony or misdemeanor, 129 (17%) were felonies and 618 (83%) were misdemeanors. Felonies included 62 different offenses. Second-degree and First-degree burglary were the most

prevalent offenses. However, the majority of the 618 misdemeanors fell into five primary offenses: Shoplifting <$2,000 (107), Public Disorderly Conduct (68), Possession of 28 grams or less of marijuana (42), Assault and Battery 3rd Degree (40), and Entering Premises After Warning (23).

SLED Discussion

Research indicates homelessness increases arrests and arrests increases the rate of homelessness, leading youth who are arrested and/or homeless vulnerable to poor outcomes [13]. It is important to understand the order of events in youth's lives so appropriate preventive services are established or implemented to intervene. Like DJJ data, SLED data indicates a high rate of females who are youth being arrested when compared to overall SLED arrests. This provides the opportunity to further determine the relationship between the arrests of female youth and rate of homelessness.

State Department of Education
State Department of Education (SDE) data was provided that contained descriptive and demographic information for all students from Pre-Kindergarten through 12th grade that include: school year; school name; student's ages while attending the school (2011-2017). Attendance data was provided from 2011-2016, excluding 2010. Data for discipline was only available for the years of 2007-2009, while graduation data was provided for 2009-2017. A list of all variables received from SDE can be reviewed in Appendix F.

There was descriptive and demographic information available for 506 (76%) students of the youth cohort. For the youth with demographic information available, 257 (51%) were male and 322 (64%) were Black or African American. Sixty-three school districts were represented, including Palmetto Unified (14 students) and DJJ (24 students) school districts. In terms of counties, 43 of the 46 counties and 270 different schools were attended by someone in the cohort. Abbeville, Jasper, and McCormick counties were the three counties not included. Slightly over 90% of the youth were eligible for free lunch at one point between 2011-2017. While 55 youth (11%) in the cohort were listed as gifted, 283 (56%) had a documented disability.

Analysis indicated 181 (35%) had at least one move during a school year and 72 (14%) had two or more school moves during a single year. Nearly 60% of the youth repeated a grade and 134 (26%) repeated two or more grades. In terms of attendance, 446 (67%) of the youth cohort had available data. Table 6. displays the number of absences for each year by the number of students' data found in that year.

Table 6.

# Absences	# Students 2011	2011 % of Total	# Students 2012	2012 % of Total	# Students 2013	2013 % of Total	# Students 2014	2014 % of Total	# Students 2015	2015 % of Total	# Students 2016	2016 % of Total
0	63	16%	65	18%	46	18%	41	25%	28	25%	31	33%
1-10	186	47%	154	42%	92	37%	49	30%	32	29%	16	17%

11-20	96	24%	81	22%	55	22%	41	25%	23	21%	19	20%
21-30	25	6%	38	10%	33	13%	14	9%	15	14%	15	16%
31-40	19	5%	21	6%	20	8%	13	8%	6	5%	7	8%
41-50	6	2%	7	2%	4	2%	5	3%	4	4%	3	3%
51-60	2	1%	1	0%	1	0%	1	1%	2	2%	1	1%
61-70	2	1%		0%		0%		0%	1	1%		
71-80					1	0%						
81-90											1	1%
91-100												
>100			1	0%								
TOTAL	399		368		252		164		111		93	

Although discipline data was only available from 2007-2009, data was available for 58% of the youth cohort. The average number of disciplinary actions per youth over the three-year period was 15.6. The top five discipline categories were in-school suspension (23%), out-of-school suspension (22%), after-school detention (17%), in-school detention (6%), and conference with student (5%). The highest number of disciplinary reports across the timeframe was 113 for one student, while another student had 49 afterschool detentions in a year.

Graduation data was available for 224 (33%) individuals of the youth cohort. Data provided indicates whether the individual graduated within the four years with a diploma. Fifty-six percent (126) graduated within the four years and 44% did not.

SDE Discussion
Various factors related to a youth's experience in school, like achievement, behavior troubles, truancy, and number of school moves have been demonstrated to be predictors of homelessness [14]. Therefore, our study confirms that individuals' adverse experiences during school who are part of the youth cohort, have risk factors that support results from previous studies. The number of disciplinary records, the amount of truancy, and the high number of school moves were evident in the data. More study is needed to address underlying factors behind student issues; barriers to graduation; and ultimately identifying strategies to reduce risk factors of youth becoming homeless. The SDE could be a critical partnership to identify youth, through administrative data who may be at risk of future homelessness, where higher risk schools or districts are prioritized for intervention efforts.

Next Steps

In this report, system engagement of youth prior to becoming homeless is presented to improve *our understanding of the experience, contributing factors and dimensions of homelessness among youth,* and serves as a step in supporting the successful implementation of the 2018 Youth Plan*.* Another step is widely disseminating this report to community stakeholders and partners. Following a review period, the team will enhance partnership with service providers and state agencies in the development of strategies to eliminate youth homelessness. One specific action is working directly with DSS, DJJ, and SDE to address factors outlined that increase the risk of ending up homeless after emancipating from services. This has

already begun with the interagency and interdisciplinary youth cases conferencing meetings. Youth case conferencing is a tool that brings service providers together to discuss barriers and develop strategies for youth who are aging out of systems or are currently experiencing homelessness. Continuing to work together in the creation of innovative solutions will help advance the goals outlined in the Youth Plan.

As stated, this report is the start of an extensive research process to better understand the factors that lead to youth becoming homeless. Therefore, completing further analysis of each agencies data, with the guidance of the YIT steering committee, would enhance partnerships with other organizations, to more comprehensively develop system changes to reduce and eliminate youth homelessness. One step is to conduct an in-depth study that would link the data sources (a youth's experience across all six state agencies, not isolated to one) and examine the youth's service engagement holistically. Being able to see each youth's experience across the six state agencies, analysis could be completed that would determine, with statistical significance, the risk and protective factors of individuals between the ages of 17-24 becoming homeless. Although the Shah study [5] was specific to youth exiting foster care, the same methods could apply for all youth and give a definitive set of predictors for youth homelessness in the midlands. In that study, the factors were demographics and foster care experiences, stable housing and placement, permanent connections, education, and well-being (physical/mental health). All that information is currently available in the existing data and allows the study team to replicate portions of the aforementioned study, while catering the design to any unique circumstances in the midlands of South Carolina.

Trauma experienced during childhood impairs development and its harmful effects can last a lifetime. The data presented in this report clearly shows trauma is highly prevalent in youth who become homeless and brief analysis shows there is a tremendous cost to our community. Used conscientiously, distribution of this report and subsequent studies will allow for the development of an integrated, child-serving system of care where trauma informed public, private, and community providers prevent, treat, and respond to the needs of youth, families and the broader community. Taking this work beyond just YIT and will allow the information to positively impact other initiatives that are working in collaboration to improve outcomes for children in the midlands of South Carolina.

For additional information, please contact Andy Pope at apope@uway.org or visit our United Way of the Midlands website at www.uway.org

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Appendix A

Variables received in the dataset from the South Carolina Department of Social Services.

- Age entered services
- Age exited services
- Reason(s) for receiving services (to include neglect, physical abuse, and sexual abuse)
- Number of re-entries into services
- Reason(s) for exiting services
- Number of congregate care placements
- Number of foster care placements
- Number of times placed with a relative in foster care
- Number of case workers
- History of behavior issues while receiving services
- Number of disrupted adoptions
- Experienced physical abuse while in foster care
- Experienced sexual abuse while in foster care
- Number of respite stays while in foster care
- Last placement before exiting foster care
- Are they a parent
- Received/Receiving Independent Living Services

Appendix B

Variables received in the dataset from Medicaid.

HIC File (Fee for Service and Managed Care)	**Pharmacy File** (Fee for Service and Managed Care)
☒ Encrypted recipient ID	☒ Encrypted recipient ID
☒ Visit ID	☒ Charges & amount paid
☒ Charges & amount paid	☒ Month/year date dispensed
☒ Month/year of service dates	☒ Class of drug
☒ Location of service (i.e. office, home, etc.)	☒ NDC & drug name (**Note:** Drug name is not populated in managed care records.)
☒ Service code (CPT/HCPCS)	☒ Drug indicator
☒ Service code modifier type	☒ Medicaid assistance category
☒ Primary & secondary diagnoses	☒ Provider ownership class
☒ Medicaid assistance category	☒ Quantity
☒ Service provider type	☒ Refills
☒ Units of visits/services	☒ Days supplied
	☒ Therapeutic class (AHFS)

Inpatient and Outpatient Hospital Files (Fee for Service and Managed Care)	**Recipient File**
☒ Encrypted recipient ID	☒ Encrypted recipient ID
☒ Visit ID	☒ Dual eligible flag
☒ Provider type & ownership	☒ County of eligibility
☒ Month/year of admission date	☒ Age in years
☒ Month/year of discharge date	☒ Month/year of birth
☒ Admission source	☒ Month/year of eligibility & ineligibility dates
☒ Admission priority	☒ Marital status
☒ Setting (bill type)	☒ Medicaid assistance category
☒ Category of service	☒ Medicaid qualifying category
☒ Covered charges & amount paid	☒ Race
☒ Patient disposition status	☒ Sex
☒ DRG (APR-DRG and severity)	☒ Month/year of eligibility & ineligibility dates
☒ ER flag	
☒ Number of days in hospital (inpatient only)	
☒ Medicaid assistance category	
☒ Admitting diagnosis	
☒ Primary/secondary diagnoses	
☒ Primary/secondary procedures	
☒ Revenue codes	
☒ Revenue charges	
☒ CPT/HCPCS procedure codes	
☒ Units of service	

Appendix C

Variables received in the dataset from the South Carolina Department of Mental Health.

From Admission / Discharge
Type / Disposition Code
Referral Source
Service
Location
Service (Service Code)
Diagnosis (DSM IV)
Insurance / Income
Carrier Codes and Payor Classification
Income Amount (Family and Individual)
Demographics / Identifiers
Residence Address – County and Zip
Household – Type, Living Arrangement, Marital Status
Education Level, Sex and Race

Appendix D

Variables received in the dataset from the South Carolina Department of Juvenile Justice.

From DJJ Master File	From DJJ Charges File
SAS VARIABLE	SAS VARIABLE
RFA_ID	RFA_ID
SEX	OFFENSE_DT
RACE	AGE_AT_OFFENSE
COUNTY	JURISCOUNTY
ISFATHERGUARDIAN	CHARGECODE
ISMOTHERGUARDIAN	CHARGEDESCRIPT
ISGUARDGUARDIAN	CHARGESEVWEIGHT
SPECNEEDS1	DECISIONNONREF
SPECNEEDS2	DECISIONAMENDED
SPECNEEDS3	DECISIONDT
SPECNEEDS4	DECISIONCHARGECODE
SPECNEEDS5	DECISIONCHARGEDESCRIPT
SPECNEEDS6	DECISIONCHARGESEVWEIGHT
JURISCOUNTY	DECRESULTCODE
DRUGUSE	DECISIONRESULT
SUBSTANCEABUSE	DISPONONREF
MARITALSTATUS	DISPOAMENDED
DSSCLIENT	DISPOACTDATE1
PARENTSTATUS	DISPOCHARGECODE
LIVINGARRANGEMENTS	DISPOCHARGEDESCRIPT
GUARDINCOME	DISPOCHARGEWEIGHT
EMPLOYMENT	FINALDISPOACTDATE
FAMILYDELQ	FINALDISPORESULTCODE
CLIENTPRIORHIST	FINALDISPORESULT
NUMBERADULTSINHOUSE	
NUMBERCHILDRENINHOUSE	
SOR	
SORCHARGE	
SORCHARGEDT	

Appendix E

Variables received in the dataset from the State Law Enforcement Division.

Data Structure – Ident.ssd01	Data Structure – Alia.ssd01
• DOB • Race • Sex • Sexoffnd	• DOB • Name
Data Structure – Arrest.ssd01 • ACYCDOA – Date of Arrest • ARRAGNCY – Arresting Agency • Fel_MIS – Felony/Misdemeanor Indicator • Name • OFFCODE – Offense Code • OFFDATE – Offense Date • OFFLIT – Offense Literal • RECKEY • RFA ID	**Data Structure – Count.ssd01** • AC_AOL – Offense Literal • AC_AON – Offense Code • AC_DOO – Date of Offense • OFFENSEDT – Offense Date • RECKEY • RFA ID
Data Structure – Custody.ssd01 • CS_ORI – Corrections Agency Identifier • CS_SSD – Supervision Start Date • CS_SSN – Supervision Status • RECKEY • RFA ID	**Data Structure – Judicial.ssd01** • DISPDT – Court disposition date created from JC_CDD • JC_COL – Court Offense Literal • JC_CON – Court Offense Numeric • JC_CPL – Court disposition literal • JC_DRE – Date Record Established • RECKEY • RFA ID

Appendix F

Variables received in the dataset from the State Department of Education.

From PRECODE Data File	From ATTENDANCE
SAS Variable	**SAS Variable**
RFA_ID	RFA_ID
SCHOOLYEAR	SCHOOLYEAR
QUARTERLYUPDATEID	ABSENSES
BEDSCODE	BEDSCODE
DISTRICTCODE	RFA_ID
SCHOOLCODE	SCHOOLYEAR
DISTRICTNAME	ABSENSES
SCHOOLNAME	**From DISCIPLINE**
CHARTER SCHOOL	**SAS Variable**
GRADELEVEL	RFA_ID
REPEAT	SCHOOLYEAR
AGE	REPORTDATE
AGE_FIRST_FOUND	DISPOSITIONCODE
GRADE_FIRST_FOUND	DISPOSITIONDESCRIPTION
STUDENTGENDERCODE	**From GRADUATION**
RACE	**SAS Variable**
LUNCHSTATUSCODE	RFA_ID
ESLCODE	SCHOOLYEAR
MIGRANTINDICATOR	BEDSCODE
HOMELESS_CODE	GRADUATED
MCKINNEY_VENTO_HOMELESS	
UNACCOMPANIED_YOUTH	
PRIMARYNIGHTTIMERESIDENCE	
HANDICAPPED	
MD	
GIFTED	